

**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 329

**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
<b>Drew for CT</b>				<input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
First <b>Aaron</b>		MI <b>J.D.</b>	Last <b>Schrag</b>		Suffix
4. TREASURER ADDRESS					
Street Address <b>121 Hill House Rd Apt 1</b>		City <b>Waterbury</b>		State <b>CT</b>	Zip Code <b>06705</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)
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Daniel</b>		MI <b>T</b>	Last <b>Drew</b>		Suffix
9. TYPE OF REPORT <b>April 10 Filing - Original</b>					
10. PERIOD COVERED					
Beginning Date                      Ending Date  <b>01/02/2017</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>Aaron Schrag</b> PRINT NAME OF THE SIGNER		<b>04/10/2017 1:42:31PM</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>Drew for CT</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>\$106,127.00</b>	<b>\$106,127.00</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>\$106,127.00</b>	<b>\$106,127.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$106,127.00</b>	<b>\$106,127.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$73,026.03</b>	<b>\$73,026.03</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$33,100.97</b>	<b>\$33,100.97</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>\$1,151.27</b>	<b>\$1,151.27</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

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

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

Last Name Schrag		First Aaron		MI	Contribution ID # 0988
Residential Street Address 14 Quentin St		City Waterbury		State CT	Zip Code 06706-2725
Principal Occupation Teacher		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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/05/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Luxenberg		First Geoffrey		MI	Contribution ID # 0651
Residential Street Address 45 Chatham Dr		City Manchester		State CT	Zip Code 06042-8522
Principal Occupation Consultant		Name of Employer The Vinci 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/10/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Buda		First Kyle		MI	Contribution ID # 0126
Residential Street Address 420 James St		City Bay City		State MI	Zip Code 48706-3930
Principal Occupation Consultant		Name of Employer The Vinci 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/10/2017	Aggregate Contributions \$200.00	\$200.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Farina</b>		First <b>Michael</b>		MI	Contribution ID # <b>0348</b>
Residential Street Address <b>54 Robert Rd</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-4520</b>
Principal Occupation <b>Professor</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>01/11/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Farina</b>		First <b>Michael</b>		MI	Contribution ID # <b>0349</b>
Residential Street Address <b>54 Robert Rd</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-4520</b>
Principal Occupation <b>Professor</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>01/12/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$370.00</b>

Last Name <b>Faulkner</b>		First <b>Grady</b>		MI	Contribution ID # <b>0351</b>
Residential Street Address <b>35 Snow Rdg S</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1566</b>
Principal Occupation <b>Accountant</b>		Name of Employer <b>inline plastics</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/12/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Finn</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0362</b>
Residential Street Address <b>14 Abbey Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424-2101</b>
Principal Occupation <b>Financial Services Professional</b>		Name of Employer <b>Finn Financial 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>01/12/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Fleming		First Adam		MI	Contribution ID # 0368
Residential Street Address 338 Pine St		City Middletown		State CT	Zip Code 06457-3112
Principal Occupation Training Manager		Name of Employer TRAVELERS			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Dowdell		First Joe		MI	Contribution ID # 0298
Residential Street Address 17 Olcott Way		City Ridgefield		State CT	Zip Code 06877-3925
Principal Occupation Engineer		Name of Employer Advanced Testing 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Drew		First Robert		MI	Contribution ID # 0305
Residential Street Address 660 N Stacie Ct		City Chandler		State AZ	Zip Code 85226-1619
Principal Occupation PA		Name of Employer Teamhealth			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Duggan		First Lloyd		MI	Contribution ID # 0311
Residential Street Address 94 Chelsea Ct		City Middletown		State CT	Zip Code 06457-7538
Principal Occupation Marketing Consultant		Name of Employer gL Marketing Consultants			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Elliott		First Yvette		MI	Contribution ID # 0328
Residential Street Address 155 Crystal Lake Rd		City Middletown		State CT	Zip Code 06457-5416
Principal Occupation Barista / Owner		Name of Employer Klekolo World Coffee			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$100.00	\$100.00

Last Name English		First Conor		MI	Contribution ID # 0334
Residential Street Address 135 Placid Ave		City Stratford		State CT	Zip Code 06615-6651
Principal Occupation Associate Content Manager		Name of Employer Factset			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$50.00	\$50.00

Last Name English		First Kristin		MI	Contribution ID # 0335
Residential Street Address 135 Placid Ave		City Stratford		State CT	Zip Code 06615-6651
Principal Occupation Teacher		Name of Employer Newtown 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 01/12/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Florsheim		First Ben		MI	Contribution ID # 0371
Residential Street Address 62 Loveland St Apt 28		City Middletown		State CT	Zip Code 06457-3757
Principal Occupation Outreach		Name of Employer U.S. Senate			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Frederick Rose		First Erin		MI	Contribution ID # 0385
Residential Street Address 2 Cottage St		City Middletown		State CT	Zip Code 06457-3710
Principal Occupation Theatre Education		Name of Employer Hartford Stage			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Gambino		First Robert		MI	Contribution ID # 0398
Residential Street Address 4 Old Mill Rd		City New Milford		State CT	Zip Code 06776-2111
Principal Occupation Not Employed		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 01/12/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Gillon		First Chris		MI	Contribution ID # 0417
Residential Street Address 3 Hanover Sq Apt 4H		City New York		State NY	Zip Code 10004-2619
Principal Occupation Marketing		Name of Employer Empire Imports			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Giordano		First Kayla		MI	Contribution ID # 0421
Residential Street Address 127 Old New London Rd		City Salem		State CT	Zip Code 06420-3917
Principal Occupation Office Assistant		Name of Employer ECSU Office of Judicial Affaris			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Grant</b>		First <b>Pamela</b>		MI	Contribution ID # <b>0441</b>
Residential Street Address <b>8 Sonoma Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2077</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>01/12/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Heimer</b>		First <b>Winston</b>		MI	Contribution ID # <b>0497</b>
Residential Street Address <b>799 Prospect Ave Apt A2</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06105-4249</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>01/12/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Herring</b>		First <b>Timothy</b>		MI	Contribution ID # <b>0505</b>
Residential Street Address <b>13 Farmview Dr</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-3171</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Chipman, Mazzucco, Land &amp; Pennarola, 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>01/12/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kabel</b>		First <b>Matthew</b>		MI	Contribution ID # <b>0543</b>
Residential Street Address <b>124 Murray St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5428</b>
Principal Occupation <b>Photographer</b>		Name of Employer <b>Matthew Kabel Photography</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/12/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Kapoor</b>		First <b>Nicholas</b>		MI	Contribution ID # <b>0551</b>
Residential Street Address <b>11 Cardinal Ln</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468-2547</b>
Principal Occupation <b>Financial Analyst</b>		Name of Employer <b>I-Engineering, 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>01/12/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Brown</b>		First <b>Eric</b>		MI	Contribution ID # <b>0114</b>
Residential Street Address <b>168 Wheeler Farm Rd</b>		City <b>Watertown</b>		State <b>CT</b>	Zip Code <b>06795-1348</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Law Office of Eric R. Brown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/12/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Berry</b>		First <b>Kristin</b>		MI	Contribution ID # <b>0081</b>
Residential Street Address <b>34 Sylvan Ave</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-4611</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/12/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Bland</b>		First <b>Alex</b>		MI	Contribution ID # <b>0093</b>
Residential Street Address <b>1434 Independence Ave SE Apt 3</b>		City <b>Washington</b>		State <b>DC</b>	Zip Code <b>20003-1557</b>
Principal Occupation <b>DC Mobilization Director</b>		Name of Employer <b>Airbnb</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/12/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Albert		First Amy		MI	Contribution ID # 0009
Residential Street Address 9 Blue Bird Rd		City Middletown		State CT	Zip Code 06457-5003
Principal Occupation Outreach		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Augustine		First Jerry		MI	Contribution ID # 0032
Residential Street Address 255 Ridge Rd		City Middletown		State CT	Zip Code 06457-4436
Principal Occupation Disabled Veteran		Name of Employer Jerry Augustine - Self			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Baio-Downes		First Claudia		MI	Contribution ID # 0043
Residential Street Address 10 Ten Rod Hwy		City Rocky Hill		State CT	Zip Code 06067-2803
Principal Occupation Attorney		Name of Employer Howard Kohn Sprague & FitzGerald, LLP			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Barnett		First Scott		MI	Contribution ID # 0054
Residential Street Address 1202 New Haven Ave		City Milford		State CT	Zip Code 06460-6949
Principal Occupation IT Director		Name of Employer New Canaan 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 01/12/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Carbonella		First Justin		MI	Contribution ID # 0151
Residential Street Address 1678 Randolph Rd		City Cromwell		State CT	Zip Code 06416
Principal Occupation Administrator		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$27.00	\$27.00

Last Name Chesky		First Frank		MI	Contribution ID # 0173
Residential Street Address 55 Copper Beech Dr		City Middletown		State CT	Zip Code 06457-6161
Principal Occupation Attorney		Name of Employer Sportech, 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 01/12/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Coleman		First David		MI	Contribution ID # 0190
Residential Street Address PO Box 281		City Cobalt		State CT	Zip Code 06414-0281
Principal Occupation Self Employed Owner		Name of Employer Hubby For Hire			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Demers		First Joseph		MI	Contribution ID # 0269
Residential Street Address 1061 Millbrook Rd		City Middletown		State CT	Zip Code 06457-5537
Principal Occupation Tech Support		Name of Employer Apple 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 01/12/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Deschamps		First Austin		MI	Contribution ID # 0275
Residential Street Address 551 Scotland Rd		City Norwich		State CT	Zip Code 06360-9405
Principal Occupation Property Superintendent		Name of Employer Storrs housing 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 01/12/2017	Aggregate Contributions \$30.00	\$30.00

Last Name Luxenberg		First Kelly		MI	Contribution ID # 0653
Residential Street Address 45 Chatham Dr		City Manchester		State CT	Zip Code 06042-8522
Principal Occupation Director of Development		Name of Employer Gov's Prevention Partnership			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Macdonald		First Scott		MI	Contribution ID # 0657
Residential Street Address 109 Scenic View Dr		City Middletown		State CT	Zip Code 06457-4981
Principal Occupation Human Resource Management Consultant		Name of Employer Scott MacDonald HR Consulting			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Liska		First James		MI	Contribution ID # 0641
Residential Street Address 138 Hubbard St		City Glastonbury		State CT	Zip Code 06033-2936
Principal Occupation Sr. Coordinator		Name of Employer The Washington Center			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$10.00	\$10.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Malon		First Carolyn		MI	Contribution ID # 0668
Residential Street Address 11 Mountain Terrace Rd		City West Hartford		State CT	Zip Code 06107-1531
Principal Occupation Dentist		Name of Employer Family Dental Care of Farmington			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Manfield		First Robert		MI	Contribution ID # 0670
Residential Street Address 920 Sherman Ave		City Hamden		State CT	Zip Code 06514-1148
Principal Occupation Vice President		Name of Employer Utility Communications			
Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input checked="" type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Manners		First Michael		MI	Contribution ID # 0676
Residential Street Address 53 Spencer Dr		City Middletown		State CT	Zip Code 06457-3537
Principal Occupation IT		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 01/12/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Mcdowell		First Thomas		MI	Contribution ID # 0713
Residential Street Address 616 Long Hill Rd		City Middletown		State CT	Zip Code 06457-4943
Principal Occupation Catering		Name of Employer Ct wedding 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 01/12/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name McDuell		First Stephen		MI	Contribution ID # 0714
Residential Street Address 28 Grove Hill Rd		City Middletown		State CT	Zip Code 06457-1728
Principal Occupation Firefighter		Name of Employer State of Connecticut (Ct Airport Authority)			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Medress		First Daniel		MI	Contribution ID # 0729
Residential Street Address 140 Huyshope Ave Apt 506		City Hartford		State CT	Zip Code 06106-2889
Principal Occupation Political Education Director		Name of Employer CSEA SEIU Local 2001			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Moriarty		First Sean		MI	Contribution ID # 0756
Residential Street Address 39 Little Fawn Trl		City Higganum		State CT	Zip Code 06441-4361
Principal Occupation Police Captain		Name of Employer City Of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Murray		First Charles		MI	Contribution ID # 0770
Residential Street Address 118 Marilyn Dr		City Glastonbury		State CT	Zip Code 06033-4131
Principal Occupation Registrar of voters		Name of Employer Town of Glastonbury			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Ouellette		First Nicholas		MI N	Contribution ID # 0824
Residential Street Address 65 Dyer Ave		City Collinsville		State CT	Zip Code 06019-3233
Principal Occupation Attorney		Name of Employer Matthew Dallas Gordon, 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 01/12/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Parente		First Anthony		MI	Contribution ID # 0837
Residential Street Address 50 Brookview Ln		City Middletown		State CT	Zip Code 06457-2118
Principal Occupation Teacher		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 01/12/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Parker		First Heather		MI	Contribution ID # 0838
Residential Street Address 35 Tall Timbers Rd		City Middletown		State CT	Zip Code 06457-7116
Principal Occupation Writer		Name of Employer Freelance/Heather Parker			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Patel		First Gaurav		MI	Contribution ID # 0842
Residential Street Address 97 Redwood Ln		City East Berlin		State CT	Zip Code 06023-1035
Principal Occupation Talent acquisition partner		Name of Employer SS&C Technologies			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Poland		First Matt		MI	Contribution ID # 0872
Residential Street Address 1 Gold St Apt 6C		City Hartford		State CT	Zip Code 06103-2930
Principal Occupation Library Director and Chief Executive Officer			Name of Employer Russell Library		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 01/12/2017	
				Aggregate Contributions \$100.00	

Last Name Post		First Connie		MI	Contribution ID # 0877
Residential Street Address 25 Charles Mary Dr		City Middletown		State CT	Zip Code 06457-2075
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  \$50.00
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 01/12/2017	
				Aggregate Contributions \$50.00	

Last Name Shapiro		First Deborah		MI D	Contribution ID # 1002
Residential Street Address 55 Clover St		City Middletown		State CT	Zip Code 06457-5218
Principal Occupation Attorney			Name of Employer Shapiro Law Offices 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	
				Aggregate Contributions \$100.00	

Last Name Shapiro		First Jonathan		MI	Contribution ID # 1004
Residential Street Address 150 Monarca Dr		City Middletown		State CT	Zip Code 06457-7114
Principal Occupation Attorney			Name of Employer Shapiro Law Offices		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 01/12/2017	
				Aggregate Contributions \$100.00	



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Shapiro</b>		First <b>Sarah</b>		MI <b>H</b>	Contribution ID # <b>1008</b>
Residential Street Address <b>45 Clover St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5218</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Shapiro Law Offices, 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>01/12/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Shonta</b>		First <b>Michael</b>		MI <b>L</b>	Contribution ID # <b>1020</b>
Residential Street Address <b>118 Skyview Dr , Shontalinn</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-1875</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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/12/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Sanders</b>		First <b>Ben</b>		MI <b></b>	Contribution ID # <b>0963</b>
Residential Street Address <b>482 Smith Hill Rd</b>		City <b>Northfield</b>		State <b>VT</b>	Zip Code <b>05663-7081</b>
Principal Occupation <b>Sr. IT Auditor</b>		Name of Employer <b>National Life 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>01/12/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Saraceno</b>		First <b>Mario</b>		MI <b></b>	Contribution ID # <b>0980</b>
Residential Street Address <b>6 Amber Ln</b>		City <b>Southington</b>		State <b>CT</b>	Zip Code <b>06489-1097</b>
Principal Occupation <b>Executive</b>		Name of Employer <b>MXS Computer Systems, 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>01/12/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Pugliese		First Richard		MI	Contribution ID # 0886
Residential Street Address 1703 Randolph Rd		City Middletown		State CT	Zip Code 06457-4041
Principal Occupation Physician - retired		Name of Employer Middlesex Hospital			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Quinn		First Laurie		MI	Contribution ID # 0891
Residential Street Address 4 Glenwood Ter Cromwell Ct # 6416		City Cromwell		State CT	Zip Code 06416-1507
Principal Occupation Sales Manager		Name of Employer Inn at Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Richter		First Loraed		MI	Contribution ID # 0909
Residential Street Address 97 Heatherwood Dr		City Brookfield		State CT	Zip Code 06804-3957
Principal Occupation Physician Assistant		Name of Employer Associated Neurologists, 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	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$100.00	\$100.00

Last Name RIVERA		First NELSON		MI	Contribution ID # 0915
Residential Street Address 205 Sand Hill Rd		City Middletown		State CT	Zip Code 06457-4532
Principal Occupation Information Systems Manager		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Rojas</b>		First <b>Adriana</b>		MI	Contribution ID # <b>0925</b>
Residential Street Address <b>88 Lincoln St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2639</b>
Principal Occupation <b>Administrator</b>		Name of Employer <b>Community Health Center, 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>01/12/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Rollefson</b>		First <b>Virginia</b>		MI	Contribution ID # <b>0926</b>
Residential Street Address <b>16 Red Orange Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4916</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>01/12/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Spaulding</b>		First <b>Kimberly</b>		MI	Contribution ID # <b>1051</b>
Residential Street Address <b>2 Gordon Pl</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4115</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>Resting Loon 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>01/12/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Turner</b>		First <b>Michael</b>		MI <b>J</b>	Contribution ID # <b>1101</b>
Residential Street Address <b>859 Westfield St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1978</b>
Principal Occupation <b>General Contractor</b>		Name of Employer <b>M.J. Turner Exteriors 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>01/12/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Wallett</b>		First <b>Craig</b>		MI	Contribution ID # <b>1121</b>
Residential Street Address <b>133 Powder Hill Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1133</b>
Principal Occupation <b>Facilities Manager</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>01/12/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Weinberger</b>		First <b>Maria</b>		MI	Contribution ID # <b>1133</b>
Residential Street Address <b>391 Maple Shade Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5176</b>
Principal Occupation <b>University Associate</b>		Name of Employer <b>Eastern Connecticut State 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>01/12/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Williams</b>		First <b>Jacqueline</b>		MI	Contribution ID # <b>1140</b>
Residential Street Address <b>136 Atkins St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7515</b>
Principal Occupation <b>Real Estate Broker/Iwner</b>		Name of Employer <b>Silva-Williams, Inc dba Sterling, Realtors</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/12/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Winzer</b>		First <b>Gerard</b>		MI	Contribution ID # <b>1146</b>
Residential Street Address <b>80 Baldwin Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5031</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>01/12/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Wishart		First Raymond		MI E	Contribution ID # 1147
Residential Street Address 70 Wrights Crossing Rd		City Pomfret Center		State CT	Zip Code 06259-2224
Principal Occupation Network Engineer		Name of Employer Cox Communications			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Zambrello		First Phil		MI	Contribution ID # 1168
Residential Street Address 282 Blue Rd		City Middletown		State CT	Zip Code 06457-5007
Principal Occupation Manager		Name of Employer Tower Laboratories Ltd			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/12/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Vasic		First Goran		MI	Contribution ID # 1111
Residential Street Address 743 Long Hill Rd Apt A		City Middletown		State CT	Zip Code 06457-5060
Principal Occupation Owner/Self		Name of Employer GVSA			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/13/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Sisson		First Janet		MI	Contribution ID # 1032
Residential Street Address 39 Howard Ave		City Middletown		State CT	Zip Code 06457-5222
Principal Occupation physical education teacher		Name of Employer independent day school			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/13/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Sullivan		First Timothy		MI	Contribution ID # 1070
Residential Street Address 28 Robin Dr		City Barkhamsted		State CT	Zip Code 06063-1819
Principal Occupation Organizer		Name of Employer New England Regional Council of Carpenters			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/13/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Swan Jr		First Rick		MI	Contribution ID # 1076
Residential Street Address 3 S View Cir		City Old Saybrook		State CT	Zip Code 06475-2245
Principal Occupation Risk & Safety Director		Name of Employer East River Energy			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/13/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Rapp		First Alexander		MI	Contribution ID # 0898
Residential Street Address 3092 Westminster Dr		City Beavercreek		State OH	Zip Code 45431-8801
Principal Occupation Outpatient Clinician		Name of Employer The Ohio State University Wexner Medical center			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/13/2017	Aggregate Contributions \$10.00	\$10.00

Last Name Regan		First Sean		MI	Contribution ID # 0902
Residential Street Address 134 Cherry Hill Rd		City Middlefield		State CT	Zip Code 06455-1221
Principal Occupation Sped teacher		Name of Employer Rsd13			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/13/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Santangelo</b>		First <b>Elizabeth</b>		MI	Contribution ID # <b>0970</b>
Residential Street Address <b>11 Prospect St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2621</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>01/13/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Santangelo</b>		First <b>Robert</b>		MI	Contribution ID # <b>0973</b>
Residential Street Address <b>11 Prospect St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2621</b>
Principal Occupation <b>Substance abuse counselor</b>		Name of Employer <b>DMHAS - 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/13/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Pickett</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0864</b>
Residential Street Address <b>77 Prout Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5452</b>
Principal Occupation <b>Development Officer</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>01/13/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Pickett</b>		First <b>Kathryn</b>		MI	Contribution ID # <b>0865</b>
Residential Street Address <b>77 Prout Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5452</b>
Principal Occupation <b>RN</b>		Name of Employer <b>Yale-New Haven 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/13/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Pattavina</b>		First <b>Thomas</b>		MI	Contribution ID # <b>0847</b>
Residential Street Address <b>118 E Ridge Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5350</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Middletown 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>01/13/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Luxenberg</b>		First <b>Paula</b>		MI	Contribution ID # <b>0655</b>
Residential Street Address <b>196 Barkledge Dr</b>		City <b>Newington</b>		State <b>CT</b>	Zip Code <b>06111-2255</b>
Principal Occupation <b>Educational Therapist</b>		Name of Employer <b>Paula Luxenberg - Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/13/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Luxenberg</b>		First <b>Howard</b>		MI	Contribution ID # <b>0652</b>
Residential Street Address <b>196 Barkledge Dr</b>		City <b>Newington</b>		State <b>CT</b>	Zip Code <b>06111-2255</b>
Principal Occupation <b>Adjunct Prof</b>		Name of Employer <b>Eastern Ct. State U.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/13/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Bayley</b>		First <b>Stephen</b>		MI	Contribution ID # <b>0072</b>
Residential Street Address <b>331 Hidden Lake Rd</b>		City <b>Higganum</b>		State <b>CT</b>	Zip Code <b>06441-4528</b>
Principal Occupation <b>Educational Technology</b>		Name of Employer <b>University of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/13/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Buda</b>		First <b>Kyle</b>		MI	Contribution ID # <b>0127</b>
Residential Street Address <b>420 James St</b>		City <b>Bay City</b>		State <b>MI</b>	Zip Code <b>48706-3930</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>The Vinci 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>01/13/2017</b>	Aggregate Contributions <b>\$205.00</b>	<b>\$5.00</b>

Last Name <b>Kilian</b>		First <b>John</b>		MI	Contribution ID # <b>0565</b>
Residential Street Address <b>210 Ridge Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4462</b>
Principal Occupation <b>Software Engineer</b>		Name of Employer <b>Hartford 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>01/13/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Frame</b>		First <b>Gerard</b>		MI <b>J</b>	Contribution ID # <b>0382</b>
Residential Street Address <b>77 Dora Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4164</b>
Principal Occupation <b>CPA</b>		Name of Employer <b>Buckley, Frame, Boudreau &amp; Co., 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/13/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Palermo</b>		First <b>Anthony</b>		MI	Contribution ID # <b>0827</b>
Residential Street Address <b>300 Avalon Dr Unit 3434</b>		City <b>Wood Ridge</b>		State <b>NJ</b>	Zip Code <b>07075-1050</b>
Principal Occupation <b>Director of Merchandise Planning</b>		Name of Employer <b>Hudson 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>01/14/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Sanders</b>		First <b>Denise</b>		MI	Contribution ID # <b>0966</b>
Residential Street Address <b>482 Smith Hill Rd</b>		City <b>Northfield</b>		State <b>VT</b>	Zip Code <b>05663-7081</b>
Principal Occupation <b>Project Manager</b>		Name of Employer <b>State of Vermont</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/14/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Rizzo</b>		First <b>Rosario</b>		MI	Contribution ID # <b>0917</b>
Residential Street Address <b>7 McDonald Dr</b>		City <b>Portland</b>		State <b>CT</b>	Zip Code <b>06480-1412</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>01/15/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Williams</b>		First <b>Lenore</b>		MI	Contribution ID # <b>1143</b>
Residential Street Address <b>285 Chauncey Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5532</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Middletown 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>01/15/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Kurien</b>		First <b>Ruth</b>		MI <b>A</b>	Contribution ID # <b>0593</b>
Residential Street Address <b>190 Woodpond Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-3531</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Matthew Dallas Gordon 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>01/15/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Krystock</b>		First <b>Barbara</b>		MI	Contribution ID # <b>0589</b>
Residential Street Address <b>234 Carriage Crossing Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5863</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>01/15/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Malmrose</b>		First <b>Paul</b>		MI	Contribution ID # <b>0667</b>
Residential Street Address <b>3 Hearthstone Ln</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-2480</b>
Principal Occupation <b>Environmental 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>01/15/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Dunn Lefebvre</b>		First <b>Kathy</b>		MI	Contribution ID # <b>0314</b>
Residential Street Address <b>9 Palmer Cir</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-2158</b>
Principal Occupation <b>Business Manager</b>		Name of Employer <b>Middlesex Music 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>01/15/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Drew</b>		First <b>Ruth</b>		MI	Contribution ID # <b>0306</b>
Residential Street Address <b>23 Fox Run</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-3210</b>
Principal Occupation <b>Director</b>		Name of Employer <b>KinderCare 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>01/15/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Drew		First George		MI	Contribution ID # 0302
Residential Street Address 23 Fox Run		City New Milford		State CT	Zip Code 06776-3210
Principal Occupation Teacher		Name of Employer New Fairfield 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 01/15/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Drew		First Joseph		MI	Contribution ID # 0303
Residential Street Address 23 Fox Run		City New Milford		State CT	Zip Code 06776-3210
Principal Occupation School psychologist		Name of Employer NYC department 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 01/15/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Kenning		First Emily		MI	Contribution ID # 0563
Residential Street Address 56 Bow Ln		City Middletown		State CT	Zip Code 06457-4734
Principal Occupation CS Director		Name of Employer Stanley black and decker			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/15/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Barreuther		First Kyle		MI	Contribution ID # 0056
Residential Street Address 111 Dekoven Dr		City Middletown		State CT	Zip Code 06457-3403
Principal Occupation Licensed Professional Counselor		Name of Employer Fellowship			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/15/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bruenn</b>		First <b>Thomas</b>		MI	Contribution ID # <b>0119</b>
Residential Street Address <b>26 Cider Mill Way</b>		City <b>Saratoga Springs</b>		State <b>NY</b>	Zip Code <b>12866-5694</b>
Principal Occupation <b>Retired School Teacher</b>		Name of Employer <b>Meriden Board of Education PREVIOUSLY</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Bobrick</b>		First <b>Elizabeth</b>		MI	Contribution ID # <b>0097</b>
Residential Street Address <b>17 Red Glen Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4976</b>
Principal Occupation <b>writer/editor</b>		Name of Employer <b>Wesleyan</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Decoto</b>		First <b>Stephen</b>		MI	Contribution ID # <b>0258</b>
Residential Street Address <b>476 Country Club Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2302</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>Wesleyan 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>01/16/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Chlebowski</b>		First <b>Lisa</b>		MI	Contribution ID # <b>0178</b>
Residential Street Address <b>164 Cranberry Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5171</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>East Haddam 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>01/16/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Herlth</b>		First <b>Andrea</b>		MI	Contribution ID # <b>0502</b>
Residential Street Address <b>23 Old Stage Coach Rd</b>		City <b>Higganum</b>		State <b>CT</b>	Zip Code <b>06441-4018</b>
Principal Occupation <b>Part-time Receptionist</b>		Name of Employer <b>The Saybrook at Haddam</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$25.00</b>	<b>\$25.00</b>

Last Name <b>McDuell</b>		First <b>Stephen</b>		MI	Contribution ID # <b>0715</b>
Residential Street Address <b>28 Grove Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1728</b>
Principal Occupation <b>Firefighter</b>		Name of Employer <b>State of Connecticut (Ct Airport Authority)</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$70.00</b>	<b>\$20.00</b>

Last Name <b>Lawler</b>		First <b>Anna</b>		MI	Contribution ID # <b>0607</b>
Residential Street Address <b>793 Federal Rd Unit 18</b>		City <b>Brookfield</b>		State <b>CT</b>	Zip Code <b>06804-2060</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Red 7 Media</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>Needleman</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0782</b>
Residential Street Address <b>37 Birch Mill Trl</b>		City <b>Essex</b>		State <b>CT</b>	Zip Code <b>06426-1204</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Tower Labs</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>01/16/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Wilson		First Linda		MI	Contribution ID # 1144
Residential Street Address 591 Bow Ln		City Middletown		State CT	Zip Code 06457-4808
Principal Occupation Office Manager			Name of Employer Law Office of Ralph E. Wilson		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$375.00
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 01/16/2017	
				Aggregate Contributions \$375.00	

Last Name Wilson		First Ralph		MI	Contribution ID # 1145
Residential Street Address 591 Bow Ln		City Middletown		State CT	Zip Code 06457-4808
Principal Occupation Attorney			Name of Employer Law Office of Ralph E. Wilson		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$375.00
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 01/16/2017	
				Aggregate Contributions \$375.00	

Last Name Wisneski		First Eamonn		MI	Contribution ID # 1148
Residential Street Address 65 Sbona Dr		City Middletown		State CT	Zip Code 06457-1958
Principal Occupation Attorney			Name of Employer The Hartford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 01/17/2017	
				Aggregate Contributions \$100.00	

Last Name Wisneski		First Kori		MI	Contribution ID # 1149
Residential Street Address 65 Sbona Dr		City Middletown		State CT	Zip Code 06457-1958
Principal Occupation Attorney			Name of Employer City of Middletown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 01/17/2017	
				Aggregate Contributions \$100.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Walsh</b>		First <b>David</b>		MI	Contribution ID # <b>1123</b>
Residential Street Address <b>190 Knox Blvd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2356</b>
Principal Occupation <b>Insurance underwriter</b>		Name of Employer <b>Acadia 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>01/17/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Swanson</b>		First <b>Andrew</b>		MI	Contribution ID # <b>1077</b>
Residential Street Address <b>75 Centerwood Rd</b>		City <b>Newington</b>		State <b>CT</b>	Zip Code <b>06111-3108</b>
Principal Occupation <b>Nurse</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>01252017a</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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Taylor</b>		First <b>Alison</b>		MI	Contribution ID # <b>1081</b>
Residential Street Address <b>280 Riverside Dr Apt 5J</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10025-9019</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>BSR</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>Ritter</b>		First <b>Tracey</b>		MI	Contribution ID # <b>0913</b>
Residential Street Address <b>18 Candlewood Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1680</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>RSD 17 ( Higganum 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>01/17/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Neidhardt</b>		First <b>William</b>		MI	Contribution ID # <b>0784</b>
Residential Street Address <b>450 Massachusetts Ave NW Apt 212</b>		City <b>Washington</b>		State <b>DC</b>	Zip Code <b>20001-6203</b>
Principal Occupation <b>Press Secretary</b>		Name of Employer <b>US Senate - Senator Baldwin</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Norwood</b>		First <b>Dwight</b>		MI	Contribution ID # <b>0799</b>
Residential Street Address <b>96 Kelsey St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5127</b>
Principal Occupation <b>Psychotherapist</b>		Name of Employer <b>Norwood 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>01/17/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Motey</b>		First <b>Kathleen</b>		MI	Contribution ID # <b>0763</b>
Residential Street Address <b>7 Friendly Way</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-2622</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>Ouellette</b>		First <b>Phil</b>		MI	Contribution ID # <b>0825</b>
Residential Street Address <b>14 Airline Rd</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413-1002</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Eli Cannons Tap Room 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>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Ouellette		First Gwen		MI	Contribution ID # 0823
Residential Street Address 14 Airline Rd		City Clinton		State CT	Zip Code 06413-1002
Principal Occupation Clinical Protocol Manager		Name of Employer Purdue Pharma			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$375.00	\$375.00

Last Name Kumar		First Guhan		MI	Contribution ID # 0592
Residential Street Address 140 Highland Ave		City Middletown		State CT	Zip Code 06457-4124
Principal Occupation CyberSecurity		Name of Employer UTC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$20.00	\$20.00

Last Name Lawson		First Steven		MI	Contribution ID # 0612
Residential Street Address 1680 Flowers Mill Dr NE		City Grand Rapids		State MI	Zip Code 49525-9694
Principal Occupation Not Employed		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 01/17/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Lewis		First Lillard		MI	Contribution ID # 0632
Residential Street Address 203 Giddings Ave		City Windsor		State CT	Zip Code 06095-3745
Principal Occupation Chef		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	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$10.00	\$10.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Clark		First Matthew		MI	Contribution ID # 0183
Residential Street Address 4074 Dover Ln		City Bay City		State MI	Zip Code 48706-2306
Principal Occupation Engineer		Name of Employer 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$5.00	\$5.00

Last Name Cleckner		First Matt		MI	Contribution ID # 0184
Residential Street Address 227 Herr St		City Harrisburg		State PA	Zip Code 17102-3168
Principal Occupation Marketing		Name of Employer Metal Rabbit			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$10.00	\$10.00

Last Name Cermola		First Mary t		MI	Contribution ID # 0166
Residential Street Address 74 Cold Spring St		City New Haven		State CT	Zip Code 06511-2204
Principal Occupation Programmer		Name of Employer AT&T			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$375.00	\$375.00

Last Name Cotten		First W. Vance		MI	Contribution ID # 0210
Residential Street Address 322 Butternut St		City Middletown		State CT	Zip Code 06457-3004
Principal Occupation Bishop/Pastor		Name of Employer Shiloh Missionary Baptist Church			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$50.00	\$50.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Cross		First Alexander		MI	Contribution ID # 0222
Residential Street Address 1000 State St # 30		City Springfield		State MA	Zip Code 01109-3151
Principal Occupation Higher Ed Admin		Name of Employer American International College			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>01252017a</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 01/17/2017	Aggregate Contributions \$10.00	\$10.00

Last Name Dauplaise		First Daniel		MI	Contribution ID # 0249
Residential Street Address 26 Strawberry Hill Ave Apt 8G		City Stamford		State CT	Zip Code 06902-2615
Principal Occupation Attorney		Name of Employer International Institute of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$10.00	\$10.00

Last Name DiCriscio		First Rich		MI	Contribution ID # 0278
Residential Street Address 2304 Zion Rd		City Northfield		State NJ	Zip Code 08225-1045
Principal Occupation None		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 01/17/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Beauchemin		First Christopher		MI	Contribution ID # 0074
Residential Street Address 12294 NE 48th Way		City Oxford		State FL	Zip Code 34484-9607
Principal Occupation Unemployed		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$5.00	\$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Brown</b>		First <b>Hannah</b>		MI	Contribution ID # <b>0115</b>
Residential Street Address <b>25 Charter St Apt 7</b>		City <b>Boston</b>		State <b>MA</b>	Zip Code <b>02113-1335</b>
Principal Occupation <b>Marketing Manager</b>			Name of Employer <b>ActBlue</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>\$10.00</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>01/17/2017</b>	
				Aggregate Contributions <b>\$10.00</b>	

Last Name <b>Anwar</b>		First <b>Saud</b>		MI	Contribution ID # <b>0022</b>
Residential Street Address <b>93 Rockledge Dr</b>		City <b>South Windsor</b>		State <b>CT</b>	Zip Code <b>06074-1550</b>
Principal Occupation <b>Physician</b>			Name of Employer <b>NEPA, 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  <b>\$375.00</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>01/17/2017</b>	
				Aggregate Contributions <b>\$375.00</b>	

Last Name <b>Bartucca</b>		First <b>Gregory</b>		MI	Contribution ID # <b>0064</b>
Residential Street Address <b>63 Grove St Unit 2</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2220</b>
Principal Occupation <b>Parts handler</b>			Name of Employer <b>HOpenn</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>\$20.00</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>01/18/2017</b>	
				Aggregate Contributions <b>\$20.00</b>	

Last Name <b>Deaton</b>		First <b>Inez</b>		MI	Contribution ID # <b>0257</b>
Residential Street Address <b>9 Lake Dr</b>		City <b>New Fairfield</b>		State <b>CT</b>	Zip Code <b>06812-2543</b>
Principal Occupation <b>Payment Processing</b>			Name of Employer <b>Inez Deaton HR 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>\$375.00</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>01/18/2017</b>	
				Aggregate Contributions <b>\$375.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Cross		First Alex		MI	Contribution ID # 0221
Residential Street Address 10 Chimney Rd		City Watertown		State CT	Zip Code 06795-1696
Principal Occupation organizer		Name of Employer 1199			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/18/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Culver		First Barbara		MI	Contribution ID # 0229
Residential Street Address 140 Brooks Rd		City Middletown		State CT	Zip Code 06457-5704
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 01/18/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Conley		First Christopher		MI	Contribution ID # 0198
Residential Street Address 74 Pepin Ln		City East Berlin		State CT	Zip Code 06023-1052
Principal Occupation CPA		Name of Employer Guilmartin DiPiro & Sokolowski, 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 01/18/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Casey		First Catherine		MI	Contribution ID # 0157
Residential Street Address 3 Hackamore Cir		City Middlebury		State CT	Zip Code 06762-3467
Principal Occupation Retired teacher		Name of Employer New a Fairfield High School			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/18/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Hicks		First Richard		MI	Contribution ID # 0506
Residential Street Address 69 Eagle Hollow Dr		City Middletown		State CT	Zip Code 06457
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 01/18/2017	Aggregate Contributions \$20.00	\$20.00

Last Name McKay		First Jason		MI	Contribution ID # 0722
Residential Street Address 45 Litchfield Tpke		City New Preston		State CT	Zip Code 06777-1916
Principal Occupation IT		Name of Employer Riggs Distler			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/18/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Patterson-Meador		First Melissa		MI	Contribution ID # 0848
Residential Street Address 288 Briarwood Ln		City Middletown		State CT	Zip Code 06457-7913
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 01/18/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Mueller		First Frederick		MI	Contribution ID # 0767
Residential Street Address 1 Blackhaw Dr		City Cromwell		State CT	Zip Code 06416-1202
Principal Occupation Engineer		Name of Employer Tighe & Bond			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/18/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Zak</b>		First <b>Daniel</b>		MI	Contribution ID # <b>1166</b>
Residential Street Address <b>1420 Main St</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-3110</b>
Principal Occupation <b>Insurance Broker</b>			Name of Employer <b>WDK 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  <b>\$375.00</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>01252017a</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>01/19/2017</b>	
		Aggregate Contributions <b>\$375.00</b>			

Last Name <b>Edwards</b>		First <b>Rebecca</b>		MI	Contribution ID # <b>0326</b>
Residential Street Address <b>359 Scarborough Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7550</b>
Principal Occupation <b>Assistant professor</b>			Name of Employer <b>UAB School of Nursing</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 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>			

Last Name <b>Crowder</b>		First <b>Edward</b>		MI	Contribution ID # <b>0223</b>
Residential Street Address <b>108 Gaylord Mountain Rd</b>		City <b>Bethany</b>		State <b>CT</b>	Zip Code <b>06524-3137</b>
Principal Occupation <b>Communications Specialist</b>			Name of Employer <b>Avangrid, 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>\$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 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>			

Last Name <b>Buda</b>		First <b>Kory</b>		MI	Contribution ID # <b>0125</b>
Residential Street Address <b>3450 Brentway Dr Apt 3</b>		City <b>Bay City</b>		State <b>MI</b>	Zip Code <b>48706-3363</b>
Principal Occupation <b>Loader</b>			Name of Employer <b>Fabiano Brothers</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>\$10.00</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>01/19/2017</b>	
		Aggregate Contributions <b>\$10.00</b>			



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Brumeve</b>		First <b>Ben</b>		MI	Contribution ID # <b>0120</b>
Residential Street Address <b>2008 Verona Ct</b>		City <b>Charlottesville</b>		State <b>VA</b>	Zip Code <b>22911-3596</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Blue Ridge 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 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>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Day</b>		First <b>Cassandra</b>		MI	Contribution ID # <b>0254</b>
Residential Street Address <b>660 High St Apt 7</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2244</b>
Principal Occupation <b>newspaper editor</b>		Name of Employer <b>Middletown Press</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Erlacher JR</b>		First <b>Carl</b>		MI	Contribution ID # <b>0339</b>
Residential Street Address <b>97 Pheasant Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5173</b>
Principal Occupation <b>Finance Director</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>Erlacher</b>		First <b>Carl</b>		MI	Contribution ID # <b>0340</b>
Residential Street Address <b>28 Hickory Cir</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2437</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>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Erlacher</b>		First <b>Kristie</b>		MI	Contribution ID # <b>0341</b>
Residential Street Address <b>97 Pheasant Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5173</b>
Principal Occupation <b>Nurse</b>		Name of Employer <b>Mkddlesex Gastro</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>Fredericks</b>		First <b>Henry</b>		MI	Contribution ID # <b>0387</b>
Residential Street Address <b>49 Breezy Corners Rd</b>		City <b>Portland</b>		State <b>CT</b>	Zip Code <b>06480-1742</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>End-Game Strategy, 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>01/20/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Garcia</b>		First <b>Gerald</b>		MI	Contribution ID # <b>0402</b>
Residential Street Address <b>216 Yale Ave</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06515-2231</b>
Principal Occupation <b>Banker</b>		Name of Employer <b>White Marsh Capital 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>01/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Harris</b>		First <b>Jane</b>		MI <b>L</b>	Contribution ID # <b>0471</b>
Residential Street Address <b>161 Ridgewood Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1932</b>
Principal Occupation <b>Arborist</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>\$150.00</b>	<b>\$150.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Smith		First Martin		MI	Contribution ID # 1037
Residential Street Address 86 Strickland Rd		City Middlefield		State CT	Zip Code 06455-1225
Principal Occupation Developer		Name of Employer Waterhouse Development			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/20/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Morris/Frost		First Jonathan/Pamela		MI	Contribution ID # 0758
Residential Street Address 1253 Bartholomew Rd		City Middletown		State CT	Zip Code 06457-5629
Principal Occupation Professor		Name of Employer Manchester Community College			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/20/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Perno		First Dominic		MI	Contribution ID # 0861
Residential Street Address 37 Hope Hill Rd		City Wallingford		State CT	Zip Code 06492-2918
Principal Occupation Sales		Name of Employer PMA Companies			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/21/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Perno		First Geraldine		MI A	Contribution ID # 0862
Residential Street Address 37 Hope Hill Rd		City Wallingford		State CT	Zip Code 06492-2918
Principal Occupation Paraprofessional		Name of Employer Wallingford 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 01/21/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Oliver</b>		First <b>William</b>		MI	Contribution ID # <b>0813</b>
Residential Street Address <b>258 Edgewood Ave</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511-4107</b>
Principal Occupation <b>IT Services Manager</b>		Name of Employer <b>PRIME3SG</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/21/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Makowski</b>		First <b>David</b>		MI	Contribution ID # <b>0665</b>
Residential Street Address <b>175 Sackett St Apt 1</b>		City <b>Brooklyn</b>		State <b>NY</b>	Zip Code <b>11231-3071</b>
Principal Occupation <b>Federal Employee</b>		Name of Employer <b>United States Government</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mangiacopra</b>		First <b>Vincent</b>		MI	Contribution ID # <b>0672</b>
Residential Street Address <b>8 Thistle</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06851</b>
Principal Occupation <b>National Manager of Community Outreach</b>		Name of Employer <b>Center for Vein Restoration</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>01252017a</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>01/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Lildahl</b>		First <b>Joanne T.</b>		MI	Contribution ID # <b>0637</b>
Residential Street Address <b>48 Brainard Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3132</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>01/21/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Liljedahl		First Joanne J		MI	Contribution ID # 0638
Residential Street Address 234 S Main St Apt 410		City Middletown		State CT	Zip Code 06457-4256
Principal Occupation IT Trainer		Name of Employer Easter Seals			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/21/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Leibenhaut		First Leonard		MI	Contribution ID # 0622
Residential Street Address 1338 Asylum Ave		City Hartford		State CT	Zip Code 06105-2001
Principal Occupation Property Manager		Name of Employer Center 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/21/2017	Aggregate Contributions \$200.00	\$200.00

Last Name Solomon		First Tracy		MI	Contribution ID # 1043
Residential Street Address 175 Sackett St Apt 1		City Brooklyn		State NY	Zip Code 11231-3071
Principal Occupation Therapist		Name of Employer Tracy Solomon 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 01/21/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Zandri		First Jason		MI	Contribution ID # 1169
Residential Street Address 35 Lincoln Drive Ext		City Wallingford		State CT	Zip Code 06492-5164
Principal Occupation Senior Cloud Engineer		Name of Employer Tallan			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/21/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Ricci		First John		MI	Contribution ID # 0906
Residential Street Address 150 Elm St		City Rocky Hill		State CT	Zip Code 06067-2308
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 01/21/2017	Aggregate Contributions \$150.00	\$150.00

Last Name Salamone		First Christine		MI	Contribution ID # 0955
Residential Street Address 323 Bartholomew Rd		City Middletown		State CT	Zip Code 06457-4847
Principal Occupation Educator		Name of Employer Middletown Bd 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 01/21/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Sapia		First Angelo		MI F	Contribution ID # 0977
Residential Street Address 111 Olympus Pkwy		City Middletown		State CT	Zip Code 06457-2336
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 01/21/2017	Aggregate Contributions \$50.00	\$50.00

Last Name MacDonnell		First William		MI	Contribution ID # 0658
Residential Street Address 158 Hunter Dr		City West Hartford		State CT	Zip Code 06107-1017
Principal Occupation Dentist Anesthesiologist		Name of Employer William A MacDonnell 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01252017a</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 01/22/2017	Aggregate Contributions \$75.00	\$75.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Post		First Connie		MI	Contribution ID # 0878
Residential Street Address 25 Charles Mary Dr		City Middletown		State CT	Zip Code 06457-2075
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 01/22/2017	Aggregate Contributions \$70.00	\$20.00

Last Name Baerman		First Noah		MI	Contribution ID # 0041
Residential Street Address 617 Highland Ave		City Middletown		State CT	Zip Code 06457-5150
Principal Occupation Musician/Educator		Name of Employer Noah Baerman Music			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/22/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Appell		First Phil		MI	Contribution ID # 0023
Residential Street Address 430 Arbutus St		City Middletown		State CT	Zip Code 06457-5121
Principal Occupation Funeral Director		Name of Employer Keenan Funeral Home			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/23/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Allison		First Jeanne		MI	Contribution ID # 0014
Residential Street Address 8 Mazzotta Pl		City Middletown		State CT	Zip Code 06457-2617
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 01/23/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Brandon		First John		MI	Contribution ID # 0109
Residential Street Address 308 Hopmeadow St		City Weatogue		State CT	Zip Code 06089-9600
Principal Occupation Court Reporter		Name of Employer John Brandon			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/23/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Currlin		First Jenna		MI	Contribution ID # 0233
Residential Street Address 84 Jackson Hill Rd		City Middlefield		State CT	Zip Code 06455-1209
Principal Occupation Realtor		Name of Employer William Raveis real estate			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/23/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Currlin		First Nancy		MI	Contribution ID # 0234
Residential Street Address 84 Jackson Hill Rd		City Middlefield		State CT	Zip Code 06455-1209
Principal Occupation Realtor		Name of Employer Wm. Raveis Real Estate			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/23/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Cohen		First Peter		MI	Contribution ID # 0187
Residential Street Address 131 Route 37 S		City Sherman		State CT	Zip Code 06784-2202
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 01/23/2017	Aggregate Contributions \$20.00	\$20.00



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Hajjar</b>		First <b>Anne</b>		MI	Contribution ID # <b>0459</b>
Residential Street Address <b>20 Indian Spring Rd</b>		City <b>Milton</b>		State <b>MA</b>	Zip Code <b>02186-3717</b>
Principal Occupation <b>Investor</b>		Name of Employer <b>Hajjar Management Company 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>01/23/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Hajjar</b>		First <b>Charles</b>		MI	Contribution ID # <b>0460</b>
Residential Street Address <b>20 Indian Spring Rd</b>		City <b>Milton</b>		State <b>MA</b>	Zip Code <b>02186-3717</b>
Principal Occupation <b>Investor</b>		Name of Employer <b>Hajjar Management Company 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>01/23/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Morrison</b>		First <b>Regina</b>		MI	Contribution ID # <b>0760</b>
Residential Street Address <b>11-5 W Meadow Ln # 5</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1685</b>
Principal Occupation <b>Branch Manager</b>		Name of Employer <b>Stewart Title Guaranty 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>01/23/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Liva</b>		First <b>Enrico</b>		MI	Contribution ID # <b>0642</b>
Residential Street Address <b>821 Millbrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5502</b>
Principal Occupation <b>Doctor</b>		Name of Employer <b>Connecticut Center for Health 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>01/23/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Lentini</b>		First <b>Jerald</b>		MI	Contribution ID # <b>0624</b>
Residential Street Address <b>349 Dennison Ridge Dr</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>Drew for 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>01/23/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Sadowitz</b>		First <b>Paul</b>		MI	Contribution ID # <b>0951</b>
Residential Street Address <b>8 Mazzotta Pl</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2617</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>01/23/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Samolis</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0960</b>
Residential Street Address <b>84 Bretton Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4150</b>
Principal Occupation <b>Chief of Staff</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>Samolis</b>		First <b>Katherine</b>		MI	Contribution ID # <b>0961</b>
Residential Street Address <b>84 Bretton Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4150</b>
Principal Occupation <b>Underwriter</b>		Name of Employer <b>Key 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>01/23/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Scileppi		First Christina		MI	Contribution ID # 0991
Residential Street Address 19 Gulf Quarry Rd		City Haddam		State CT	Zip Code 06438-1237
Principal Occupation homemaker		Name of Employer homemaker			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/23/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Scileppi		First Vincent		MI	Contribution ID # 0992
Residential Street Address 19 Gulf Quarry Rd		City Haddam		State CT	Zip Code 06438-1237
Principal Occupation restauranteur		Name of Employer Schilliano 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 01/23/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Young		First Mary		MI	Contribution ID # 1164
Residential Street Address 103 Autumn St		City Manchester		State CT	Zip Code 06040-5518
Principal Occupation Tax Director		Name of Employer Henkel 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01252017a</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 01/23/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Sisson		First Elaine		MI	Contribution ID # 1029
Residential Street Address 82 Paul Hts		City Southington		State CT	Zip Code 06489-4131
Principal Occupation Retired		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 01/23/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Sutherland</b>		First <b>Douglas</b>		MI	Contribution ID # <b>1072</b>
Residential Street Address <b>14 Petticoat Ln , Trumbull</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-1432</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>01252017a</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>01/23/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Sutherland</b>		First <b>Theresa</b>		MI	Contribution ID # <b>1074</b>
Residential Street Address <b>14 Petticoat Ln , Trumbull</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-1432</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>SCSU</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>01252017a</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>01/23/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Stern</b>		First <b>Robert</b>		MI <b>F</b>	Contribution ID # <b>1061</b>
Residential Street Address <b>90 Terrell Farm Pl</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410-2910</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Skalski</b>		First <b>Maxwell</b>		MI	Contribution ID # <b>1033</b>
Residential Street Address <b>3 Daniel Ln</b>		City <b>West Simsbury</b>		State <b>CT</b>	Zip Code <b>06092-2811</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>01/24/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Zaleski</b>		First <b>Amanda</b>		MI	Contribution ID # <b>1167</b>
Residential Street Address <b>48 Evergreen Rd</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-1669</b>
Principal Occupation <b>Exercise Physiologist</b>		Name of Employer <b>Hartford 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 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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Tortora</b>		First <b>Jennifer</b>		MI	Contribution ID # <b>1093</b>
Residential Street Address <b>90 Ribera Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5594</b>
Principal Occupation <b>Volunteer</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>01/24/2017</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$40.00</b>

Last Name <b>Sanders</b>		First <b>David</b>		MI	Contribution ID # <b>0965</b>
Residential Street Address <b>12 W Tierra Buena Ln</b>		City <b>Phoenix</b>		State <b>AZ</b>	Zip Code <b>85023-3658</b>
Principal Occupation <b>Analyst</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>01/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Renz</b>		First <b>Elaine</b>		MI	Contribution ID # <b>0904</b>
Residential Street Address <b>55 Metacomet Rd</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-1801</b>
Principal Occupation <b>Unemployed</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>01/24/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Maddison-Sands</b>		First <b>Jill</b>		MI	Contribution ID # <b>0660</b>
Residential Street Address <b>342 Farm Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4227</b>
Principal Occupation <b>Registered nurse</b>		Name of Employer <b>State of ct- DMHAS</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Marino</b>		First <b>JR</b>		MI	Contribution ID # <b>0691</b>
Residential Street Address <b>353 Arbutus St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7102</b>
Principal Occupation <b>General Manager</b>		Name of Employer <b>American Contractors 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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>McRoberts</b>		First <b>Sonia</b>		MI	Contribution ID # <b>0726</b>
Residential Street Address <b>75 Knox Blvd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2353</b>
Principal Occupation <b>Analyst</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>01/24/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>McCauley</b>		First <b>Lori</b>		MI	Contribution ID # <b>0701</b>
Residential Street Address <b>138 Lee St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4526</b>
Principal Occupation <b>Patient coordinator</b>		Name of Employer <b>Middletown Family Dental 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 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>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Morrison</b>		First <b>Drew</b>		MI	Contribution ID # <b>0759</b>
Residential Street Address <b>6004 Onondaga Rd</b>		City <b>Bethesda</b>		State <b>MD</b>	Zip Code <b>20816-2152</b>
Principal Occupation <b>Transportation Planer</b>		Name of Employer <b>VHB</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Moore</b>		First <b>John</b>		MI <b>A</b>	Contribution ID # <b>0750</b>
Residential Street Address <b>180 Johnson St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2247</b>
Principal Occupation <b>Auto Body Tech</b>		Name of Employer <b>Fat City Motor Cycles</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Natale</b>		First <b>Anthony</b>		MI <b>J</b>	Contribution ID # <b>0778</b>
Residential Street Address <b>116 Oak St</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-2300</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Natale 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>01/24/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Natale</b>		First <b>Frances</b>		MI	Contribution ID # <b>0779</b>
Residential Street Address <b>116 Oak St</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-2300</b>
Principal Occupation <b>Doctor</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$250.00</b>	<b>\$250.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Kelly</b>		First <b>Nancy</b>		MI	Contribution ID # <b>0557</b>
Residential Street Address <b>169 Porter St</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511-5140</b>
Principal Occupation <b>Dir of Opr</b>		Name of Employer <b>Yale Humanist Community, 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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Kenning</b>		First <b>David</b>		MI	Contribution ID # <b>0562</b>
Residential Street Address <b>56 Bow Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4734</b>
Principal Occupation <b>Administrator</b>		Name of Employer <b>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	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>KOVACH</b>		First <b>Steven</b>		MI	Contribution ID # <b>0579</b>
Residential Street Address <b>259 Pearl St Apt 3</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2745</b>
Principal Occupation <b>Store Manager</b>		Name of Employer <b>It's Only Natural Market</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Kovar</b>		First <b>Ellen</b>		MI	Contribution ID # <b>0580</b>
Residential Street Address <b>105 Buena Vista Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825-1676</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$10.00</b>	<b>\$10.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Kafka</b>		First <b>Lillian</b>		MI	Contribution ID # <b>0544</b>
Residential Street Address <b>6452 E Mississippi Ave</b>		City <b>Denver</b>		State <b>CO</b>	Zip Code <b>80224-1455</b>
Principal Occupation <b>Writer</b>		Name of Employer <b>Creative Circle</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Giles</b>		First <b>Stephany</b>		MI	Contribution ID # <b>0413</b>
Residential Street Address <b>22 Belvidere Ter</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2407</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>01/24/2017</b>	Aggregate Contributions <b>\$350.00</b>	<b>\$350.00</b>

Last Name <b>Emmons</b>		First <b>Sharron</b>		MI	Contribution ID # <b>0333</b>
Residential Street Address <b>625 Millbrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5521</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>Town of Wallingford</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>Dykas</b>		First <b>Carol</b>		MI	Contribution ID # <b>0322</b>
Residential Street Address <b>22 Vale St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5335</b>
Principal Occupation <b>College Lecturer/Licensed Optician</b>		Name of Employer <b>Middlesex Community College</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Dieleman</b>		First <b>Sydney</b>		MI	Contribution ID # <b>0279</b>
Residential Street Address <b>158 Forest St Apt 906</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-5968</b>
Principal Occupation <b>Sales Representative</b>		Name of Employer <b>Pella 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>01252017a</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>01/24/2017</b>	Aggregate Contributions <b>\$75.00</b>	<b>\$75.00</b>

Last Name <b>Berry</b>		First <b>Kristin</b>		MI	Contribution ID # <b>0082</b>
Residential Street Address <b>34 Sylvan Ave</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-4611</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$70.00</b>	<b>\$20.00</b>

Last Name <b>Alves</b>		First <b>Paul</b>		MI	Contribution ID # <b>0018</b>
Residential Street Address <b>258 S Whittlesey Ave</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-4511</b>
Principal Occupation <b>Property Manager</b>		Name of Employer <b>Chelsea 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>01/24/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Augustine</b>		First <b>Erica</b>		MI	Contribution ID # <b>0031</b>
Residential Street Address <b>186 Main Street Ext</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3815</b>
Principal Occupation <b>Cosmetologist</b>		Name of Employer <b>Strike-A-Pose Hair &amp; Spa 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>01/24/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Bannister</b>		First <b>Sharon</b>		MI	Contribution ID # <b>0049</b>
Residential Street Address <b>495 Woodsedge Ln</b>		City <b>White Lake</b>		State <b>MI</b>	Zip Code <b>48386-3541</b>
Principal Occupation <b>Nurse</b>		Name of Employer <b>BCBSM</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Barry</b>		First <b>Mark</b>		MI <b>L</b>	Contribution ID # <b>0059</b>
Residential Street Address <b>69 Fair Harbor Pl</b>		City <b>New London</b>		State <b>CT</b>	Zip Code <b>06320-4710</b>
Principal Occupation <b>Business Advisor</b>		Name of Employer <b>Lodestar Company 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>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Barry</b>		First <b>Michael</b>		MI <b>W</b>	Contribution ID # <b>0060</b>
Residential Street Address <b>77 Boulder Rd</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-4505</b>
Principal Occupation <b>Probation Officer</b>		Name of Employer <b>State of CT Judicial Branch</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Capodilupo</b>		First <b>Francesca</b>		MI	Contribution ID # <b>0150</b>
Residential Street Address <b>513 Branchville Rd</b>		City <b>Ridgefield</b>		State <b>CT</b>	Zip Code <b>06877-6032</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>The Vinci 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>01252017a</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>01/25/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Dieleman</b>		First <b>Sydney</b>		MI	Contribution ID # <b>0280</b>
Residential Street Address <b>158 Forest St Apt 906</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-5968</b>
Principal Occupation <b>Sales Representative</b>		Name of Employer <b>Pella 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>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$125.00</b>	<b>\$50.00</b>

Last Name <b>DiPiro</b>		First <b>Michael</b>		MI	Contribution ID # <b>0285</b>
Residential Street Address <b>12 Peppercorn Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7100</b>
Principal Occupation <b>CPA</b>		Name of Employer <b>Guilmartin, DiPiro &amp; Sokolowski, 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>01/25/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Dahlgren</b>		First <b>Mary</b>		MI <b>E</b>	Contribution ID # <b>0242</b>
Residential Street Address <b>19 Stony Point Rd</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413-1646</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>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Dahlgren</b>		First <b>Paul</b>		MI <b>B</b>	Contribution ID # <b>0243</b>
Residential Street Address <b>19 Stony Point Rd</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413-1646</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>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Cuevas		First Victor		MI	Contribution ID # 0228
Residential Street Address 13 Jefferson Ave		City Bristol		State CT	Zip Code 06010-2728
Principal Occupation Parks and Recreation Director		Name of Employer City of Waterbury			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>01252017a</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 01/25/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Davis		First Elizabeth		MI R	Contribution ID # 0251
Residential Street Address 201 N Maple St		City Enfield		State CT	Zip Code 06082-2307
Principal Occupation Food Service representative		Name of Employer National Eagle ASG			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>01252017a</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 01/25/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Dauphin		First William		MI	Contribution ID # 0248
Residential Street Address 11 Olive Ln		City Vernon		State CT	Zip Code 06066-2222
Principal Occupation Senior Tech Writer		Name of Employer Pratt and Whitney			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>01252017a</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 01/25/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Conley		First Christine		MI M	Contribution ID # 0197
Residential Street Address 90 Crown Knoll Ct Apt 144		City Groton		State CT	Zip Code 06340-6248
Principal Occupation Attorney		Name of Employer Law office of Lexi Conforti			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>01252017a</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 01/25/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Durbin</b>	First <b>Matthew</b>	MI	Contribution ID # <b>0317</b>
Residential Street Address <b>13 Erin St</b>	City <b>Middletown</b>	State <b>CT</b>	Zip Code <b>06457-2644</b>
Principal Occupation <b>Sales and service tech II</b>	Name of Employer <b>Frontier 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	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <b>Dyer</b>	First <b>Kathleen</b>	MI <b>W</b>	Contribution ID # <b>0319</b>
Residential Street Address <b>358 Timrod Rd</b>	City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06040-6749</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>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Dyer</b>	First <b>Michael</b>	MI <b>J</b>	Contribution ID # <b>0320</b>
Residential Street Address <b>83 Bentley Dr</b>	City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06042-8511</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Barry, Barall &amp; Spinella 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>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Drew</b>	First <b>Sayde</b>	MI	Contribution ID # <b>0309</b>
Residential Street Address <b>2261 Palmer Ave</b>	City <b>New Rochelle</b>	State <b>NY</b>	Zip Code <b>10801-2930</b>
Principal Occupation <b>School Psychologist</b>	Name of Employer <b>New York City Department 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	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Garrett		First Dan		MI	Contribution ID # 0405
Residential Street Address 47 Andover Rd		City Hamden		State CT	Zip Code 06518-1701
Principal Occupation Property Manager			Name of Employer Dan Garrett		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$5.00
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 01/25/2017	
				Aggregate Contributions \$5.00	

Last Name Garrett		First Lauren		MI	Contribution ID # 0406
Residential Street Address 46 Andover Rd		City Hamden		State CT	Zip Code 06518-1702
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  \$5.00
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 01/25/2017	
				Aggregate Contributions \$5.00	

Last Name Friedrich		First Allen		MI J	Contribution ID # 0390
Residential Street Address 47 Prospect St Apt D		City Glastonbury		State CT	Zip Code 06033-1188
Principal Occupation Clerk			Name of Employer US Postal Service		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$50.00
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>01252017a</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 01/25/2017	
				Aggregate Contributions \$50.00	

Last Name Jones		First Sarah		MI L	Contribution ID # 0540
Residential Street Address 661 Middle Tpke E Apt B		City Manchester		State CT	Zip Code 06040-3741
Principal Occupation Consultant			Name of Employer Stat Education Resource Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01252017a</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 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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Katkocin</b>		First <b>Peggy</b>		MI	Contribution ID # <b>0553</b>
Residential Street Address <b>32 Sunswept Dr</b>		City <b>New Fairfield</b>		State <b>CT</b>	Zip Code <b>06812-4608</b>
Principal Occupation <b>school nurse</b>		Name of Employer <b>New Fairfield High 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>01/25/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Inglese</b>		First <b>Steven</b>		MI <b>K</b>	Contribution ID # <b>0528</b>
Residential Street Address <b>59 Horse Heaven Rd</b>		City <b>Washington</b>		State <b>CT</b>	Zip Code <b>06793-1504</b>
Principal Occupation <b>Real Estate</b>		Name of Employer <b>New Haven 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>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$125.00</b>	<b>\$125.00</b>

Last Name <b>Hart</b>		First <b>Atia</b>		MI	Contribution ID # <b>0475</b>
Residential Street Address <b>123 Newfield St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2546</b>
Principal Occupation <b>Unemployed</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>01/25/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Havasi</b>		First <b>Sonia</b>		MI	Contribution ID # <b>0481</b>
Residential Street Address <b>108B Clapboard Ridge Rd</b>		City <b>Danbury</b>		State <b>CT</b>	Zip Code <b>06811-3645</b>
Principal Occupation <b>Janitorial</b>		Name of Employer <b>Freelance</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Heimer		First Alyson		MI C	Contribution ID # 0496
Residential Street Address 107 Carleton St		City Hamden		State CT	Zip Code 06517-2703
Principal Occupation Administrator		Name of Employer City of New Haven			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>01252017a</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 01/25/2017	Aggregate Contributions \$200.00	\$200.00

Last Name Howard		First Chandler		MI	Contribution ID # 0518
Residential Street Address 28 Wakefield Ln		City Farmington		State CT	Zip Code 06032-3182
Principal Occupation CEO		Name of Employer Liberty 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/25/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Heinrich		First Eric		MI H	Contribution ID # 0498
Residential Street Address 41 Brent Rd		City Manchester		State CT	Zip Code 06042-2806
Principal Occupation Park Maintainer		Name of Employer Town of Glastonbury			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>01252017a</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 01/25/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Healy		First Pamela		MI	Contribution ID # 0488
Residential Street Address 40 Foxwood Cir		City Mount Kisco		State NY	Zip Code 10549-1129
Principal Occupation IT Security		Name of Employer IBM			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$50.00	\$50.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Myers</b>		First <b>Krystal</b>		MI	Contribution ID # <b>0772</b>
Residential Street Address <b>221 Newell Ave</b>		City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06010-5937</b>
Principal Occupation <b>Direct Support Staff</b>			Name of Employer <b>Key Human 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 checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</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>01252017a</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>01/25/2017</b>	
		Aggregate Contributions <b>\$25.00</b>			

Last Name <b>Myers</b>		First <b>Lawrence</b>		MI	Contribution ID # <b>0773</b>
Residential Street Address <b>221 Newell Ave</b>		City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06010-5937</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>\$25.00</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>01252017a</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>01/25/2017</b>	
		Aggregate Contributions <b>\$25.00</b>			

Last Name <b>Nocera</b>		First <b>Karen</b>		MI	Contribution ID # <b>0795</b>
Residential Street Address <b>64 Reservoir Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</b>
Principal Occupation <b>Recreation supervisor</b>			Name of Employer <b>city of middletown</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>01252017a</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>01/25/2017</b>	
		Aggregate Contributions <b>\$50.00</b>			

Last Name <b>Nocera</b>		First <b>Eugene</b>		MI	Contribution ID # <b>0790</b>
Residential Street Address <b>64 Reservoir Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4819</b>
Principal Occupation <b>Professor</b>			Name of Employer <b>University of St. Josephs</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>01252017a</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>01/25/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Mosback</b>		First <b>Richard</b>		MI	Contribution ID # <b>0762</b>
Residential Street Address <b>45 Stonehenge Ln</b>		City <b>Malvern</b>		State <b>PA</b>	Zip Code <b>19355-2858</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Delaware River Port Authority</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Mounds</b>		First <b>Sharon</b>		MI	Contribution ID # <b>0765</b>
Residential Street Address <b>53 Brookwood Dr Apt C</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-2721</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>01/25/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Pelletier</b>		First <b>Brian</b>		MI <b>L</b>	Contribution ID # <b>0853</b>
Residential Street Address <b>404 Hilliard St</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06042-2839</b>
Principal Occupation <b>VP/Private Mortgage Banker</b>		Name of Employer <b>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	
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>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Pelletier</b>		First <b>Makenzi</b>		MI	Contribution ID # <b>0854</b>
Residential Street Address <b>404 Hilliard St</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06042-2839</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>01252017a</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>01/25/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Palmer</b>		First <b>Roger</b>		MI <b>S</b>	Contribution ID # <b>0832</b>
Residential Street Address <b>620 Arbutus St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7106</b>
Principal Occupation <b>Assessor</b>		Name of Employer <b>City of New 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input 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>McCavanagh</b>		First <b>James</b>		MI <b>R</b>	Contribution ID # <b>0705</b>
Residential Street Address <b>79 Homestead St</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06042-3024</b>
Principal Occupation <b>Real Estate Broker</b>		Name of Employer <b>McCavanagh 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>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Manners</b>		First <b>Kathy</b>		MI	Contribution ID # <b>0674</b>
Residential Street Address <b>53 Spencer Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3537</b>
Principal Occupation <b>R.N, C.C.M</b>		Name of Employer <b>Berkley Medical Management 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>01/25/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Lopez-Howard</b>		First <b>Miriam</b>		MI	Contribution ID # <b>0646</b>
Residential Street Address <b>28 Wakefield Ln</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-3182</b>
Principal Occupation <b>Para Legal</b>		Name of Employer <b>City of 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>01/25/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Lebeau</b>		First <b>Gary</b>		MI	Contribution ID # <b>0614</b>
Residential Street Address <b>19 Garvan St</b>		City <b>East Hartford</b>		State <b>CT</b>	Zip Code <b>06108-3032</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>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pohl</b>		First <b>Michael</b>		MI	Contribution ID # <b>0871</b>
Residential Street Address <b>25 Congress St Apt I</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06042-3056</b>
Principal Occupation <b>teacher with the BoE</b>		Name of Employer <b>Town of Manchester</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Rodko</b>		First <b>Eric</b>		MI	Contribution ID # <b>0921</b>
Residential Street Address <b>4 Robinson Rd Apt K</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-3232</b>
Principal Occupation <b>Social Worker</b>		Name of Employer <b>St. Luke's Community 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 checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Rosenberg</b>		First <b>Lonnie</b>		MI	Contribution ID # <b>0932</b>
Residential Street Address <b>2120 Lebanon Pike Apt 133</b>		City <b>Nashville</b>		State <b>TN</b>	Zip Code <b>37210-2435</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>Stuart Strategies</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Ryan</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0948</b>
Residential Street Address <b>409 Pine St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4143</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Ryan &amp; Ryan</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>01/25/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Sanders</b>		First <b>Valerie</b>		MI	Contribution ID # <b>0969</b>
Residential Street Address <b>PO Box 83761</b>		City <b>Phoenix</b>		State <b>AZ</b>	Zip Code <b>85071-3761</b>
Principal Occupation <b>Analyst</b>		Name of Employer <b>Sagikor Life 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>01/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Saunig</b>		First <b>Matthew</b>		MI <b>J</b>	Contribution ID # <b>0982</b>
Residential Street Address <b>186 Chimney Sweep Hill Rd</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-3904</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Attorney Matthew Saunig</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Scorso</b>		First <b>Jessica</b>		MI	Contribution ID # <b>0993</b>
Residential Street Address <b>54 Robert Rd</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-4520</b>
Principal Occupation <b>School Psychologist</b>		Name of Employer <b>Lebanon 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Wasch</b>		First <b>William</b>		MI	Contribution ID # <b>1131</b>
Residential Street Address <b>150 Coleman Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5065</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>01/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Werner</b>		First <b>Sue</b>		MI	Contribution ID # <b>1137</b>
Residential Street Address <b>90 Fox Den Rd</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001-2543</b>
Principal Occupation <b>Director of Technology</b>		Name of Employer <b>Renbrook 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>01/25/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Stebe</b>		First <b>Michael</b>		MI	Contribution ID # <b>1059</b>
Residential Street Address <b>85 Hollister St</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06042-3561</b>
Principal Occupation <b>Eligibility Worker</b>		Name of Employer <b>State of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>01252017a</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>01/25/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Tinnel</b>		First <b>William</b>		MI	Contribution ID # <b>1091</b>
Residential Street Address <b>413 High St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2632</b>
Principal Occupation <b>Executive</b>		Name of Employer <b>Utelogy</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Szilagyi		First Jillian		MI	Contribution ID # 1078
Residential Street Address 297 Carriage Crossing Ln		City Middletown		State CT	Zip Code 06457-5866
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	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/26/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Rabuffo		First Jeffrey		MI	Contribution ID # 0892
Residential Street Address 107 Skunk Misery Rd		City Higganum		State CT	Zip Code 06441-4437
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 01/26/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Richards		First Kathleen		MI	Contribution ID # 0907
Residential Street Address 73 Old Marlborough Tpke		City Portland		State CT	Zip Code 06480-1062
Principal Occupation Area Manager		Name of Employer Hankelo & McCoy 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 01/26/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Lawler		First Richard		MI	Contribution ID # 0609
Residential Street Address 33 Maidstone Ave		City East Hampton		State NY	Zip Code 11937-2425
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 01/26/2017	Aggregate Contributions \$300.00	\$300.00



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

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

**B. Itemized Contributions from Individuals**

Last Name Lechowicz		First Cathy		MI	Contribution ID # 0621
Residential Street Address 42 Schuyler Ave		City Middletown		State CT	Zip Code 06457-4329
Principal Occupation College Adminstrator		Name of Employer Wesleyan 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 01/26/2017	Aggregate Contributions \$50.00	\$50.00

Last Name O'Neil		First John		MI	Contribution ID # 0806
Residential Street Address 1450 Millbrook Rd		City Middletown		State CT	Zip Code 06457-5538
Principal Occupation Carpenter		Name of Employer CT Carpenters Local 24			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 01/26/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Micciulla		First Salvatore		MI	Contribution ID # 0736
Residential Street Address 349 S Main St # 2S		City Middletown		State CT	Zip Code 06457-4276
Principal Occupation Senior Analyst		Name of Employer Aetna			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 01/26/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Karnes		First Nathan		MI B	Contribution ID # 0552
Residential Street Address 4 Juniper Rd		City Windsor		State CT	Zip Code 06095-1853
Principal Occupation State of Connecticut Housing Dept.		Name of Employer Financial Project Manager			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/26/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Kokoszka</b>		First <b>Ann</b>		MI	Contribution ID # <b>0572</b>
Residential Street Address <b>26 Nejako Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2044</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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Chafee</b>		First <b>Brandon</b>		MI	Contribution ID # <b>0167</b>
Residential Street Address <b>105 Reservoir Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4840</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Eversource 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>01/26/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Deline</b>		First <b>Marilyn</b>		MI	Contribution ID # <b>0266</b>
Residential Street Address <b>101 Farm Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4203</b>
Principal Occupation <b>Clinical Manager</b>		Name of Employer <b>American Renal 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 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>\$75.00</b>	<b>\$75.00</b>

Last Name <b>Burke</b>		First <b>Barry</b>		MI	Contribution ID # <b>0132</b>
Residential Street Address <b>143 Valley Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2052</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>AT&amp;T</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Buatti</b>		First <b>Maria A.</b>		MI	Contribution ID # <b>0122</b>
Residential Street Address <b>711 Ridge Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5438</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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Adams</b>		First <b>Gordon</b>		MI <b>W</b>	Contribution ID # <b>0004</b>
Residential Street Address <b>8 Bellevue Pl</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4105</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>Adams</b>		First <b>Kathryn</b>		MI	Contribution ID # <b>0005</b>
Residential Street Address <b>8 Bellevue Pl</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4105</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Middletown 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>01/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Atherton</b>		First <b>Kellin</b>		MI	Contribution ID # <b>0028</b>
Residential Street Address <b>16 Braeburn Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1683</b>
Principal Occupation <b>Delivery Assurance</b>		Name of Employer <b>Quest Global</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Bartucca</b>		First <b>Gregory</b>		MI	Contribution ID # <b>0065</b>
Residential Street Address <b>63 Grove St Unit 2</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2220</b>
Principal Occupation <b>Parts handler</b>		Name of Employer <b>HOpenn</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$40.00</b>	<b>\$20.00</b>

Last Name <b>Brown</b>		First <b>Michael</b>		MI	Contribution ID # <b>0116</b>
Residential Street Address <b>67 Point Beach Dr</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460-7647</b>
Principal Occupation <b>Management Consultant</b>		Name of Employer <b>New Standard Institute, 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>01/27/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Desmarais</b>		First <b>Joanna</b>		MI	Contribution ID # <b>0276</b>
Residential Street Address <b>42 Overlook Dr</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-4742</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>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Deotte</b>		First <b>Penelope</b>		MI	Contribution ID # <b>0274</b>
Residential Street Address <b>23 Randall Ct</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3536</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>Optum360</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Caulkins</b>		First <b>Amy</b>		MI	Contribution ID # <b>0163</b>
Residential Street Address <b>23 Baldwin Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5042</b>
Principal Occupation <b>Registered Nurse</b>		Name of Employer <b>St. Francis Hospital and 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>01/27/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Clowes</b>		First <b>Everett</b>		MI	Contribution ID # <b>0185</b>
Residential Street Address <b>373 Saybrook Rd</b>		City <b>Higganum</b>		State <b>CT</b>	Zip Code <b>06441-4110</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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Conn</b>		First <b>Ryan</b>		MI	Contribution ID # <b>0200</b>
Residential Street Address <b>35 Andrew St Unit 3</b>		City <b>Salem</b>		State <b>MA</b>	Zip Code <b>01970-4042</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Mayflower Brewing 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>01/27/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>King</b>		First <b>Heather</b>		MI	Contribution ID # <b>0568</b>
Residential Street Address <b>53 Ivain Rd</b>		City <b>Torrington</b>		State <b>CT</b>	Zip Code <b>06790-4416</b>
Principal Occupation <b>Senior Payroll Specialist</b>		Name of Employer <b>Chemtura 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>01/27/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Ives</b>		First <b>Roger</b>		MI	Contribution ID # <b>0530</b>
Residential Street Address <b>584 Thompsonville Rd</b>		City <b>Suffield</b>		State <b>CT</b>	Zip Code <b>06078-1318</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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Miller</b>		First <b>Rita</b>		MI	Contribution ID # <b>0743</b>
Residential Street Address <b>428 Lewis Rd</b>		City <b>New Britain</b>		State <b>CT</b>	Zip Code <b>06053-1433</b>
Principal Occupation <b>part time substitute teacher</b>		Name of Employer <b>Kelly staffing</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Nocera</b>		First <b>Eugene</b>		MI	Contribution ID # <b>0791</b>
Residential Street Address <b>64 Reservoir Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4819</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>University of St. Josephs</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>01/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Nocera</b>		First <b>Karen</b>		MI	Contribution ID # <b>0796</b>
Residential Street Address <b>64 Reservoir Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</b>
Principal Occupation <b>Recreation supervisor</b>		Name of Employer <b>city of middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>01/27/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Obrien		First Christiane		MI	Contribution ID # 0809
Residential Street Address 262 Oak St		City Manchester		State CT	Zip Code 06040-5563
Principal Occupation designer		Name of Employer Interior Plantworks 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 01/27/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Rhode		First Michael		MI S	Contribution ID # 0905
Residential Street Address 30 Tunxis Cir		City Meriden		State CT	Zip Code 06450-7401
Principal Occupation Director of Community Relations		Name of Employer CHC 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 01/27/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Raulukaitis		First Stefany		MI	Contribution ID # 0899
Residential Street Address 35 Pratt St		City Rocky Hill		State CT	Zip Code 06067-2612
Principal Occupation Law Student		Name of Employer MSJDN			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/27/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Russo		First Louis		MI	Contribution ID # 0944
Residential Street Address 7 Fenwood Dr		City Middletown		State CT	Zip Code 06457-3510
Principal Occupation Custodial		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 01/27/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Saraceno</b>		First <b>Krista</b>		MI	Contribution ID # <b>0979</b>
Residential Street Address <b>38 David Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5193</b>
Principal Occupation <b>Loan administrator</b>		Name of Employer <b>Liberty 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>01/27/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Storrs</b>		First <b>Barbara</b>		MI	Contribution ID # <b>1065</b>
Residential Street Address <b>375 County Rd</b>		City <b>Torrington</b>		State <b>CT</b>	Zip Code <b>06790-5954</b>
Principal Occupation <b>Childcare Director</b>		Name of Employer <b>KinderCare Learning 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>01/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Suydam</b>		First <b>Emiko (Emmy)</b>		MI	Contribution ID # <b>1075</b>
Residential Street Address <b>200 E 89th St Apt 36E</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10128-4307</b>
Principal Occupation <b>Organization Development/HR Consultant</b>		Name of Employer <b>Executive Advantage, 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>01/27/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Warshauer</b>		First <b>Karen</b>		MI	Contribution ID # <b>1127</b>
Residential Street Address <b>44 Strawberry Hill Ave Apt 2E</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-2698</b>
Principal Occupation <b>Paralegal</b>		Name of Employer <b>MDMC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Sulsky</b>		First <b>Martin</b>		MI	Contribution ID # <b>1071</b>
Residential Street Address <b>11800 Sunrise Valley Dr Fl 15</b>		City <b>Reston</b>		State <b>VA</b>	Zip Code <b>20191-5300</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Marberry 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>01/28/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Smedick</b>		First <b>Chris</b>		MI	Contribution ID # <b>1034</b>
Residential Street Address <b>38 Point Beach Dr</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460-7643</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>O'Brien</b>		First <b>Michael</b>		MI	Contribution ID # <b>0803</b>
Residential Street Address <b>826 Southbridge St # 100</b>		City <b>Auburn</b>		State <b>MA</b>	Zip Code <b>01501-1332</b>
Principal Occupation <b>Principal</b>		Name of Employer <b>Galaxy 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>01/28/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>O'Brien</b>		First <b>Sharon</b>		MI	Contribution ID # <b>0805</b>
Residential Street Address <b>826 Southbridge St # 100</b>		City <b>Auburn</b>		State <b>MA</b>	Zip Code <b>01501-1332</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 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>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Potocnak</b>		First <b>Jennifer</b>		MI	Contribution ID # <b>0879</b>
Residential Street Address <b>11800 Sunrise Valley Dr # 15</b>		City <b>Reston</b>		State <b>VA</b>	Zip Code <b>20191-5300</b>
Principal Occupation <b>Nurse</b>		Name of Employer <b>Not Employeed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Lepore</b>		First <b>Anthony</b>		MI	Contribution ID # <b>0629</b>
Residential Street Address <b>190 Spenoridge St</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067</b>
Principal Occupation <b>Business Agent</b>		Name of Employer <b>Teamsters</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>Langston</b>		First <b>Teresa</b>		MI	Contribution ID # <b>0601</b>
Residential Street Address <b>152 Nejako Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2044</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>Net-Spin</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Higgins</b>		First <b>Art</b>		MI	Contribution ID # <b>0508</b>
Residential Street Address <b>810 East St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1738</b>
Principal Occupation <b>Fire Marshal</b>		Name of Employer <b>Westfield Fire District</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Higgins		First Lynn		MI	Contribution ID # 0509
Residential Street Address 801 East St		City Middletown		State CT	Zip Code 06457-1737
Principal Occupation Homecare		Name of Employer Lynn Higgins			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Havlicek		First Joseph		MI	Contribution ID # 0482
Residential Street Address 488 Main St		City Portland		State CT	Zip Code 06480-1528
Principal Occupation Doctor		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Freidman		First Alan		MI	Contribution ID # 0389
Residential Street Address 45 Ocean Ave		City Monmouth Beach		State NJ	Zip Code 07750-1301
Principal Occupation CEO		Name of Employer j 3 personica			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Gilson		First Brian		MI	Contribution ID # 0418
Residential Street Address 18 Red Glen Rd		City Middletown		State CT	Zip Code 06457-4975
Principal Occupation Firefighter		Name of Employer Town of Hamden			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/28/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bianco</b>		First <b>Sally</b>		MI	Contribution ID # <b>0087</b>
Residential Street Address <b>208 College St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3240</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>01/28/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Barasch</b>		First <b>Edith</b>		MI <b>Z</b>	Contribution ID # <b>0051</b>
Residential Street Address <b>475 Wilmot Rd</b>		City <b>New Rochelle</b>		State <b>NY</b>	Zip Code <b>10804-1019</b>
Principal Occupation <b>Special Education</b>		Name of Employer <b>City School District of New Rochelle NY</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Backman</b>		First <b>Gigi</b>		MI	Contribution ID # <b>0040</b>
Residential Street Address <b>9 Eagle Hollow Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</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 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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Bank</b>		First <b>Elaine</b>		MI	Contribution ID # <b>0048</b>
Residential Street Address <b>109 Red Clover Cir</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4915</b>
Principal Occupation <b>Assistant</b>		Name of Employer <b>Stephan A. 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>01/30/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Courcey		First Daniel		MI	Contribution ID # 0214
Residential Street Address 369 N Main St		City Wallingford		State CT	Zip Code 06492-3210
Principal Occupation Development Director		Name of Employer Chote School			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/30/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Fox		First William		MI	Contribution ID # 0381
Residential Street Address 9 Eagle Hollow Dr		City Middletown		State CT	Zip Code 06457
Principal Occupation Owner		Name of Employer Mezzo Grill			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/30/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Greig		First Jeff		MI	Contribution ID # 0450
Residential Street Address 86 Chelsea Ct		City Middletown		State CT	Zip Code 06457-7538
Principal Occupation Consultant		Name of Employer CT State Dept 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 01/30/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Holzberg		First Maria		MI	Contribution ID # 0515
Residential Street Address 192 Coleman Rd		City Middletown		State CT	Zip Code 06457-5065
Principal Occupation Retired lawyer		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 01/30/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Kelly		First Thomas		MI E	Contribution ID # 0558
Residential Street Address 28 Plumb Rd		City Trumbull		State CT	Zip Code 06611-4133
Principal Occupation Board of Finance			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  \$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 01/30/2017	
				Aggregate Contributions \$100.00	

Last Name Larkin		First Michael		MI	Contribution ID # 0604
Residential Street Address 23 Fairview Ave		City Middletown		State CT	Zip Code 06457-3108
Principal Occupation carpenter, ct local 24			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  \$5.00
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 01/30/2017	
				Aggregate Contributions \$5.00	

Last Name Matteo		First Ralph		MI	Contribution ID # 0697
Residential Street Address 64 Victoria Hts		City Middletown		State CT	Zip Code 06457-5435
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  \$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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/30/2017	
				Aggregate Contributions \$25.00	

Last Name Smith		First Ryan		MI	Contribution ID # 1040
Residential Street Address 1233 York Ave Apt 11D		City New York		State NY	Zip Code 10065-6342
Principal Occupation Graduate student / researcher			Name of Employer Memorial Sloan Kettering Cancer Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 01/30/2017	
				Aggregate Contributions \$25.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Sheridan		First Lori		MI	Contribution ID # 1016
Residential Street Address 8711 Laroque Run Dr		City Fredericksburg		State VA	Zip Code 22407-1991
Principal Occupation Consultant		Name of Employer Creative Resources			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/30/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Santos		First Mayara		MI	Contribution ID # 0976
Residential Street Address 1434 Independence Ave SE Apt 3		City Washington		State DC	Zip Code 20003-1557
Principal Occupation Nanny		Name of Employer Freelance			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/31/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Polinsky		First Eric		MI	Contribution ID # 0874
Residential Street Address 4 Oak Hill Ln		City Woodbridge		State CT	Zip Code 06525-1938
Principal Occupation Real Estate Management		Name of Employer Carabetta Enterprises 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 01/31/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Spaeth		First John		MI W	Contribution ID # 1048
Residential Street Address 50 Pine St		City Middletown		State CT	Zip Code 06457-3113
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 01/31/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Stark</b>		First <b>Fortney</b>		MI	Contribution ID # <b>1058</b>
Residential Street Address <b>4727 Bayfields Rd</b>		City <b>Harwood</b>		State <b>MD</b>	Zip Code <b>20776-9576</b>
Principal Occupation <b>Student</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>01/31/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Streng</b>		First <b>Aileen</b>		MI	Contribution ID # <b>1067</b>
Residential Street Address <b>12573 McIntire Dr</b>		City <b>Woodbridge</b>		State <b>VA</b>	Zip Code <b>22192-3312</b>
Principal Occupation <b>Journalist</b>		Name of Employer <b>Prince William Times</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$40.00</b>	<b>\$40.00</b>

Last Name <b>Tolley-Bauer</b>		First <b>Heather</b>		MI	Contribution ID # <b>1092</b>
Residential Street Address <b>2749 Barnhill Dr</b>		City <b>Marietta</b>		State <b>GA</b>	Zip Code <b>30062-4811</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 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>Walsh</b>		First <b>Erin</b>		MI	Contribution ID # <b>1124</b>
Residential Street Address <b>58 Mount Sumner Dr</b>		City <b>Bolton</b>		State <b>CT</b>	Zip Code <b>06043-7248</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Enfield 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 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>\$40.00</b>	<b>\$40.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Walcott</b>		First <b>Troy</b>		MI	Contribution ID # <b>1119</b>
Residential Street Address <b>796 Tower Ave</b>		City <b>Hartford</b>		State <b>CT</b>	Zip Code <b>06112-1157</b>
Principal Occupation <b>ABAA</b>		Name of Employer <b>Bloomfield 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 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>Marino</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0688</b>
Residential Street Address <b>38 Ash Ct</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-6128</b>
Principal Occupation <b>Probate Judge</b>		Name of Employer <b>Middletown Probate District</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>Manohar</b>		First <b>Velandy</b>		MI	Contribution ID # <b>0678</b>
Residential Street Address <b>93 Meeting House Rd</b>		City <b>Haddam</b>		State <b>CT</b>	Zip Code <b>06438-1049</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>Aware Recovery 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 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>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Malecky</b>		First <b>Susan</b>		MI	Contribution ID # <b>0666</b>
Residential Street Address <b>15 Gildersleeve Rd</b>		City <b>Portland</b>		State <b>CT</b>	Zip Code <b>06480-1251</b>
Principal Occupation <b>semi-retired speech-language pathologist</b>		Name of Employer <b>CREC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>McDermott</b>		First <b>Paul</b>		MI	Contribution ID # <b>0709</b>
Residential Street Address <b>1193 Randolph Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5139</b>
Principal Occupation <b>Director/Owner</b>		Name of Employer <b>McGan Technology</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>LaPenta</b>		First <b>Dominic</b>		MI <b>A</b>	Contribution ID # <b>0602</b>
Residential Street Address <b>235 E River Dr # 1002</b>		City <b>East Hartford</b>		State <b>CT</b>	Zip Code <b>06108-5016</b>
Principal Occupation <b>CEO</b>		Name of Employer <b>The North East 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>01/31/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Loffredo</b>		First <b>Vincent</b>		MI	Contribution ID # <b>0644</b>
Residential Street Address <b>90 Dora Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4183</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>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Nicholson</b>		First <b>Maureen</b>		MI	Contribution ID # <b>0788</b>
Residential Street Address <b>767 Wrights Crossing Rd</b>		City <b>Pomfret Center</b>		State <b>CT</b>	Zip Code <b>06259-1623</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Kennell		First Maryellen		MI	Contribution ID # 0561
Residential Street Address 15 Sisk St		City Middletown		State CT	Zip Code 06457-2392
Principal Occupation Nurse Practitioner		Name of Employer Anxiety Treatment Center of Greenwich			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Kleindienst		First Jennifer		MI	Contribution ID # 0570
Residential Street Address 241 West St		City Middletown		State CT	Zip Code 06457-4066
Principal Occupation Sustainability Director		Name of Employer Weslyan 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 01/31/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Johnston		First Brianna		MI	Contribution ID # 0539
Residential Street Address 625 Millbrook Rd		City Middletown		State CT	Zip Code 06457-5521
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 01/31/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Hughes		First Rochelle		MI	Contribution ID # 0519
Residential Street Address 251 Chauncey Rd		City Middletown		State CT	Zip Code 06457-5532
Principal Occupation Accounts payable clerk		Name of Employer Petzolds Marine Center			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/31/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Hardman</b>		First <b>Tracey</b>		MI	Contribution ID # <b>0468</b>
Residential Street Address <b>98 Washington St Ste 203</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2803</b>
Principal Occupation <b>Atty</b>		Name of Employer <b>Hardman Law Offices, 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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Hellmann</b>		First <b>Alexander</b>		MI	Contribution ID # <b>0499</b>
Residential Street Address <b>13 Ridgecrest Rd</b>		City <b>Danbury</b>		State <b>CT</b>	Zip Code <b>06811-3606</b>
Principal Occupation <b>Designer</b>		Name of Employer <b>AECOM</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Gavin Kuhn</b>		First <b>Faith</b>		MI	Contribution ID # <b>0409</b>
Residential Street Address <b>1008 Long Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5067</b>
Principal Occupation <b>Editor</b>		Name of Employer <b>Not Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>Goode</b>		First <b>Aaron</b>		MI	Contribution ID # <b>0427</b>
Residential Street Address <b>45 William St</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511-4930</b>
Principal Occupation <b>Administrator</b>		Name of Employer <b>Trueballot 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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Drew		First Kate		MI	Contribution ID # 0304
Residential Street Address 500 Long Hill Rd		City Middletown		State CT	Zip Code 06457-4917
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/31/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Emanuele		First Lisa		MI	Contribution ID # 0332
Residential Street Address 858 Long Hill Rd		City Middletown		State CT	Zip Code 06457-5063
Principal Occupation Interior Designer		Name of Employer FX Design, 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 01/31/2017	Aggregate Contributions \$10.00	\$10.00

Last Name Crane		First Kristin		MI	Contribution ID # 0217
Residential Street Address 39 Sigwin Dr		City Wallingford		State CT	Zip Code 06492-4844
Principal Occupation Residential Supervisor		Name of Employer Columbus House 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 01/31/2017	Aggregate Contributions \$10.00	\$10.00

Last Name Carlozzi		First Carlo		MI	Contribution ID # 0155
Residential Street Address 547 Slater Rd		City New Britain		State CT	Zip Code 06053-2645
Principal Occupation Sales		Name of Employer Liberty Mutual 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 01/31/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Davis</b>		First <b>Trevor</b>		MI	Contribution ID # <b>0252</b>
Residential Street Address <b>363 Main St Ste 502</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3359</b>
Principal Occupation <b>Real Estate Broker</b>			Name of Employer <b>Trevor Davis Commercial Real E</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>\$20.00</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>01/31/2017</b>	
				Aggregate Contributions <b>\$20.00</b>	

Last Name <b>D'Aquila</b>		First <b>Salvatore</b>		MI	Contribution ID # <b>0239</b>
Residential Street Address <b>43 Cricket Ct</b>		City <b>Old Saybrook</b>		State <b>CT</b>	Zip Code <b>06475-2405</b>
Principal Occupation <b>Manager</b>			Name of Employer <b>Carabetta Management 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  <b>\$300.00</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>01/31/2017</b>	
				Aggregate Contributions <b>\$300.00</b>	

Last Name <b>D'Antonio</b>		First <b>Jim</b>		MI	Contribution ID # <b>0237</b>
Residential Street Address <b>235 Tryon St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4551</b>
Principal Occupation <b>Manager</b>			Name of Employer <b>City of Middletown / Middletown 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  <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 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>	

Last Name <b>Biales</b>		First <b>Brian</b>		MI	Contribution ID # <b>0085</b>
Residential Street Address <b>902 Ridgewood Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1735</b>
Principal Occupation <b>Software Developer</b>			Name of Employer <b>Telepartner</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 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>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Biales</b>	First <b>Franca</b>	MI	Contribution ID # <b>0086</b>
Residential Street Address <b>902 Ridgewood Rd</b>	City <b>Middletown</b>	State <b>CT</b>	Zip Code <b>06457-1735</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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>01/31/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Blasig</b>	First <b>Paul</b>	MI	Contribution ID # <b>0094</b>
Residential Street Address <b>593 Granville Rd</b>	City <b>East Hartland</b>	State <b>CT</b>	Zip Code <b>06027-1116</b>
Principal Occupation <b>Electrician</b>	Name of Employer <b>Emcor</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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>01/31/2017</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <b>Bowles</b>	First <b>Timothy</b>	MI	Contribution ID # <b>0105</b>
Residential Street Address <b>117 River Rd</b>	City <b>Preston</b>	State <b>CT</b>	Zip Code <b>06365-8036</b>
Principal Occupation <b>Social Services Consultant</b>	Name of Employer <b>Zion Hill Farm</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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>01/31/2017</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <b>Buhler</b>	First <b>William</b>	MI	Contribution ID # <b>0129</b>
Residential Street Address <b>8 Winchester Way</b>	City <b>Cromwell</b>	State <b>CT</b>	Zip Code <b>06416-2636</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>
		Amount of Contribution <b>\$50.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Avitable</b>		First <b>Jay</b>		MI <b>B</b>	Contribution ID # <b>0035</b>
Residential Street Address <b>201 College St Unit 4</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3279</b>
Principal Occupation <b>Information Tech Manager</b>		Name of Employer <b>PowerPhone, 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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Andreana</b>		First <b>Michael</b>		MI <b>CT</b>	Contribution ID # <b>0019</b>
Residential Street Address <b>10 Anglers Bnd</b>		City <b>Unionville</b>		State <b>CT</b>	Zip Code <b>06085-1089</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Pullman Comley</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Andreana</b>		First <b>Tracy</b>		MI <b>CT</b>	Contribution ID # <b>0020</b>
Residential Street Address <b>10 Anglers Bnd</b>		City <b>Unionville</b>		State <b>CT</b>	Zip Code <b>06085-1089</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Avon High 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>01/31/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Arafeh</b>		First <b>Barbara</b>		MI <b>CT</b>	Contribution ID # <b>0024</b>
Residential Street Address <b>116 Bretton Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4148</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>\$250.00</b>	<b>\$250.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name Goodwin		First Nancy		MI	Contribution ID # 0432
Residential Street Address 29 Applewood Ln		City Glastonbury		State CT	Zip Code 06033-3801
Principal Occupation Medical librarian		Name of Employer Middlesex Hospital			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/01/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Magnano		First Salvatore		MI	Contribution ID # 0662
Residential Street Address 123 Maiden Ln		City Durham		State CT	Zip Code 06422-2016
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 02/01/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Warmath		First Michelle		MI	Contribution ID # 1126
Residential Street Address 1191 Berlin Tpke Unit 12		City Berlin		State CT	Zip Code 06037-3228
Principal Occupation Translator and copy editor		Name of Employer Michelle Warmath, Translations			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/01/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Pytel		First Katrina		MI	Contribution ID # 0890
Residential Street Address 477 Hunting Hill Ave		City Middletown		State CT	Zip Code 06457-5207
Principal Occupation RN		Name of Employer Complexcare Solutions			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/01/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Shea</b>		First <b>John</b>		MI	Contribution ID # <b>1013</b>
Residential Street Address <b>97 Baldwin Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5042</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Sanders</b>		First <b>Denise</b>		MI	Contribution ID # <b>0967</b>
Residential Street Address <b>482 Smith Hill Rd</b>		City <b>Northfield</b>		State <b>VT</b>	Zip Code <b>05663-7081</b>
Principal Occupation <b>Project Manager</b>		Name of Employer <b>State of Vermont</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$150.00</b>	<b>\$100.00</b>

Last Name <b>Salafia</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0953</b>
Residential Street Address <b>445 High St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2612</b>
Principal Occupation <b>Assistant Fire Marshal</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Raczka</b>		First <b>Theodore</b>		MI	Contribution ID # <b>0894</b>
Residential Street Address <b>7 Red Yellow Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4919</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Theodore Raczka</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$250.00</b>	<b>\$250.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Lomonte</b>		First <b>John</b>		MI	Contribution ID # <b>0645</b>
Residential Street Address <b>39 W Wynd Ter</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-8729</b>
Principal Occupation <b>Real Estate Appraiser</b>		Name of Employer <b>John Lomonte</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Lardieri</b>		First <b>Sharon</b>		MI <b>K</b>	Contribution ID # <b>0603</b>
Residential Street Address <b>5831 24th Ave S</b>		City <b>Gulfport</b>		State <b>FL</b>	Zip Code <b>33707-5031</b>
Principal Occupation <b>Real Estate</b>		Name of Employer <b>Wave Realty</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Hayes</b>		First <b>Joanne</b>		MI	Contribution ID # <b>0487</b>
Residential Street Address <b>6 Artizan St</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450-2206</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>02/02/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Grossenbacher</b>		First <b>Erin</b>		MI	Contribution ID # <b>0454</b>
Residential Street Address <b>37 New Preston Hill Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-2021</b>
Principal Occupation <b>Assistant Director</b>		Name of Employer <b>KinderCare</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Jamieson</b>		First <b>Jodi</b>		MI	Contribution ID # <b>0534</b>
Residential Street Address <b>32 McKenna Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4013</b>
Principal Occupation <b>disabled</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>02/02/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Boothroyd</b>		First <b>Ryan</b>		MI	Contribution ID # <b>0101</b>
Residential Street Address <b>43 Copper Beech Dr</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-1836</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Wethersfield 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>02/02/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Conaway-Raczka</b>		First <b>Nancy</b>		MI	Contribution ID # <b>0194</b>
Residential Street Address <b>7 Red Yellow Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4919</b>
Principal Occupation <b>Risk Manager</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>Barry</b>		First <b>Ryan</b>		MI	Contribution ID # <b>0061</b>
Residential Street Address <b>56 Stephanies Way</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-4571</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Barry &amp; Barall, 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>01252017a</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>02/03/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Gorum		First Donna		MI	Contribution ID # 0435
Residential Street Address 7 Hillside Ct		City Middletown		State CT	Zip Code 06457-4516
Principal Occupation Licensed practical nurse		Name of Employer Harrington court			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/03/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Magnano		First Salvatore		MI	Contribution ID # 0663
Residential Street Address 123 Maiden Ln		City Durham		State CT	Zip Code 06422-2016
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 02/03/2017	Aggregate Contributions \$25.00	\$5.00

Last Name Luckenbach		First J K		MI	Contribution ID # 0647
Residential Street Address 21 Tibbals Bridge Rd		City Madison		State CT	Zip Code 06443-1636
Principal Occupation Retired		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 02/03/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Perkins		First Sharon		MI	Contribution ID # 0860
Residential Street Address 55 McMullen Ave		City Wethersfield		State CT	Zip Code 06109-1234
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 02/03/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Poole</b>		First <b>Richard A</b>		MI	Contribution ID # <b>0875</b>
Residential Street Address <b>68 Roberta Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5510</b>
Principal Occupation <b>Bus Driver</b>		Name of Employer <b>Dattco</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Venti</b>		First <b>Paul</b>		MI <b>E</b>	Contribution ID # <b>1113</b>
Residential Street Address <b>8 South Rd</b>		City <b>Marlborough</b>		State <b>CT</b>	Zip Code <b>06447-1568</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>02/04/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>UNGERLEIDER</b>		First <b>Granville</b>		MI	Contribution ID # <b>1104</b>
Residential Street Address <b>10 Whitmarsh Ct</b>		City <b>Marlton</b>		State <b>NJ</b>	Zip Code <b>08053-3733</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>Whitmarsh Capital 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>02/04/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Drabicki</b>		First <b>A</b>		MI	Contribution ID # <b>0301</b>
Residential Street Address <b>131 Route 87</b>		City <b>Columbia</b>		State <b>CT</b>	Zip Code <b>06237-1025</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Fenerty		First Gerard		MI	Contribution ID # 0356
Residential Street Address 180 Johnson St		City Middletown		State CT	Zip Code 06457-2247
Principal Occupation President		Name of Employer ID Mail 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/04/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Kaoud		First Abe		MI	Contribution ID # 0549
Residential Street Address 17 S Main St		City West Hartford		State CT	Zip Code 06107-2407
Principal Occupation Owner		Name of Employer Kaoud Rugs			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/04/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Bartholomew		First Kirk		MI	Contribution ID # 0062
Residential Street Address 540 Maple Shade Rd		City Middletown		State CT	Zip Code 06457-5146
Principal Occupation Professor		Name of Employer Sacred Heart 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 02/04/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Aresco		First Louis		MI	Contribution ID # 0026
Residential Street Address PO Box 208		City Middletown		State CT	Zip Code 06457-0208
Principal Occupation State Marshall		Name of Employer State Marshall			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/04/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Frisch		First Hilary		MI	Contribution ID # 0391
Residential Street Address PO Box 15		City Middlefield		State CT	Zip Code 06455-0015
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	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$5.00	\$5.00

Last Name Mendlinger		First Peter		MI	Contribution ID # 0731
Residential Street Address 80 School Rd		City Colchester		State CT	Zip Code 06415-1729
Principal Occupation VoIP Telecom		Name of Employer Unified USA 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 02/05/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Pardew		First Thomas		MI A	Contribution ID # 0835
Residential Street Address 227A Main St		City Durham		State CT	Zip Code 06422-1646
Principal Occupation Unemployed		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 \$25.00	\$25.00

Last Name Shluger		First Elizabeth		MI	Contribution ID # 1019
Residential Street Address 27 Oswegatchie Rd		City Waterford		State CT	Zip Code 06385-1115
Principal Occupation Road Race manager		Name of Employer Hartford Marathon Foundation			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 \$150.00	\$150.00



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Rogalsky</b>		First <b>Nancy</b>		MI	Contribution ID # <b>0924</b>
Residential Street Address <b>139 Birchwood Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1803</b>
Principal Occupation <b>Language Consultant</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>02/06/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Goichman</b>		First <b>Lawrence</b>		MI	Contribution ID # <b>0425</b>
Residential Street Address <b>74 W Park Pl</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06901-2209</b>
Principal Occupation <b>President</b>		Name of Employer <b>SCG Captol</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/06/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Faccadio</b>		First <b>Lisa</b>		MI	Contribution ID # <b>0343</b>
Residential Street Address <b>155 Margarite Road Ext</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5136</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>Attorney Lisa A. Faccadio 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>02/06/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Conn</b>		First <b>Joan</b>		MI	Contribution ID # <b>0199</b>
Residential Street Address <b>33 Terrace Place Ext</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-2818</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>New Milford 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 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>

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

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

**B. Itemized Contributions from Individuals**

Last Name D'alessandro		First Carol		MI A	Contribution ID # 0236
Residential Street Address 5831 24th Ave S		City Gulfport		State FL	Zip Code 33707-5031
Principal Occupation Manager		Name of Employer Fund Recovery Specialists			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 \$25.00	\$25.00

Last Name DeLibero		First Geraldine		MI	Contribution ID # 0264
Residential Street Address 432 Ashbury Ridge Rd		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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/06/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Cirillo		First Frank		MI	Contribution ID # 0180
Residential Street Address 28 Truman Way		City Rocky Hill		State CT	Zip Code 06067-2070
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 02/07/2017	Aggregate Contributions \$125.00	\$125.00

Last Name Biega		First Joseph		MI	Contribution ID # 0088
Residential Street Address 3 Silver St		City Middletown		State CT	Zip Code 06457-3826
Principal Occupation Funeral Director		Name of Employer Biega Funeral Home			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/07/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Hutton		First Thomas C.		MI	Contribution ID # 0524
Residential Street Address 1179 Arbutus St		City Middletown		State CT	Zip Code 06457-5122
Principal Occupation CEO		Name of Employer pas-technologies			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/07/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Krol		First Steven		MI J	Contribution ID # 0581
Residential Street Address 36 McDowell Rd		City Middletown		State CT	Zip Code 06457-5423
Principal Occupation Deputy Fire Chief		Name of Employer South District Fire			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/07/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Hofher-Mylchreest		First Patricia		MI	Contribution ID # 0512
Residential Street Address 230 Crystal Lake Rd		City Middletown		State CT	Zip Code 06457-5400
Principal Occupation Chef		Name of Employer Patricia Hofher-Mylchreest			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/07/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Rivera		First Raquel		MI	Contribution ID # 0916
Residential Street Address 1179 Arbutus St		City Middletown		State CT	Zip Code 06457-5122
Principal Occupation Vice President		Name of Employer Pratt Whitney			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/07/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Rook</b>		First <b>Matthew</b>		MI <b>A</b>	Contribution ID # <b>0929</b>
Residential Street Address <b>15 Margarite Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5417</b>
Principal Occupation <b>Car Wash</b>		Name of Employer <b>MAR Enterprises 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>02/07/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Scacca</b>		First <b>Anthony</b>		MI <b>CT</b>	Contribution ID # <b>0985</b>
Residential Street Address <b>220 Main St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3439</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>First and Last 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 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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Scherf</b>		First <b>Thomas</b>		MI <b>CT</b>	Contribution ID # <b>0987</b>
Residential Street Address <b>166 Old Brookfield Rd Unit 5-1</b>		City <b>Danbury</b>		State <b>CT</b>	Zip Code <b>06811-4031</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>New Fairfield 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>02/07/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Wright</b>		First <b>Trenton</b>		MI <b>CT</b>	Contribution ID # <b>1154</b>
Residential Street Address <b>16 Simpson Ave</b>		City <b>Willimantic</b>		State <b>CT</b>	Zip Code <b>06226-3749</b>
Principal Occupation <b>Board - Institutional Advancement</b>		Name of Employer <b>Middlesex Community College</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>02/07/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Opalacz		First Edward		MI	Contribution ID # 0816
Residential Street Address 554 Boston Rd		City Middletown		State CT	Zip Code 06457-3547
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 02/07/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Opalacz		First Jane		MI	Contribution ID # 0817
Residential Street Address 554 Boston Rd		City Middletown		State CT	Zip Code 06457-3547
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 02/07/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Pieper		First John		MI	Contribution ID # 0866
Residential Street Address 143 Acorn Dr		City Middletown		State CT	Zip Code 06457-6125
Principal Occupation Purchasing Agent		Name of Employer City of New Britain			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 02/07/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Needleman		First Matthew		MI	Contribution ID # 0783
Residential Street Address 21 Carol Dr		City Ivoryton		State CT	Zip Code 06442-1277
Principal Occupation owner		Name of Employer Tower Labs LTD			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 02/07/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Morgan		First Elizabeth		MI L	Contribution ID # 0752
Residential Street Address 30 Gordon Pl		City Middletown		State CT	Zip Code 06457-4115
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 02/07/2017	Aggregate Contributions \$100.00	\$100.00

Last Name McNerney		First Rosemary		MI	Contribution ID # 0725
Residential Street Address 801 Long Hill Rd Apt C		City Middletown		State CT	Zip Code 06457-5080
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 02/07/2017	Aggregate Contributions \$100.00	\$100.00

Last Name McDowell		First Arthur		MI	Contribution ID # 0712
Residential Street Address 3 Merriwold Ln		City Deep River		State CT	Zip Code 06417-2125
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>02112017b</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 02/08/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Pelletier		First Richard		MI	Contribution ID # 0855
Residential Street Address 25 Little River Ln		City Middletown		State CT	Zip Code 06457-6311
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>02112017b</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 02/08/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Vasel		First John		MI	Contribution ID # 1110
Residential Street Address 103 Dividend Rd		City Rocky Hill		State CT	Zip Code 06067-2636
Principal Occupation Contractor		Name of Employer J V iii Contruction			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 02/08/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Gregg		First Andrew		MI	Contribution ID # 0448
Residential Street Address 151 Crown Street Ext		City Meriden		State CT	Zip Code 06450-7713
Principal Occupation Training Specialist		Name of Employer Faneuil 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 02/08/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Kordonsky		First Alex		MI	Contribution ID # 0577
Residential Street Address 898 Arbutus St		City Middletown		State CT	Zip Code 06457-5177
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	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$20.00	\$20.00

Last Name Boone		First Robert		MI	Contribution ID # 0100
Residential Street Address 14 Mansfield Ter		City Middletown		State CT	Zip Code 06457-3723
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 \$200.00	\$200.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Alvarez</b>		First <b>Alex</b>		MI	Contribution ID # <b>0017</b>
Residential Street Address <b>27 Woodbridge Ave</b>		City <b>East Hartford</b>		State <b>CT</b>	Zip Code <b>06108-4032</b>
Principal Occupation <b>Arborist</b>		Name of Employer <b>AA 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/08/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Crumbie</b>		First <b>Andrew</b>		MI	Contribution ID # <b>0224</b>
Residential Street Address <b>9 Rushleigh Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117-2922</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Crumbie Law 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>02/08/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Bransfield</b>		First <b>Susan</b>		MI	Contribution ID # <b>0111</b>
Residential Street Address <b>16 Covell Hill Rd</b>		City <b>Portland</b>		State <b>CT</b>	Zip Code <b>06480-1567</b>
Principal Occupation <b>First Selectwoman</b>		Name of Employer <b>Town of Portland</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>02112017b</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>02/09/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Candelorr</b>		First <b>William</b>		MI	Contribution ID # <b>0147</b>
Residential Street Address <b>25 Pierremount Ave</b>		City <b>New Britain</b>		State <b>CT</b>	Zip Code <b>06053-2340</b>
Principal Occupation <b>Physchology</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>02/09/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>FAZZINO</b>		First <b>SALVATORE</b>		MI	Contribution ID # <b>0352</b>
Residential Street Address <b>858 Long Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5063</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>02112017b</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>02/09/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Bajraktarevic</b>		First <b>Edita</b>		MI	Contribution ID # <b>0045</b>
Residential Street Address <b>138 Meadowood Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1995</b>
Principal Occupation <b>Staff</b>		Name of Employer <b>Luce</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/10/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Bajraktarevic</b>		First <b>Senad</b>		MI	Contribution ID # <b>0046</b>
Residential Street Address <b>138 Meadowood Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1995</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Luce</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/10/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Cronin</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0219</b>
Residential Street Address <b>260 Little City Rd</b>		City <b>Higganum</b>		State <b>CT</b>	Zip Code <b>06441-4387</b>
Principal Occupation <b>Resturant Owner</b>		Name of Employer <b>Mattabasset Canoe 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/10/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Nicholson		First Maureen		MI	Contribution ID # 0789
Residential Street Address 767 Wrights Crossing Rd		City Pomfret Center		State CT	Zip Code 06259-1623
Principal Occupation Unemployed		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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	\$25.00

Last Name Mcgrath		First Toby		MI	Contribution ID # 0719
Residential Street Address 19 Water St		City Brunswick		State ME	Zip Code 04011-1517
Principal Occupation Managing Director		Name of Employer Drummond Woodsum Strategic Consulting			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$250.00	\$250.00

Last Name Marchese		First Ann Marie		MI	Contribution ID # 0686
Residential Street Address 538 Pine St		City Middletown		State CT	Zip Code 06457-4145
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 02/10/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Nevins		First Robert		MI	Contribution ID # 0786
Residential Street Address 364 Coleman Rd		City Middletown		State CT	Zip Code 06457-5020
Principal Occupation owner		Name of Employer Living Lean			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/11/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Pizzo Sr</b>		First <b>Paul</b>		MI	Contribution ID # <b>0868</b>
Residential Street Address <b>75 Long Hill Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1140</b>
Principal Occupation <b>Architect</b>		Name of Employer <b>Land Mark Arch</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/11/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Pizzo</b>		First <b>Cheryl</b>		MI <b>A</b>	Contribution ID # <b>0869</b>
Residential Street Address <b>75 Long Hill Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1140</b>
Principal Occupation <b>Landmark Arch</b>		Name of Employer <b>Marketing Director</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/11/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Oliver-Perry</b>		First <b>Tayna</b>		MI	Contribution ID # <b>0814</b>
Residential Street Address <b>4 Keefe Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3019</b>
Principal Occupation <b>Accountant</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/11/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Ostrow</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0822</b>
Residential Street Address <b>85 Front St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4413</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Green Grass Martial Arts</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/11/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Williams		First John		MI W	Contribution ID # 1141
Residential Street Address 136 Atkins St		City Middletown		State CT	Zip Code 06457-7515
Principal Occupation Teacher		Name of Employer Cheshire 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 02/11/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Sponzo		First Sarah		MI	Contribution ID # 1053
Residential Street Address 85 Front St		City Middletown		State CT	Zip Code 06457-4413
Principal Occupation Account Director		Name of Employer Science Vision			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/11/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Salamone		First Christine		MI	Contribution ID # 0956
Residential Street Address 323 Bartholomew Rd		City Middletown		State CT	Zip Code 06457-4847
Principal Occupation Educator		Name of Employer Middletown Bd 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112017b</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 02/11/2017	Aggregate Contributions \$40.00	\$20.00

Last Name Radziewicz		First Karen		MI	Contribution ID # 0895
Residential Street Address 62 Holly Ln		City Middletown		State CT	Zip Code 06457-6132
Principal Occupation Teacher		Name of Employer Town of Portland			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>02112017b</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 02/11/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Carlsson-Bull		First Jan		MI	Contribution ID # 0156
Residential Street Address 344 Ridge Rd		City Middletown		State CT	Zip Code 06457-4435
Principal Occupation Minister		Name of Employer Unitarian Universalist Church Meriden			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/11/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Aiello		First Helen M		MI	Contribution ID # 0008
Residential Street Address 66 Scenic View Dr		City Middletown		State CT	Zip Code 06457-4920
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 02/11/2017	Aggregate Contributions \$10.00	\$10.00

Last Name Gionfriddo		First Jane		MI	Contribution ID # 0419
Residential Street Address 373 West St		City Middletown		State CT	Zip Code 06457-4008
Principal Occupation retired		Name of Employer former employer--Boston College			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>02112017b</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 02/11/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Gaudreau		First Michelle		MI	Contribution ID # 0408
Residential Street Address 35 Holly Ln		City Middletown		State CT	Zip Code 06457-6132
Principal Occupation RN		Name of Employer Yale New Haven			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/11/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Heher</b>		First <b>Garrett</b>		MI	Contribution ID # <b>0493</b>
Residential Street Address <b>6 Teal Ln</b>		City <b>Essex</b>		State <b>CT</b>	Zip Code <b>06426-1045</b>
Principal Occupation <b>Principal</b>		Name of Employer <b>Mercer Realty</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/11/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Heher</b>		First <b>Maureen</b>		MI	Contribution ID # <b>0494</b>
Residential Street Address <b>6 Teal Ln</b>		City <b>Essex</b>		State <b>CT</b>	Zip Code <b>06426-1045</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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/11/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Gambino</b>		First <b>Robert</b>		MI	Contribution ID # <b>0399</b>
Residential Street Address <b>4 Old Mill Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-2111</b>
Principal Occupation <b>Not Employed</b>		Name of Employer <b>Not Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/12/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Florsheim</b>		First <b>Pa</b>		MI	Contribution ID # <b>0373</b>
Residential Street Address <b>4105 N Farwell Ave</b>		City <b>Milwaukee</b>		State <b>WI</b>	Zip Code <b>53211-1754</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>University of Wisconsin Milwaukee</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/12/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Burlette</b>		First <b>Marie</b>		MI	Contribution ID # <b>0134</b>
Residential Street Address <b>85 Oakcliff Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5614</b>
Principal Occupation <b>RN</b>		Name of Employer <b>State of Connecticut Department of Public 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>02/12/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>De Golia</b>		First <b>Gabriela</b>		MI	Contribution ID # <b>0255</b>
Residential Street Address <b>62 Loveland St Apt 28</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3757</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/12/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Sheil</b>		First <b>Wendy</b>		MI	Contribution ID # <b>1015</b>
Residential Street Address <b>17 Laurel St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4616</b>
Principal Occupation <b>Para-Educator and Coach</b>		Name of Employer <b>Middletown 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>02/12/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Nesci</b>		First <b>Salvatore</b>		MI	Contribution ID # <b>0785</b>
Residential Street Address <b>475 Higby Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2383</b>
Principal Occupation <b>Public Health Official</b>		Name of Employer <b>Local Government</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/12/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Nocera</b>		First <b>Eugene</b>		MI	Contribution ID # <b>0792</b>
Residential Street Address <b>64 Reservoir Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4819</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>University of St. Josephs</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>02112017b</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>02/13/2017</b>	Aggregate Contributions <b>\$125.00</b>	<b>\$25.00</b>

Last Name <b>Nocera</b>		First <b>Karen</b>		MI	Contribution ID # <b>0797</b>
Residential Street Address <b>64 Reservoir Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</b>
Principal Occupation <b>Recreation supervisor</b>		Name of Employer <b>city of middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>02112017b</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>02/13/2017</b>	Aggregate Contributions <b>\$125.00</b>	<b>\$25.00</b>

Last Name <b>Partiss</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0840</b>
Residential Street Address <b>25 Little River Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-6311</b>
Principal Occupation <b>Business Agent</b>		Name of Employer <b>Cigna 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>02112017b</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>02/13/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Lisitano</b>		First <b>Dean</b>		MI	Contribution ID # <b>0639</b>
Residential Street Address <b>24 Francis Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4309</b>
Principal Occupation <b>Building Official</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>02112017b</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>02/13/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Tyaack</b>		First <b>Rose</b>		MI <b>S</b>	Contribution ID # <b>1103</b>
Residential Street Address <b>14 Annette Pl</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2102</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>02112017b</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>02/13/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Russo</b>		First <b>William</b>		MI <b>CT</b>	Contribution ID # <b>0945</b>
Residential Street Address <b>1112 Town Pl</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1750</b>
Principal Occupation <b>City of Middletown</b>		Name of Employer <b>Public Works Director</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>02112017b</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>02/13/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Robinson</b>		First <b>Shawn</b>		MI <b>CT</b>	Contribution ID # <b>0919</b>
Residential Street Address <b>10 Burr Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3708</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Apex Lighting 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>02/13/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Salo-Markoski</b>		First <b>Anna</b>		MI <b>CT</b>	Contribution ID # <b>0959</b>
Residential Street Address <b>1 Red Bud St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4935</b>
Principal Occupation <b>Substitute Librarian</b>		Name of Employer <b>West Hartford Public Library</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>02112017b</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>02/13/2017</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$40.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Shonta</b>		First <b>Michael</b>		MI <b>L</b>	Contribution ID # <b>1021</b>
Residential Street Address <b>118 Skyview Dr , Shontalinn</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-1875</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02112017b</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>02/13/2017</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$20.00</b>

Last Name <b>Shapiro</b>		First <b>Nancy</b>		MI <b>CT</b>	Contribution ID # <b>1006</b>
Residential Street Address <b>88 Oakcliff Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5663</b>
Principal Occupation <b>Development Director</b>		Name of Employer <b>Community Renewal Team</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>Daley</b>		First <b>Gerald</b>		MI <b>CT</b>	Contribution ID # <b>0245</b>
Residential Street Address <b>70 Autumn Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4787</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>02112017b</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>02/13/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Donadio</b>		First <b>Lori</b>		MI <b>CT</b>	Contribution ID # <b>0292</b>
Residential Street Address <b>42 Bow Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4734</b>
Principal Occupation <b>Architect</b>		Name of Employer <b>Oak Pane Architects West 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02112017b</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>02/13/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Chisem</b>		First <b>Carl</b>		MI <b>R</b>	Contribution ID # <b>0176</b>
Residential Street Address <b>1092 Ridgewood Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1729</b>
Principal Occupation <b>Supervisor Aid</b>		Name of Employer <b>State of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>02112017b</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>02/13/2017</b>	Aggregate Contributions <b>\$75.00</b>	<b>\$75.00</b>

Last Name <b>Cotten</b>		First <b>W. Vance</b>		MI <b>CT</b>	Contribution ID # <b>0211</b>
Residential Street Address <b>322 Butternut St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3004</b>
Principal Occupation <b>Bishop/Pastor</b>		Name of Employer <b>Shiloh Missionary Baptist 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02112017b</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>02/13/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$100.00</b>

Last Name <b>Black-Nasta</b>		First <b>Wendy</b>		MI <b>CT</b>	Contribution ID # <b>0090</b>
Residential Street Address <b>377 Ridge Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4436</b>
Principal Occupation <b>Artist</b>		Name of Employer <b>Artists for World Peace</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>02112017b</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>02/13/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Becker</b>		First <b>Andrew</b>		MI <b>CT</b>	Contribution ID # <b>0077</b>
Residential Street Address <b>101 Broad St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3236</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>The Rossi 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>02/13/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Aldieri</b>		First <b>Santina</b>		MI	Contribution ID # <b>0012</b>
Residential Street Address <b>116 Goodman Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1954</b>
Principal Occupation <b>Photogpher</b>		Name of Employer <b>Preceptions 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>02/13/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Dykas</b>		First <b>Andrew</b>		MI	Contribution ID # <b>0321</b>
Residential Street Address <b>22 Vale St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5335</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>02112017b</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>02/13/2017</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$40.00</b>

Last Name <b>Hancock</b>		First <b>Greg</b>		MI	Contribution ID # <b>0464</b>
Residential Street Address <b>29 Gravel St</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450-4607</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Hancock Pharmacy</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Krol</b>		First <b>Steven</b>		MI <b>J</b>	Contribution ID # <b>0582</b>
Residential Street Address <b>36 McDowell Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5423</b>
Principal Occupation <b>Deputy Fire Cheif</b>		Name of Employer <b>South District Fire</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>02112017b</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>02/13/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Kitchel		First Yvonne		MI	Contribution ID # 0569
Residential Street Address 73 Wolf Hill Ct		City Cheshire		State CT	Zip Code 06410-1731
Principal Occupation School Secretary		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>02112017b</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 02/13/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Kagan		First Richard		MI	Contribution ID # 0545
Residential Street Address 126 Long Hill Rd		City Middletown		State CT	Zip Code 06457-4069
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 02/13/2017	Aggregate Contributions \$200.00	\$200.00

Last Name Deegan		First Tracy		MI	Contribution ID # 0260
Residential Street Address 102 Guarino Dr		City Middletown		State CT	Zip Code 06457-5052
Principal Occupation Office manager		Name of Employer CEUI			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/14/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Coster		First Judith		MI	Contribution ID # 0208
Residential Street Address 11 Old Lantern Rd		City New Milford		State CT	Zip Code 06776-2426
Principal Occupation chemist		Name of Employer Westchester county			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/15/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Chapman</b>		First <b>David</b>		MI	Contribution ID # <b>0170</b>
Residential Street Address <b>37 Weiss Rd</b>		City <b>Haddam</b>		State <b>CT</b>	Zip Code <b>06438-1214</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>McHugh Chapman &amp; Vargas</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Balaban</b>		First <b>Mark</b>		MI	Contribution ID # <b>0047</b>
Residential Street Address <b>425 Main St Fl 4</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3347</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Balaban 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>02/15/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Kaoud</b>		First <b>Maurice</b>		MI	Contribution ID # <b>0550</b>
Residential Street Address <b>15 Garden Gate</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-2566</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Kaoud Rugs</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Hayden</b>		First <b>Edward</b>		MI <b>M</b>	Contribution ID # <b>0485</b>
Residential Street Address <b>795F Long Hill Rd # F</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5013</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>02/15/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$150.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Ganino</b>		First <b>Alletah</b>		MI	Contribution ID # <b>0401</b>
Residential Street Address <b>296 Green Hill Rd</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443-2283</b>
Principal Occupation <b>Mural Artist</b>		Name of Employer <b>Social Tuna</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Rodriguez</b>		First <b>Esaul</b>		MI	Contribution ID # <b>0922</b>
Residential Street Address <b>5 Nottingham Rdg</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001-2980</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Puerto Vallarta 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 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>\$350.00</b>	<b>\$350.00</b>

Last Name <b>Vibert</b>		First <b>Keith</b>		MI	Contribution ID # <b>1114</b>
Residential Street Address <b>22 Copper Mine Rd</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-2102</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Mondo</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>Smith</b>		First <b>Kelly</b>		MI <b>M</b>	Contribution ID # <b>1036</b>
Residential Street Address <b>44 Trailside Xing</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5466</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>KGS Insurance 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 checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Stoane</b>		First <b>Sheila</b>		MI	Contribution ID # <b>1062</b>
Residential Street Address <b>435 Kelsey St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5185</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>02/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Shulman</b>		First <b>Elizabeth</b>		MI	Contribution ID # <b>1022</b>
Residential Street Address <b>16 Fernwood Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424-1325</b>
Principal Occupation <b>Licensed Marriage and Family Therapist</b>		Name of Employer <b>Liz Shulman LMFT 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>02/16/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Ladd</b>		First <b>C Marston</b>		MI	Contribution ID # <b>0599</b>
Residential Street Address <b>5 Cricket Ct</b>		City <b>Old Saybrook</b>		State <b>CT</b>	Zip Code <b>06475-2405</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>02/16/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Plummer</b>		First <b>Betsy</b>		MI	Contribution ID # <b>0870</b>
Residential Street Address <b>223 Bee St</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450-4700</b>
Principal Occupation <b>Customer Service</b>		Name of Employer <b>Verisk Analytics</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Flood		First Brian		MI M	Contribution ID # 0369
Residential Street Address 206 Middle Haddam Rd		City Portland		State CT	Zip Code 06480-1764
Principal Occupation Attorney		Name of Employer Flood Law 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 02/16/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Harvill		First Moses		MI	Contribution ID # 0476
Residential Street Address 100 Scenic View Dr		City Middletown		State CT	Zip Code 06457-4981
Principal Occupation Pastor		Name of Employer Cross St. AME Zion Church			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/16/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Bysiewicz		First Susan		MI	Contribution ID # 0141
Residential Street Address 125 Clover St		City Middletown		State CT	Zip Code 06457-5204
Principal Occupation Attorney		Name of Employer Pastore and Dailey			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 02/16/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Carella		First Caroline		MI	Contribution ID # 0154
Residential Street Address 17 High Meadow Ct		City Portland		State CT	Zip Code 06480-4616
Principal Occupation Owner		Name of Employer Nora Cupcake			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/16/2017	Aggregate Contributions \$150.00	\$150.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Curran</b>		First <b>Andrew</b>		MI	Contribution ID # <b>0231</b>
Residential Street Address <b>316 Pine St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3112</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>Wesleyan 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>02/16/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Curran</b>		First <b>Jennifer</b>		MI	Contribution ID # <b>0232</b>
Residential Street Address <b>316 Pine St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3112</b>
Principal Occupation <b>Administrator</b>		Name of Employer <b>Wesleyan 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>02/16/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Demers</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0270</b>
Residential Street Address <b>1061 Millbrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5537</b>
Principal Occupation <b>Tech Support</b>		Name of Employer <b>Apple 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>02/17/2017</b>	Aggregate Contributions <b>\$70.00</b>	<b>\$50.00</b>

Last Name <b>Bonin</b>		First <b>Russell</b>		MI	Contribution ID # <b>0098</b>
Residential Street Address <b>6 Brentwood Ct</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7908</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Berdon, Young &amp; Margolis</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Avalone, Jr.</b>		First <b>Robert G.</b>		MI	Contribution ID # <b>0034</b>
Residential Street Address <b>53 Highland Ter</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4126</b>
Principal Occupation <b>Mechanical Engineer</b>		Name of Employer <b>Contract</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Alexy</b>		First <b>Christopher</b>		MI	Contribution ID # <b>0013</b>
Residential Street Address <b>392 Saybrook Rd</b>		City <b>Higganum</b>		State <b>CT</b>	Zip Code <b>06441-4111</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Alderman</b>		First <b>K</b>		MI	Contribution ID # <b>0010</b>
Residential Street Address <b>8 Knowles Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3117</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>02/17/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Poland</b>		First <b>Matt</b>		MI	Contribution ID # <b>0873</b>
Residential Street Address <b>1 Gold St Apt 6C</b>		City <b>Hartford</b>		State <b>CT</b>	Zip Code <b>06103-2930</b>
Principal Occupation <b>Library Director and Chief Executive Officer</b>		Name of Employer <b>Russell Library</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$300.00</b>	<b>\$200.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Pattavina</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0845</b>
Residential Street Address <b>221 Fowler Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5305</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Pratt &amp; Whitney</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Rickenback</b>		First <b>Christina</b>		MI	Contribution ID # <b>0910</b>
Residential Street Address <b>275 Blue Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5054</b>
Principal Occupation <b>Pediatric Nurse Practitioner</b>		Name of Employer <b>Wildwood Pediatrics</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Stanley</b>		First <b>Michele</b>		MI	Contribution ID # <b>1054</b>
Residential Street Address <b>18 Peachtree Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1822</b>
Principal Occupation <b>Democratic Assistant Reg. of Voters</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Stanley</b>		First <b>Paul</b>		MI <b>M</b>	Contribution ID # <b>1056</b>
Residential Street Address <b>18 Peachtree Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1822</b>
Principal Occupation <b>Painter</b>		Name of Employer <b>Quality 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 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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Tschudin Lucheme		First Roberto		MI	Contribution ID # 1098
Residential Street Address 111 Dekoven Dr Apt 1208		City Middletown		State CT	Zip Code 06457-3465
Principal Occupation Chocolatier / Attorney		Name of Employer Tschudin Chocolates 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 02/17/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Wynn		First Mitchell		MI	Contribution ID # 1156
Residential Street Address 231 Woodbury Cir		City Middletown		State CT	Zip Code 06457-5651
Principal Occupation Barber		Name of Employer Mike's Barber Shop			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$100.00	\$100.00

Last Name Ngo		First Chu		MI	Contribution ID # 0787
Residential Street Address 268 Congdon St E		City Middletown		State CT	Zip Code 06457-2073
Principal Occupation Owner		Name of Employer Lan Chi's			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$100.00	\$100.00

Last Name Magee		First Renana		MI	Contribution ID # 0661
Residential Street Address 240 Tryon St		City Middletown		State CT	Zip Code 06457-4536
Principal Occupation Owner		Name of Employer It's Only Natural Market			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Marashlian</b>		First <b>Janette</b>		MI	Contribution ID # <b>0682</b>
Residential Street Address <b>309B Heritage Vlg</b>		City <b>Southbury</b>		State <b>CT</b>	Zip Code <b>06488-3737</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>02/18/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Delvecchio</b>		First <b>Justin</b>		MI	Contribution ID # <b>0268</b>
Residential Street Address <b>8 Amie Ln</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-2758</b>
Principal Occupation <b>Insurance Agent</b>		Name of Employer <b>NFP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Doolittle</b>		First <b>Jay</b>		MI <b>B</b>	Contribution ID # <b>0296</b>
Residential Street Address <b>110 Lake Ridge Hts</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5540</b>
Principal Occupation <b>President</b>		Name of Employer <b>Doolittle Funeral Services, 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>02/18/2017</b>	Aggregate Contributions <b>\$300.00</b>	<b>\$300.00</b>

Last Name <b>Cecumjamin</b>		First <b>John</b>		MI	Contribution ID # <b>0165</b>
Residential Street Address <b>86 Court St</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-1232</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Fiore 2</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Hughes-Nelson</b>		First <b>Kathleen</b>		MI	Contribution ID # <b>0520</b>
Residential Street Address <b>127 Old Farms Rd</b>		City <b>Durham</b>		State <b>CT</b>	Zip Code <b>06422-3505</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Perk on Main</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Jackson</b>		First <b>Tamera</b>		MI	Contribution ID # <b>0532</b>
Residential Street Address <b>26 Smith Rd</b>		City <b>East Haddam</b>		State <b>CT</b>	Zip Code <b>06423-1248</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Jackson Chevrolet</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Ford</b>		First <b>Maureen</b>		MI	Contribution ID # <b>0376</b>
Residential Street Address <b>28 Carriage Crossing Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5835</b>
Principal Occupation <b>Children's Services</b>		Name of Employer <b>State of CT/DCF</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Nosal</b>		First <b>Mary Jo</b>		MI	Contribution ID # <b>0800</b>
Residential Street Address <b>12 Swanswood Ln</b>		City <b>Old Lyme</b>		State <b>CT</b>	Zip Code <b>06371-1866</b>
Principal Occupation <b>Selectwoman/Substitute Teacher</b>		Name of Employer <b>Town of Old Lyme/Regional School District 18</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$15.00</b>	<b>\$15.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Wolf-Sorokin</b>		First <b>Jacob</b>		MI	Contribution ID # <b>1151</b>
Residential Street Address <b>43 Pearson Ave</b>		City <b>Somerville</b>		State <b>MA</b>	Zip Code <b>02144-2305</b>
Principal Occupation <b>Business Analyst</b>		Name of Employer <b>McKinsey &amp; 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>02/19/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Warshauer</b>		First <b>Matthew</b>		MI	Contribution ID # <b>1130</b>
Residential Street Address <b>115 N Main St</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-1257</b>
Principal Occupation <b>University Professor</b>		Name of Employer <b>CCSU</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/20/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$150.00</b>

Last Name <b>Rook</b>		First <b>Tyler</b>		MI	Contribution ID # <b>0930</b>
Residential Street Address <b>624 Kelsey St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5132</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Victory 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/20/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Sergi</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0999</b>
Residential Street Address <b>115 Meadowood Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1996</b>
Principal Occupation <b>Chef</b>		Name of Employer <b>Herd</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/20/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Nagler</b>		First <b>Gary</b>		MI	Contribution ID # <b>0776</b>
Residential Street Address <b>42 Partridge Dr</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-2031</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>Inn at Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/20/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Morgan</b>		First <b>Mary Rebecca</b>		MI	Contribution ID # <b>0754</b>
Residential Street Address <b>729 Founders Ave PO Box 3778</b>		City <b>Eagle</b>		State <b>CO</b>	Zip Code <b>81631-3778</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>02/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Lukens</b>		First <b>Ellen</b>		MI	Contribution ID # <b>0649</b>
Residential Street Address <b>46 Pine St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3113</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>02/20/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Liebe</b>		First <b>Gina</b>		MI <b>M</b>	Contribution ID # <b>0634</b>
Residential Street Address <b>49 Poinsettia St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4147</b>
Principal Occupation <b>Cashier</b>		Name of Employer <b>BJ's Wholesale 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 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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Gillies		First Concettina		MI	Contribution ID # 0415
Residential Street Address 429 Ridge Rd		City Middletown		State CT	Zip Code 06457-5230
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 02/20/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Gillies		First Peter		MI W	Contribution ID # 0416
Residential Street Address 429 Ridge Rd		City Middletown		State CT	Zip Code 06457-5230
Principal Occupation Compliance Officer		Name of Employer Community Health Center			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 02/20/2017	Aggregate Contributions \$175.00	\$175.00

Last Name Faraci		First Sandra		MI	Contribution ID # 0345
Residential Street Address 25 Schuyler Ave		City Middletown		State CT	Zip Code 06457-4328
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 02/20/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Duffy		First Christopher		MI	Contribution ID # 0310
Residential Street Address 26 Montgomery Pkwy		City Branford		State CT	Zip Code 06405-5129
Principal Occupation Clean Energy Installer		Name of Employer Christopher Duffy 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 02/20/2017	Aggregate Contributions \$200.00	\$200.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Jones		First Wallace		MI	Contribution ID # 0541
Residential Street Address 4 Fritz Rd		City Killingworth		State CT	Zip Code 06419-1172
Principal Occupation President		Name of Employer WJ Advisors			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/20/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Aresco		First Joe		MI	Contribution ID # 0025
Residential Street Address 175 N Main St		City Middletown		State CT	Zip Code 06457-2258
Principal Occupation owner		Name of Employer Aresco 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 02/20/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Buatti		First Maria A.		MI	Contribution ID # 0123
Residential Street Address 711 Ridge Rd		City Middletown		State CT	Zip Code 06457-5438
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 02/21/2017	Aggregate Contributions \$55.00	\$35.00

Last Name Clark		First James		MI	Contribution ID # 0182
Residential Street Address 8 Rising Trail Dr		City Middletown		State CT	Zip Code 06457-1670
Principal Occupation Stage Manager		Name of Employer Freelance			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/21/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>DiMauro</b>		First <b>John</b>		MI	Contribution ID # <b>0284</b>
Residential Street Address <b>38 Timber Hill Rd # R</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-2250</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>02/21/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Hawkins-Lecce</b>		First <b>Jennifer</b>		MI	Contribution ID # <b>0483</b>
Residential Street Address <b>380 Coleman Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5020</b>
Principal Occupation <b>Writer</b>		Name of Employer <b>Jennifer Hawkins-Lecce</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Lecce</b>		First <b>Carl</b>		MI	Contribution ID # <b>0619</b>
Residential Street Address <b>380 Coleman Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5020</b>
Principal Occupation <b>Doctor</b>		Name of Employer <b>Community Health 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>02/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>McDonald</b>		First <b>Elaine</b>		MI	Contribution ID # <b>0711</b>
Residential Street Address <b>793 Long Hill Rd Apt F</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5010</b>
Principal Occupation <b>President</b>		Name of Employer <b>The McDonald 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>02/21/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name McCormack		First Ann		MI	Contribution ID # 0707
Residential Street Address 218 Tryon St		City Middletown		State CT	Zip Code 06457-4536
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 02/21/2017	Aggregate Contributions \$35.00	\$35.00

Last Name Sassu		First Jessica		MI	Contribution ID # 0981
Residential Street Address 36 McGrath Dr		City Middletown		State CT	Zip Code 06457-6100
Principal Occupation owner		Name of Employer Jessica's Color Room			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/21/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Russo		First Gabriel		MI	Contribution ID # 0941
Residential Street Address 20 Shunpike Rd		City Middletown		State CT	Zip Code 06457-5647
Principal Occupation farmer		Name of Employer Forest City Farms			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/21/2017	Aggregate Contributions \$300.00	\$300.00

Last Name Proto		First Francis		MI	Contribution ID # 0883
Residential Street Address 16 Autumn Ridge Rd		City Branford		State CT	Zip Code 06405-6043
Principal Occupation President/CEO		Name of Employer Dutch Point 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/22/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Lewis</b>		First <b>Carol</b>		MI	Contribution ID # <b>0631</b>
Residential Street Address <b>157 Hillyndale Rd</b>		City <b>Storrs</b>		State <b>CT</b>	Zip Code <b>06268-1804</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>02/22/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Ford</b>		First <b>Thomas</b>		MI	Contribution ID # <b>0377</b>
Residential Street Address <b>132 Robin Rd</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-3202</b>
Principal Occupation <b>Executive</b>		Name of Employer <b>Hajjar Mgt</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/22/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Brown</b>		First <b>Scott</b>		MI <b>C</b>	Contribution ID # <b>0117</b>
Residential Street Address <b>97 Bone Mill Rd</b>		City <b>East Haddam</b>		State <b>CT</b>	Zip Code <b>06423-1411</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Brown &amp; Wimler 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/22/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Bell</b>		First <b>Douglas</b>		MI	Contribution ID # <b>0078</b>
Residential Street Address <b>21A Nunnawauk Mdws</b>		City <b>Newtown</b>		State <b>CT</b>	Zip Code <b>06470-2335</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>03012017c</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>02/22/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Buda</b>		First <b>Kyle</b>		MI	Contribution ID # <b>0128</b>
Residential Street Address <b>420 James St</b>		City <b>Bay City</b>		State <b>MI</b>	Zip Code <b>48706-3930</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>The Vinci 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>02/23/2017</b>	Aggregate Contributions <b>\$305.00</b>	<b>\$100.00</b>

Last Name <b>Bartoli</b>		First <b>Hector</b>		MI	Contribution ID # <b>0063</b>
Residential Street Address <b>399 Pine St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4143</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>\$75.00</b>	<b>\$75.00</b>

Last Name <b>Kokoszka</b>		First <b>Michael</b>		MI	Contribution ID # <b>0574</b>
Residential Street Address <b>262 Meriden Ln</b>		City <b>Durham</b>		State <b>CT</b>	Zip Code <b>06422</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>State of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Marchese</b>		First <b>Giovanni</b>		MI	Contribution ID # <b>0687</b>
Residential Street Address <b>583 Millbrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5521</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>\$35.00</b>	<b>\$35.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Mariotti</b>		First <b>Beth</b>		MI	Contribution ID # <b>0692</b>
Residential Street Address <b>29 Howard Ave</b>		City <b>Branford</b>		State <b>CT</b>	Zip Code <b>06405-4920</b>
Principal Occupation <b>Executive Director</b>		Name of Employer <b>Godfrey Memorial Library</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Monarca</b>		First <b>Ottavio</b>		MI	Contribution ID # <b>0748</b>
Residential Street Address <b>662 Newfield St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1820</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>Pensiero</b>		First <b>Matthew</b>		MI	Contribution ID # <b>0857</b>
Residential Street Address <b>169 Red Oak Hill Rd</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-2100</b>
Principal Occupation <b>President</b>		Name of Employer <b>Attention to Detail</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Lawler</b>		First <b>Anna</b>		MI	Contribution ID # <b>0608</b>
Residential Street Address <b>793 Federal Rd Unit 18</b>		City <b>Brookfield</b>		State <b>CT</b>	Zip Code <b>06804-2060</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Red 7 Media</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Zuckerman		First Laurence		MI	Contribution ID # 1175
Residential Street Address 441 W End Ave Apt 15B		City New York		State NY	Zip Code 10024-5339
Principal Occupation Writer		Name of Employer Laurence Zuckerman - Self			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/24/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Osborne		First Lee		MI	Contribution ID # 0820
Residential Street Address 10 Haystack Ln		City Sandwich		State MA	Zip Code 02563-2225
Principal Occupation Architect		Name of Employer Smith Osborne Architects			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Rivard		First Rene		MI	Contribution ID # 0914
Residential Street Address 79 Sunset Rdg		City Rocky Hill		State CT	Zip Code 06067-2913
Principal Occupation Professor		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 02/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Schaffer		First David		MI	Contribution ID # 0986
Residential Street Address 41 Nursery Rd		City Ridgefield		State CT	Zip Code 06877-3520
Principal Occupation Deputy General Counsel		Name of Employer 72 Point Asset Mgt			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/25/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Sharpe</b>		First <b>Rob</b>		MI	Contribution ID # <b>1009</b>
Residential Street Address <b>1609 Landon Rd Unit 401</b>		City <b>Towson</b>		State <b>MD</b>	Zip Code <b>21204-1936</b>
Principal Occupation <b>Director of Global Learning &amp; Development</b>		Name of Employer <b>The Hershey 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>02/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Shaw</b>		First <b>Carolyn</b>		MI	Contribution ID # <b>1010</b>
Residential Street Address <b>111 Bretton Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4111</b>
Principal Occupation <b>retired</b>		Name of Employer <b>was Wesleyan University Admission 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/25/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Watanabe</b>		First <b>Myrna</b>		MI	Contribution ID # <b>1132</b>
Residential Street Address <b>155 Woodchuck Ln</b>		City <b>Harwinton</b>		State <b>CT</b>	Zip Code <b>06791-1512</b>
Principal Occupation <b>Adjunct Professor</b>		Name of Employer <b>Naugatuck Valley CC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/25/2017</b>	Aggregate Contributions <b>\$35.00</b>	<b>\$35.00</b>

Last Name <b>Tarbox</b>		First <b>Paul</b>		MI	Contribution ID # <b>1080</b>
Residential Street Address <b>1034 Fernbrook Rd</b>		City <b>Orange</b>		State <b>CT</b>	Zip Code <b>06477-1011</b>
Principal Occupation <b>Clerk</b>		Name of Employer <b>CT General Assembly</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/25/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Kennedy</b>		First <b>Heather</b>		MI	Contribution ID # <b>0559</b>
Residential Street Address <b>1151 Washington St Apt C5</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2933</b>
Principal Occupation <b>CNA</b>		Name of Employer <b>Midstate 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>02/25/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Antonucci</b>		First <b>Kathryn</b>		MI	Contribution ID # <b>0021</b>
Residential Street Address <b>1189 Washington St Apt E24</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2951</b>
Principal Occupation <b>School Social Worker</b>		Name of Employer <b>Middletown 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>02/25/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Aldieri</b>		First <b>Dale</b>		MI	Contribution ID # <b>0011</b>
Residential Street Address <b>116 Goodman Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1954</b>
Principal Occupation <b>Financial Advisor</b>		Name of Employer <b>Alder Financial 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>Brazaitis</b>		First <b>Peter</b>		MI <b>J</b>	Contribution ID # <b>0112</b>
Residential Street Address <b>155 Woodchuck Ln</b>		City <b>Harwinton</b>		State <b>CT</b>	Zip Code <b>06791-1512</b>
Principal Occupation <b>Engineer</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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/25/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Calma</b>		First <b>Marie</b>		MI	Contribution ID # <b>0145</b>
Residential Street Address <b>33 Red Clover Cir</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4915</b>
Principal Occupation <b>Special Education Teacher</b>		Name of Employer <b>City of Waterbury</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/25/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Dixon</b>		First <b>Christa</b>		MI	Contribution ID # <b>0286</b>
Residential Street Address <b>15 Bellevue Ter</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-2106</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>02/25/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Giuliano</b>		First <b>Santina</b>		MI	Contribution ID # <b>0423</b>
Residential Street Address <b>83 Butternut St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3001</b>
Principal Occupation <b>Business Owner</b>		Name of Employer <b>Body Focus Therapeutic Massage</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>

Last Name <b>Mylott</b>		First <b>Todd</b>		MI	Contribution ID # <b>0774</b>
Residential Street Address <b>100 Crescent St Rm 325</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3655</b>
Principal Occupation <b>Security Guard</b>		Name of Employer <b>Securitas</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Miller		First Mary		MI	Contribution ID # 0742
Residential Street Address 20 Acre Ln		City Ridgefield		State CT	Zip Code 06877-5502
Principal Occupation retired		Name of Employer NA			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/27/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Milardo		First Michael		MI A	Contribution ID # 0740
Residential Street Address 33 Birdsey Ave		City Middletown		State CT	Zip Code 06457-4301
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 02/27/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Morin		First Richard		MI	Contribution ID # 0757
Residential Street Address 19 Allison Dr		City Portland		State CT	Zip Code 06480-1154
Principal Occupation CPA		Name of Employer Guilmartin, DiPiro & Sokolowski, 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 02/27/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Pattavina		First Joseph		MI	Contribution ID # 0846
Residential Street Address 221 Fowler Ave		City Middletown		State CT	Zip Code 06457-5305
Principal Occupation Engineer		Name of Employer Pratt & Whitney			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/27/2017	Aggregate Contributions \$75.00	\$25.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Patrician</b>		First <b>Kenneth</b>		MI <b>M</b>	Contribution ID # <b>0844</b>
Residential Street Address <b>81 Long Hill Rd</b>		City <b>Deep River</b>		State <b>CT</b>	Zip Code <b>06417-2105</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>02/27/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Lesick-Hernandez</b>		First <b>Stephanie</b>		MI	Contribution ID # <b>0630</b>
Residential Street Address <b>818 Long Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5063</b>
Principal Occupation <b>Operations Manager</b>		Name of Employer <b>AI Engineers, 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>02/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Luxenberg</b>		First <b>Paul</b>		MI	Contribution ID # <b>0654</b>
Residential Street Address <b>196 Barkledge Dr</b>		City <b>Newington</b>		State <b>CT</b>	Zip Code <b>06111-2255</b>
Principal Occupation <b>educational therapist</b>		Name of Employer <b>Paula Luxenberg and Howard Luxenberg 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>02/27/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>McFadden</b>		First <b>Laurie</b>		MI	Contribution ID # <b>0717</b>
Residential Street Address <b>484 Long Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4917</b>
Principal Occupation <b>Disabled</b>		Name of Employer <b>Not Applicable</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Merrow</b>		First <b>Jeffrey</b>		MI	Contribution ID # <b>0732</b>
Residential Street Address <b>53 Del Prado Dr</b>		City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06010-9503</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>02/27/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Sokolowski</b>		First <b>Michael</b>		MI	Contribution ID # <b>1042</b>
Residential Street Address <b>1367 Berlin Tpke</b>		City <b>Berlin</b>		State <b>CT</b>	Zip Code <b>06037-3229</b>
Principal Occupation <b>CPA</b>		Name of Employer <b>Guilmartin DiPiro &amp; Sokolowski, 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>02/27/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$150.00</b>

Last Name <b>Walsh</b>		First <b>Andy</b>		MI	Contribution ID # <b>1122</b>
Residential Street Address <b>2029 Allan Ave</b>		City <b>Yorktown Heights</b>		State <b>NY</b>	Zip Code <b>10598-4012</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 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>	<b>\$100.00</b>

Last Name <b>Kania</b>		First <b>David</b>		MI <b>J</b>	Contribution ID # <b>0548</b>
Residential Street Address <b>59 High Meadow Ln</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1269</b>
Principal Occupation <b>Co-Owner</b>		Name of Employer <b>Camp'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 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>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Johnson		First Gloria		MI	Contribution ID # 0536
Residential Street Address 361 E Ridge Rd		City Middletown		State CT	Zip Code 06457-5405
Principal Occupation None		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 02/27/2017	Aggregate Contributions \$200.00	\$200.00

Last Name Honneus		First David		MI	Contribution ID # 0516
Residential Street Address 205 Bentley Ct		City Brewster		State NY	Zip Code 10509-6554
Principal Occupation Not Employed		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 02/27/2017	Aggregate Contributions \$10.00	\$10.00

Last Name Hall		First John		MI	Contribution ID # 0461
Residential Street Address 555 Main St		City Portland		State CT	Zip Code 06480-1103
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 02/27/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Diloreto		First Mario		MI	Contribution ID # 0283
Residential Street Address 6 Vista Dr		City Old Lyme		State CT	Zip Code 06371-1588
Principal Occupation President		Name of Employer Read Co 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 02/27/2017	Aggregate Contributions \$375.00	\$375.00



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Cheema</b>		First <b>Maria</b>		MI	Contribution ID # <b>0171</b>
Residential Street Address <b>152 Beelzebub Rd</b>		City <b>South Windsor</b>		State <b>CT</b>	Zip Code <b>06074-2279</b>
Principal Occupation <b>Graphic Designer and Event Planner</b>		Name of Employer <b>Community Renewal Team and Dhol Baja Baraat</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>	<b>\$100.00</b>

Last Name <b>Chen</b>		First <b>Catherine</b>		MI	Contribution ID # <b>0172</b>
Residential Street Address <b>21798 Mountsfield Dr</b>		City <b>Golden</b>		State <b>CO</b>	Zip Code <b>80401-8817</b>
Principal Occupation <b>Management consultant</b>		Name of Employer <b>Capriole 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>02/27/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Chester</b>		First <b>Glenn</b>		MI	Contribution ID # <b>0174</b>
Residential Street Address <b>10 Zoldak Dr</b>		City <b>North Windham</b>		State <b>CT</b>	Zip Code <b>06256-1247</b>
Principal Occupation <b>Union Rep</b>		Name of Employer <b>UA Local 777</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Childs</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0175</b>
Residential Street Address <b>2 Gordon Pl</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4115</b>
Principal Occupation <b>Realtor</b>		Name of Employer <b>Sterling Realtors</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>02/27/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Bradley</b>		First <b>Dennis</b>		MI	Contribution ID # <b>0107</b>
Residential Street Address <b>53 Wolcott Hill Rd Apt B16</b>		City <b>Wethersfield</b>		State <b>CT</b>	Zip Code <b>06109-1104</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>02/27/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$150.00</b>

Last Name <b>Worde</b>		First <b>James</b>		MI	Contribution ID # <b>1153</b>
Residential Street Address <b>6464 Main St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-2074</b>
Principal Occupation <b>Truck driver</b>		Name of Employer <b>Big Rock Transportation</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Burns</b>		First <b>Cynthia</b>		MI	Contribution ID # <b>0137</b>
Residential Street Address <b>27 Kencove Dr</b>		City <b>East Hartford</b>		State <b>CT</b>	Zip Code <b>06118-3130</b>
Principal Occupation <b>CNA</b>		Name of Employer <b>Cynthia Burns - 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>02/28/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Burns</b>		First <b>Kevin</b>		MI	Contribution ID # <b>0138</b>
Residential Street Address <b>27 Kencove Dr</b>		City <b>East Hartford</b>		State <b>CT</b>	Zip Code <b>06118-3130</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Cohen, Burns, Hard &amp; Paul</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Brusznicki</b>		First <b>George</b>		MI	Contribution ID # <b>0121</b>
Residential Street Address <b>65 West Rd</b>		City <b>Beacon Falls</b>		State <b>CT</b>	Zip Code <b>06403-1555</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>New Opportunities Waterbury</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$175.00</b>	<b>\$175.00</b>

Last Name <b>Adametz</b>		First <b>Jere</b>		MI	Contribution ID # <b>0002</b>
Residential Street Address <b>246 Route 148</b>		City <b>Killingworth</b>		State <b>CT</b>	Zip Code <b>06419-2305</b>
Principal Occupation <b>Project Manager</b>		Name of Employer <b>KayCor Contractors</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Cohen</b>		First <b>Janet</b>		MI	Contribution ID # <b>0186</b>
Residential Street Address <b>1 N Point Lndg</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001-2096</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 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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Cozzi</b>		First <b>Christopher</b>		MI	Contribution ID # <b>0215</b>
Residential Street Address <b>73 Meeks Point Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424-1525</b>
Principal Occupation <b>Executive</b>		Name of Employer <b>IUOE local 478</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Cope</b>		First <b>Sean</b>		MI	Contribution ID # <b>0203</b>
Residential Street Address <b>197 Farm Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4222</b>
Principal Occupation <b>Pipe fitter</b>		Name of Employer <b>Local 777</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>Cohen</b>		First <b>Stanley</b>		MI	Contribution ID # <b>0188</b>
Residential Street Address <b>1 N Point Lndg</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001-2096</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Cohen Burns Hard &amp; Paul</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Cole-whiffen</b>		First <b>Sally</b>		MI	Contribution ID # <b>0189</b>
Residential Street Address <b>111 Laurel St</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512-1556</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>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Donahue</b>		First <b>Shane</b>		MI	Contribution ID # <b>0295</b>
Residential Street Address <b>580 Pudding Hill Rd</b>		City <b>Hampton</b>		State <b>CT</b>	Zip Code <b>06247-1502</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Putnam 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>02/28/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Guilmartin		First Welles		MI	Contribution ID # 0455
Residential Street Address 489 Coleman Rd		City Middletown		State CT	Zip Code 06457-6116
Principal Occupation Partner		Name of Employer Guilmartin, DiPiro & Sokolowski, 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 02/28/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Gray		First Jennifer		MI	Contribution ID # 0444
Residential Street Address 5 Boyce Rd		City Danbury		State CT	Zip Code 06811-4311
Principal Occupation Attorney		Name of Employer Keane & Beane, 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 02/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Greenberg		First Aaron		MI	Contribution ID # 0445
Residential Street Address 15 Country Squire Unit C		City Cromwell		State CT	Zip Code 06416
Principal Occupation Massage Therapist		Name of Employer Silk Road Health			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/28/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Hard		First Eric		MI	Contribution ID # 0465
Residential Street Address 69 Van Buren Ave		City West Hartford		State CT	Zip Code 06107-3051
Principal Occupation Attorney		Name of Employer Cohen Burns Hard & Paul			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/28/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Hard</b>		First <b>Suzanne</b>		MI	Contribution ID # <b>0466</b>
Residential Street Address <b>69 Van Buren Ave</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-3051</b>
Principal Occupation <b>Director, Education and Communication</b>		Name of Employer <b>Connecticut Bar Association</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Usic</b>		First <b>Nancy</b>		MI	Contribution ID # <b>1105</b>
Residential Street Address <b>4 Daskams Ln Unit 303</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06851-4847</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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Vargas</b>		First <b>Amado</b>		MI	Contribution ID # <b>1107</b>
Residential Street Address <b>26 Paley Farms Rd</b>		City <b>Portland</b>		State <b>CT</b>	Zip Code <b>06480-1021</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>McHugh Chapman &amp; Vargas 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>02/28/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Yanchak</b>		First <b>Timothy</b>		MI	Contribution ID # <b>1159</b>
Residential Street Address <b>208 S Mountain Dr</b>		City <b>New Britain</b>		State <b>CT</b>	Zip Code <b>06052-1514</b>
Principal Occupation <b>None</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 checked="" type="checkbox"/> Cash <input 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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Yanchak		First William		MI	Contribution ID # 1160
Residential Street Address 208 S Mountain Dr		City New Britain		State CT	Zip Code 06052-1514
Principal Occupation None		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	
Is this contribution associated 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 02/28/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Tinker		First Elizabeth		MI	Contribution ID # 1089
Residential Street Address 62 Berkeley Rd		City Middletown		State CT	Zip Code 06457-4107
Principal Occupation Administrative Assistant		Name of Employer Wesleyan 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 02/28/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Tenenbaum		First Amy		MI	Contribution ID # 1082
Residential Street Address 62 Grand St Apt 1		City Middletown		State CT	Zip Code 06457-2708
Principal Occupation Student/Bartender		Name of Employer CCSU/The Beer Collective			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/28/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Shaw		First Lori		MI	Contribution ID # 1012
Residential Street Address 18 Stilson Ln		City New Milford		State CT	Zip Code 06776-5442
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 02/28/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Shea</b>		First <b>John</b>		MI	Contribution ID # <b>1014</b>
Residential Street Address <b>97 Baldwin Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5042</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>\$30.00</b>	<b>\$5.00</b>

Last Name <b>Sapieha-Yanchak</b>		First <b>Teresa</b>		MI	Contribution ID # <b>0978</b>
Residential Street Address <b>208 S Mountain Dr</b>		City <b>New Britain</b>		State <b>CT</b>	Zip Code <b>06052-1514</b>
Principal Occupation <b>Admin Curriculum Coordinator</b>		Name of Employer <b>State of CT UConn SOM</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>Prygoda</b>		First <b>Leonard</b>		MI	Contribution ID # <b>0885</b>
Residential Street Address <b>1004 Boston Post Rd</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437-2607</b>
Principal Occupation <b>Retired Public School Teacher</b>		Name of Employer <b>School District of New Britain</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <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>Rutkowska</b>		First <b>Sylvia</b>		MI	Contribution ID # <b>0947</b>
Residential Street Address <b>9 Woodlot Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-6302</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Dzialo, Pickett &amp; Allen, 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>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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name McCauley		First Sandra		MI	Contribution ID # 0702
Residential Street Address 16 Saw Mill Rd		City Burlington		State CT	Zip Code 06013-1611
Principal Occupation Manager		Name of Employer The Hartford			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated 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 02/28/2017	Aggregate Contributions \$50.00	\$50.00

Last Name McCauley		First Shawn		MI M	Contribution ID # 0703
Residential Street Address 16 Saw Mill Rd		City Burlington		State CT	Zip Code 06013-1611
Principal Occupation Iron Worker		Name of Employer Iron Workers Local 15			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated 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 02/28/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Marashlian		First Janette		MI	Contribution ID # 0683
Residential Street Address 309B Heritage Vlg		City Southbury		State CT	Zip Code 06488-3737
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 02/28/2017	Aggregate Contributions \$40.00	\$25.00

Last Name Lambertson		First Donna		MI	Contribution ID # 0600
Residential Street Address 222 Fowler Ave		City Middletown		State CT	Zip Code 06457-5359
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 02/28/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Paul		First Amy		MI	Contribution ID # 0850
Residential Street Address 26 Lofgren Rd		City Avon		State CT	Zip Code 06001-3170
Principal Occupation Property manager			Name of Employer Amy Paul Property Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$375.00
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 02/28/2017	
				Aggregate Contributions \$375.00	

Last Name Paul		First Neil		MI	Contribution ID # 0851
Residential Street Address 26 Lofgren Rd		City Avon		State CT	Zip Code 06001-3170
Principal Occupation Attorney			Name of Employer Cohen Burns Hard & Paul		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$375.00
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 02/28/2017	
				Aggregate Contributions \$375.00	

Last Name Novick		First M wendy		MI	Contribution ID # 0802
Residential Street Address 258 Karen Dr		City Orange		State CT	Zip Code 06477-2935
Principal Occupation PT			Name of Employer Town of orange		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 02/28/2017	
				Aggregate Contributions \$25.00	

Last Name Nanfito		First Mary		MI	Contribution ID # 0777
Residential Street Address 29 Cedar Meadow Rd		City Moodus		State CT	Zip Code 06469-1154
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  \$5.00
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 02/28/2017	
				Aggregate Contributions \$5.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Mullen</b>		First <b>Peter</b>		MI	Contribution ID # <b>0769</b>
Residential Street Address <b>64 Old Ridge Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-3961</b>
Principal Occupation <b>Dentist</b>		Name of Employer <b>Dr. Mullen D.D.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>03012017c</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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Lundgren</b>		First <b>Mary Jane</b>		MI	Contribution ID # <b>0650</b>
Residential Street Address <b>89 Cherniske Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-4922</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>03012017c</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>

Last Name <b>Liguori</b>		First <b>Michael</b>		MI <b>T</b>	Contribution ID # <b>0635</b>
Residential Street Address <b>2 Tramita Ct</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-3877</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Hogan &amp; Rossi</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03012017c</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>

Last Name <b>Marois</b>		First <b>Jacqueline</b>		MI	Contribution ID # <b>0693</b>
Residential Street Address <b>38 Putnam Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-5307</b>
Principal Occupation <b>I.T.</b>		Name of Employer <b>Jacqueline Marois</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03012017c</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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name McGoldrick		First Charles		MI	Contribution ID # 0718
Residential Street Address 53 Roundhill Rd		City Fairfield		State CT	Zip Code 06824-5115
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>03012017c</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 03/01/2017	Aggregate Contributions \$75.00	\$75.00

Last Name Ranelli		First Gian-Matthew		MI	Contribution ID # 0897
Residential Street Address 265 Willow St		City New Haven		State CT	Zip Code 06511-2427
Principal Occupation Lawyer		Name of Employer Shipman & Goodwin			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 03/01/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Stoffa		First Lindsey		MI	Contribution ID # 1063
Residential Street Address 7 Linden Tree Rd		City New Milford		State CT	Zip Code 06776-3056
Principal Occupation Teacher		Name of Employer Danbury 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03012017c</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 03/01/2017	Aggregate Contributions \$100.00	\$100.00

Last Name South		First Mary		MI	Contribution ID # 1046
Residential Street Address 431 W Stafford St		City Philadelphia		State PA	Zip Code 19144-4407
Principal Occupation Editor-in-Chief		Name of Employer SOUNDINGS magazine/AIM Publications			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/01/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Weller</b>		First <b>Patricia</b>		MI	Contribution ID # <b>1135</b>
Residential Street Address <b>24 Portsmouth Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776</b>
Principal Occupation <b>Busdriver</b>		Name of Employer <b>All Star Transportation</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03012017c</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>03/01/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Herring</b>		First <b>Sarah</b>		MI	Contribution ID # <b>0504</b>
Residential Street Address <b>13 Farmview Dr</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-3171</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>New Milford 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03012017c</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>

Last Name <b>Gronbach</b>		First <b>David</b>		MI	Contribution ID # <b>0453</b>
Residential Street Address <b>25 Mine Hill Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-3936</b>
Principal Occupation <b>Mayor</b>		Name of Employer <b>Town of New 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03012017c</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>

Last Name <b>Ives</b>		First <b>Bruce</b>		MI	Contribution ID # <b>0529</b>
Residential Street Address <b>163 Gallows Hill Rd</b>		City <b>Redding</b>		State <b>CT</b>	Zip Code <b>06896-1408</b>
Principal Occupation <b>retired</b>		Name of Employer <b>na</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Kaufmann</b>		First <b>Michael</b>		MI	Contribution ID # <b>0555</b>
Residential Street Address <b>376 Litchfield Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-2004</b>
Principal Occupation <b>Director</b>		Name of Employer <b>Green Chimneys</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03012017c</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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Kopsco</b>		First <b>Gary</b>		MI	Contribution ID # <b>0576</b>
Residential Street Address <b>2492 Congress St</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824-7157</b>
Principal Occupation <b>Electrician</b>		Name of Employer <b>Yankee 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03012017c</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>03/01/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Graham</b>		First <b>Rick</b>		MI	Contribution ID # <b>0439</b>
Residential Street Address <b>376 Litchfield Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-2004</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Green Chimneys</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03012017c</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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Gambino</b>		First <b>Kathy</b>		MI	Contribution ID # <b>0397</b>
Residential Street Address <b>4 Old Mill Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-2111</b>
Principal Occupation <b>Graphic Designer</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>03012017c</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Gambino</b>		First <b>Robert</b>		MI	Contribution ID # <b>0400</b>
Residential Street Address <b>4 Old Mill Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-2111</b>
Principal Occupation <b>Not Employed</b>		Name of Employer <b>Not Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03012017c</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>\$200.00</b>	<b>\$100.00</b>

Last Name <b>Furhman</b>		First <b>Liba</b>		MI	Contribution ID # <b>0394</b>
Residential Street Address <b>60 Colonial Ridge Rd</b>		City <b>Gaylordsville</b>		State <b>CT</b>	Zip Code <b>06755-1003</b>
Principal Occupation <b>Executive Director</b>		Name of Employer <b>Liba Furhman - 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>03012017c</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>

Last Name <b>Drew</b>		First <b>Ruth</b>		MI	Contribution ID # <b>0307</b>
Residential Street Address <b>23 Fox Run</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-3210</b>
Principal Occupation <b>Director</b>		Name of Employer <b>KinderCare 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03012017c</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>03/01/2017</b>	Aggregate Contributions <b>\$300.00</b>	<b>\$200.00</b>

Last Name <b>Digiacomio</b>		First <b>Jeanne</b>		MI	Contribution ID # <b>0282</b>
Residential Street Address <b>118 Great Brook Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-3050</b>
Principal Occupation <b>Aquatic Director</b>		Name of Employer <b>Town of New 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03012017c</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>\$200.00</b>	<b>\$200.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Coppola</b>		First <b>Robert</b>		MI	Contribution ID # <b>0204</b>
Residential Street Address <b>28 Treadwell Ave</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-2914</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>03012017c</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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Coster</b>		First <b>Kevin</b>		MI	Contribution ID # <b>0209</b>
Residential Street Address <b>11 Old Lantern Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-2426</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Entegris 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>03012017c</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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Chamberlin</b>		First <b>Scott</b>		MI	Contribution ID # <b>0169</b>
Residential Street Address <b>8 Elena Dr</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-5428</b>
Principal Occupation <b>Lawyer</b>		Name of Employer <b>The Chamberlin 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03012017c</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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Casey</b>		First <b>Catherine</b>		MI	Contribution ID # <b>0158</b>
Residential Street Address <b>3 Hackamore Cir</b>		City <b>Middlebury</b>		State <b>CT</b>	Zip Code <b>06762-3467</b>
Principal Occupation <b>Retired teacher</b>		Name of Employer <b>New a Fairfield High 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>03012017c</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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Aurichio</b>		First <b>Adrienne</b>		MI	Contribution ID # <b>0033</b>
Residential Street Address <b>72 Cherniske Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-4920</b>
Principal Occupation <b>Photography Editor</b>		Name of Employer <b>Aurichio Photography</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03012017c</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>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Babbino</b>		First <b>William</b>		MI	Contribution ID # <b>0038</b>
Residential Street Address <b>8 Hickory Ln</b>		City <b>Waterbury</b>		State <b>CT</b>	Zip Code <b>06716-2204</b>
Principal Occupation <b>Computer Technician</b>		Name of Employer <b>Region 14 School District</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03012017c</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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Callahan</b>		First <b>Wendy</b>		MI	Contribution ID # <b>0144</b>
Residential Street Address <b>200 Laning St</b>		City <b>Southington</b>		State <b>CT</b>	Zip Code <b>06489-1621</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>03/01/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Bergvik</b>		First <b>Thomas</b>		MI	Contribution ID # <b>0080</b>
Residential Street Address <b>317 Sir Walter Dr</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410-2905</b>
Principal Occupation <b>Licensed Professional Counselor</b>		Name of Employer <b>Bergvik Counseling 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 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>\$15.00</b>	<b>\$15.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Blancato</b>		First <b>Joseph</b>		MI <b>L</b>	Contribution ID # <b>0092</b>
Residential Street Address <b>20 Chimney Hill Dr</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-2477</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>03/01/2017</b>	Aggregate Contributions <b>\$35.00</b>	<b>\$35.00</b>

Last Name <b>Bitgood</b>		First <b>Rodney</b>		MI <b></b>	Contribution ID # <b>0089</b>
Residential Street Address <b>263 Pokorny Rd</b>		City <b>Higganum</b>		State <b>CT</b>	Zip Code <b>06441-4418</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Cromwell Automotive</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Barasch</b>		First <b>Edith</b>		MI <b>Z</b>	Contribution ID # <b>0052</b>
Residential Street Address <b>475 Wilmot Rd</b>		City <b>New Rochelle</b>		State <b>NY</b>	Zip Code <b>10804-1019</b>
Principal Occupation <b>Special Education</b>		Name of Employer <b>City School District of New Rochelle NY</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$200.00</b>	<b>\$100.00</b>

Last Name <b>Seidman</b>		First <b>Lon</b>		MI <b></b>	Contribution ID # <b>0998</b>
Residential Street Address <b>76 Bushy Hill Rd</b>		City <b>Ivoryton</b>		State <b>CT</b>	Zip Code <b>06442-1108</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Lon Seidman 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>03/02/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Larson</b>		First <b>David</b>		MI	Contribution ID # <b>0606</b>
Residential Street Address <b>108 Long Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4064</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>03/03/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Perham</b>		First <b>Heide</b>		MI	Contribution ID # <b>0859</b>
Residential Street Address <b>16 School Rd</b>		City <b>Colchester</b>		State <b>CT</b>	Zip Code <b>06415-1729</b>
Principal Occupation <b>Director of Marketing and Communication</b>		Name of Employer <b>Adelbrook</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Mitchell</b>		First <b>Ellen</b>		MI	Contribution ID # <b>0747</b>
Residential Street Address <b>5019 Observer Ln</b>		City <b>Woodbridge</b>		State <b>VA</b>	Zip Code <b>22192-5753</b>
Principal Occupation <b>Journalist</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>03/03/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Misenti</b>		First <b>Gaetano</b>		MI <b>J</b>	Contribution ID # <b>0746</b>
Residential Street Address <b>104 Westmont Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2010</b>
Principal Occupation <b>Electrician</b>		Name of Employer <b>Windsor Locks 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>03/04/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Lockwood		First John		MI	Contribution ID # 0643
Residential Street Address 286 Ballfall Rd		City Middletown		State CT	Zip Code 06457-2360
Principal Occupation Clerk		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 MacMillan		First Julia		MI	Contribution ID # 0659
Residential Street Address 7 Charcoal Ridge Rd W		City New Fairfield		State CT	Zip Code 06812-2603
Principal Occupation APRN		Name of Employer WCHN			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$50.00	\$50.00

Last Name Lyding		First Pamela		MI	Contribution ID # 0656
Residential Street Address 715 Millbrook Rd		City Middletown		State CT	Zip Code 06457-5501
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 \$50.00	\$50.00

Last Name Scovill		First Holly		MI	Contribution ID # 0994
Residential Street Address 277 Main St		City Cromwell		State CT	Zip Code 06416-2304
Principal Occupation Recovery assistant		Name of Employer Change 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 03/04/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Rosenthal</b>		First <b>Rob</b>		MI	Contribution ID # <b>0933</b>
Residential Street Address <b>14 Red Glen Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4975</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>Wesleyan 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>03/04/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Sullivan</b>		First <b>Martha</b>		MI	Contribution ID # <b>1069</b>
Residential Street Address <b>28 Robin Dr</b>		City <b>Barkhamsted</b>		State <b>CT</b>	Zip Code <b>06063-1819</b>
Principal Occupation <b>IT Mgr</b>		Name of Employer <b>CHK 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Campanelli</b>		First <b>Kristin</b>		MI	Contribution ID # <b>0146</b>
Residential Street Address <b>310 Savage Hill Rd</b>		City <b>Berlin</b>		State <b>CT</b>	Zip Code <b>06037-3318</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>State of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>

Last Name <b>Cruz</b>		First <b>Mateo</b>		MI	Contribution ID # <b>0227</b>
Residential Street Address <b>270 Pleasant St</b>		City <b>Watertown</b>		State <b>MA</b>	Zip Code <b>02472-2470</b>
Principal Occupation <b>Visiting Lecturer</b>		Name of Employer <b>Bentley 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>03/04/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Kennedy</b>		First <b>Heather</b>		MI	Contribution ID # <b>0560</b>
Residential Street Address <b>1151 Washington St Apt C5</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2933</b>
Principal Occupation <b>CNA</b>		Name of Employer <b>Midstate 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>03/04/2017</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$15.00</b>

Last Name <b>Heidorn</b>		First <b>Linda</b>		MI	Contribution ID # <b>0495</b>
Residential Street Address <b>265 Briarwood Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7918</b>
Principal Occupation <b>Preschool Teacher</b>		Name of Employer <b>Middlesex YMCA</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/05/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Fisher</b>		First <b>Michael</b>		MI	Contribution ID # <b>0364</b>
Residential Street Address <b>90 Main St Apt 23</b>		City <b>Broad Brook</b>		State <b>CT</b>	Zip Code <b>06016-9580</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03112017d</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>03/05/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Vaillancourt</b>		First <b>Amy</b>		MI	Contribution ID # <b>1106</b>
Residential Street Address <b>235 Hunting Hill Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4344</b>
Principal Occupation <b>Licensed Environmental Professional</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>03/05/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Marashlian</b>		First <b>Janette</b>		MI	Contribution ID # <b>0684</b>
Residential Street Address <b>309B Heritage Vlg</b>		City <b>Southbury</b>		State <b>CT</b>	Zip Code <b>06488-3737</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>03/05/2017</b>	Aggregate Contributions <b>\$45.00</b>	<b>\$5.00</b>

Last Name <b>Morgan</b>		First <b>Stephen</b>		MI	Contribution ID # <b>0755</b>
Residential Street Address <b>2581 Inglewood Rd SW</b>		City <b>Roanoke</b>		State <b>VA</b>	Zip Code <b>24015-4442</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>Carilion Clinic</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/05/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Lawson</b>		First <b>David</b>		MI	Contribution ID # <b>0610</b>
Residential Street Address <b>16 White Swan Dr</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-2347</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Dover UFSd</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03012017c</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>03/06/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Termine</b>		First <b>John</b>		MI	Contribution ID # <b>1083</b>
Residential Street Address <b>265 Toll Gate Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5734</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>03132017a</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>03/06/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Silva		First Bruce		MI A	Contribution ID # 1024
Residential Street Address 716 East St S		City Suffield		State CT	Zip Code 06078-2428
Principal Occupation Electrician		Name of Employer IBEW LOCAL 35			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 03/06/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Rulnick		First Michele		MI	Contribution ID # 0938
Residential Street Address 14 Oxford Dr		City Middlefield		State CT	Zip Code 06455-1233
Principal Occupation President and CEO		Name of Employer YMCA of Middlesex County			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$100.00	\$100.00

Last Name Epstein		First Charles		MI	Contribution ID # 0337
Residential Street Address 19 Crest Dr		City Cromwell		State CT	Zip Code 06416-2046
Principal Occupation Administration		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$50.00	\$50.00

Last Name Kamath		First Vivek		MI	Contribution ID # 0547
Residential Street Address 1062 Barnes Rd		City Wallingford		State CT	Zip Code 06492-6012
Principal Occupation Owner		Name of Employer LED Lighting Enterprises			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$375.00	\$375.00



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

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

**B. Itemized Contributions from Individuals**

Last Name Conklin		First John		MI	Contribution ID # 0195
Residential Street Address 217 Ridge Rd		City Middletown		State CT	Zip Code 06457-4434
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 03/06/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Conklin		First Joyce		MI	Contribution ID # 0196
Residential Street Address 217 Ridge Rd		City Middletown		State CT	Zip Code 06457-4434
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 03/06/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Greenberg		First Aaron		MI	Contribution ID # 0446
Residential Street Address 15 Country Squire Unit C		City Cromwell		State CT	Zip Code 06416
Principal Occupation Massage Therapist		Name of Employer Silk Road Health			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03162017f</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 03/07/2017	Aggregate Contributions \$45.00	\$20.00

Last Name Guzman		First Kleber		MI	Contribution ID # 0457
Residential Street Address 386 Main St		City Middletown		State CT	Zip Code 06457-3360
Principal Occupation Owner		Name of Employer El Pulpo Resturant			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/07/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>McRoberts</b>		First <b>Sonia</b>		MI	Contribution ID # <b>0727</b>
Residential Street Address <b>75 Knox Blvd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2353</b>
Principal Occupation <b>Analyst</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>03/07/2017</b>	Aggregate Contributions <b>\$70.00</b>	<b>\$50.00</b>

Last Name <b>Partiss</b>		First <b>Aristia</b>		MI	Contribution ID # <b>0839</b>
Residential Street Address <b>25 Little River Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-6311</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>03/07/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Haglund</b>		First <b>Mark</b>		MI	Contribution ID # <b>0458</b>
Residential Street Address <b>10 Rabbit Ln</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-3225</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>03012017c</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>03/08/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Cecarelli</b>		First <b>Jennifer</b>		MI	Contribution ID # <b>0164</b>
Residential Street Address <b>396 Quinnipiac Ave</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473-3754</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Middletown 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 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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Berry</b>		First <b>Kristin</b>		MI	Contribution ID # <b>0083</b>
Residential Street Address <b>34 Sylvan Ave</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-4611</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$75.00</b>	<b>\$5.00</b>

Last Name <b>Greenberg</b>		First <b>Stephen</b>		MI	Contribution ID # <b>0447</b>
Residential Street Address <b>8 Redwood Ct</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-1736</b>
Principal Occupation <b>Acupuncturist</b>		Name of Employer <b>Dr.Stephen Greenberg,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>03/09/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Grippe</b>		First <b>Caroline</b>		MI <b>L</b>	Contribution ID # <b>0451</b>
Residential Street Address <b>397 East St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1982</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Callie's Contemporary Consignments</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$350.00</b>	<b>\$350.00</b>

Last Name <b>Harding</b>		First <b>Peter</b>		MI	Contribution ID # <b>0467</b>
Residential Street Address <b>100 Riverview Ctr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3401</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>macky 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>03/09/2017</b>	Aggregate Contributions <b>\$300.00</b>	<b>\$300.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Harnesk</b>		First <b>Priscella</b>		MI	Contribution ID # <b>0469</b>
Residential Street Address <b>98 Acorn Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-6122</b>
Principal Occupation <b>Vocational Coordinator</b>			Name of Employer <b>Addlebrook</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>03/09/2017</b>	Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Hicks</b>		First <b>Richard</b>		MI	Contribution ID # <b>0507</b>
Residential Street Address <b>69 Eagle Hollow Dr</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  <b>\$25.00</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>03162017f</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>\$45.00</b>	

Last Name <b>Famiglietti</b>		First <b>Dorian</b>		MI	Contribution ID # <b>0344</b>
Residential Street Address <b>244 Risley Rd</b>		City <b>Vernon</b>		State <b>CT</b>	Zip Code <b>06066-5955</b>
Principal Occupation <b>Attorney</b>			Name of Employer <b>Kahn, Kerensky, and Capossela</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>03/09/2017</b>	Aggregate Contributions <b>\$50.00</b>	

Last Name <b>Frost</b>		First <b>Ronald</b>		MI <b>W</b>	Contribution ID # <b>0393</b>
Residential Street Address <b>25 Chickopee Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1023</b>
Principal Occupation <b>Inspector</b>			Name of Employer <b>Pratt &amp; Whitney</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>\$75.00</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>03/09/2017</b>	Aggregate Contributions <b>\$75.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Pramuka</b>		First <b>Heather</b>		MI	Contribution ID # <b>0880</b>
Residential Street Address <b>5 Robin Ln</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-1525</b>
Principal Occupation <b>Realtor</b>		Name of Employer <b>Self - Heather Pramuka</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03162017f</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>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Maher</b>		First <b>Linda</b>		MI	Contribution ID # <b>0664</b>
Residential Street Address <b>96 Trolley Crossing Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5846</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>\$30.00</b>	<b>\$30.00</b>

Last Name <b>Vinci</b>		First <b>Rosemarie</b>		MI	Contribution ID # <b>1116</b>
Residential Street Address <b>1000 Newfield St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1818</b>
Principal Occupation <b>Businesswoman</b>		Name of Employer <b>Rosemarie Vinci</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$300.00</b>	<b>\$300.00</b>

Last Name <b>Lech</b>		First <b>Michael</b>		MI <b>P</b>	Contribution ID # <b>0620</b>
Residential Street Address <b>6 Vista Dr</b>		City <b>Old Lyme</b>		State <b>CT</b>	Zip Code <b>06371-1588</b>
Principal Occupation <b>CEO</b>		Name of Employer <b>Readco</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>03/10/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Larosa</b>		First <b>Dan</b>		MI	Contribution ID # <b>0605</b>
Residential Street Address <b>109 Bell St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1597</b>
Principal Occupation <b>Master Hypnotist</b>		Name of Employer <b>Hypnosis for Change</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>McHugh</b>		First <b>Sean</b>		MI <b>M</b>	Contribution ID # <b>0720</b>
Residential Street Address <b>42 Oak Hill Ter</b>		City <b>Haddam</b>		State <b>CT</b>	Zip Code <b>06438-1062</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>McHugh, Chapman &amp; Vargas, 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>03/10/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Gallitto</b>		First <b>David</b>		MI	Contribution ID # <b>0396</b>
Residential Street Address <b>604 Kelsey St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5132</b>
Principal Occupation <b>Real Estate Agent</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>03/10/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$150.00</b>

Last Name <b>Kronenberger</b>		First <b>Robert</b>		MI	Contribution ID # <b>0587</b>
Residential Street Address <b>132 Ballfall Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2329</b>
Principal Occupation <b>Fire Chief</b>		Name of Employer <b>City of Middletown Fire Department</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$200.00</b>	<b>\$200.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>DeFrance</b>		First <b>August</b>		MI <b>L</b>	Contribution ID # <b>0261</b>
Residential Street Address <b>383 Washington St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2505</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>03/10/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>DeFrance</b>		First <b>Claudia</b>		MI <b>CT</b>	Contribution ID # <b>0262</b>
Residential Street Address <b>664 Bartholomew Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5610</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>03/10/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Basinger</b>		First <b>Jeanine</b>		MI <b>CT</b>	Contribution ID # <b>0067</b>
Residential Street Address <b>133 Lincoln St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2640</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>Weslyan 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>03/11/2017</b>	Aggregate Contributions <b>\$175.00</b>	<b>\$175.00</b>

Last Name <b>Basinger</b>		First <b>John</b>		MI <b>CT</b>	Contribution ID # <b>0068</b>
Residential Street Address <b>133 Lincoln St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2640</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>03/11/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Johnson		First Judy		MI	Contribution ID # 0538
Residential Street Address 161 Rolling Grn		City Middletown		State CT	Zip Code 06457-8740
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 03/11/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Fish		First Linda		MI	Contribution ID # 0363
Residential Street Address 830 Westfield St		City Middletown		State CT	Zip Code 06457-1960
Principal Occupation Executive Assistant		Name of Employer Disaster Restoration 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	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/11/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Leonardo		First David		MI	Contribution ID # 0628
Residential Street Address 71 Grove St		City Wallingford		State CT	Zip Code 06492-1619
Principal Occupation Client Relations		Name of Employer Insurance Programers 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 03/11/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Smith		First Sarah		MI C	Contribution ID # 1041
Residential Street Address 69 Eldredge Rd		City Willington		State CT	Zip Code 06279-2002
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>03112017d</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 03/11/2017	Aggregate Contributions \$10.00	\$10.00



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

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

**B. Itemized Contributions from Individuals**

Last Name Richardson		First Justin		MI	Contribution ID # 0908
Residential Street Address 5 Lakeview Ave		City Northford		State CT	Zip Code 06472-1212
Principal Occupation HR Generalist		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03132017a</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 03/11/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Yeager		First Lindy		MI	Contribution ID # 1161
Residential Street Address 4467 N Lake Dr		City Shorewood		State WI	Zip Code 53211-1776
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 03/12/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Florsheim		First Thomas		MI	Contribution ID # 0374
Residential Street Address 832 E Birch Ave		City Milwaukee		State WI	Zip Code 53217-5359
Principal Occupation retired		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 03/12/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Florsheim		First Nancy		MI	Contribution ID # 0372
Residential Street Address 832 E Birch Ave		City Milwaukee		State WI	Zip Code 53217-5359
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 03/12/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Forte</b>		First <b>Brian</b>		MI	Contribution ID # <b>0378</b>
Residential Street Address <b>38 Point Beach Dr</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460-7643</b>
Principal Occupation <b>Graphic Designer</b>		Name of Employer <b>NBCUniversal</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03132017a</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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Foster</b>		First <b>Jaime</b>		MI	Contribution ID # <b>0379</b>
Residential Street Address <b>28 Abbott Rd</b>		City <b>Ellington</b>		State <b>CT</b>	Zip Code <b>06029-3800</b>
Principal Occupation <b>Grad Researcher</b>		Name of Employer <b>University of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03112017d</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>03/13/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Foster</b>		First <b>Jon</b>		MI <b>M</b>	Contribution ID # <b>0380</b>
Residential Street Address <b>20 Christina Ct</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413-1046</b>
Principal Occupation <b>Transportation Officer of Rail</b>		Name of Employer <b>State of Connecticut DOT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03112017d</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>03/13/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Garlick</b>		First <b>Colleen</b>		MI	Contribution ID # <b>0404</b>
Residential Street Address <b>546 Boston Post Rd</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443-2930</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Neubert, Pepe &amp; Monteith, 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03132017a</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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Durao</b>		First <b>Keith</b>		MI	Contribution ID # <b>0316</b>
Residential Street Address <b>24 Hayes Ave</b>		City <b>Ellington</b>		State <b>CT</b>	Zip Code <b>06029-3911</b>
Principal Occupation <b>Immigration Officer</b>			Name of Employer <b>Department of Homeland Security</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03112017d</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>03/13/2017</b>	
				Aggregate Contributions <b>\$25.00</b>	

Last Name <b>Holshouser</b>		First <b>Rebecca</b>		MI	Contribution ID # <b>0514</b>
Residential Street Address <b>25 Winthrop Dr</b>		City <b>Hebron</b>		State <b>CT</b>	Zip Code <b>06248-1260</b>
Principal Occupation <b>Attorney</b>			Name of Employer <b>Gerace &amp; 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  <b>\$50.00</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>03132017a</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>\$50.00</b>	

Last Name <b>Kronenberger</b>		First <b>Elizabeth</b>		MI	Contribution ID # <b>0586</b>
Residential Street Address <b>132 Ballfall Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2329</b>
Principal Occupation <b>Lab Consultant</b>			Name of Employer <b>State of Connceticut</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>03132017a</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>Killip</b>		First <b>Margaret</b>		MI	Contribution ID # <b>0567</b>
Residential Street Address <b>31 Hunt St</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06853-1045</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>\$15.00</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>\$15.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Atkinson</b>		First <b>Kate</b>		MI	Contribution ID # <b>0030</b>
Residential Street Address <b>517 Southington Rd</b>		City <b>Berlin</b>		State <b>CT</b>	Zip Code <b>06037-3438</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>DPA 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03132017a</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>Berescik-Johns</b>		First <b>Austin</b>		MI	Contribution ID # <b>0079</b>
Residential Street Address <b>20 Rosewood Dr</b>		City <b>Simsbury</b>		State <b>CT</b>	Zip Code <b>06070-2724</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Law office of Austin Berescik-Johns</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03132017a</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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Davlos</b>		First <b>Lori</b>		MI <b>R</b>	Contribution ID # <b>0253</b>
Residential Street Address <b>9 Fox Run</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-3210</b>
Principal Occupation <b>SVP, Finance</b>		Name of Employer <b>Odyssey Logistics &amp; Technology</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Dobmeier</b>		First <b>Robert</b>		MI <b>J</b>	Contribution ID # <b>0289</b>
Residential Street Address <b>50 Stagecoach Ln</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-1164</b>
Principal Occupation <b>Civil 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017f</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>03/13/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Coogan</b>		First <b>Susan</b>		MI <b>B</b>	Contribution ID # <b>0201</b>
Residential Street Address <b>69 Bayberry Ln</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-2006</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>03162017f</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>03/13/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Coogan</b>		First <b>Wendell</b>		MI <b>H</b>	Contribution ID # <b>0202</b>
Residential Street Address <b>69 Bayberry Ln</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-2006</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>03162017f</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>03/13/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Wyman</b>		First <b>Shaun</b>		MI	Contribution ID # <b>1155</b>
Residential Street Address <b>7 Saw Mill Ln</b>		City <b>Plainville</b>		State <b>CT</b>	Zip Code <b>06062-1572</b>
Principal Occupation <b>Talent Manager</b>		Name of Employer <b>ESPN</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03132017a</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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Weiner</b>		First <b>Jonathan</b>		MI	Contribution ID # <b>1134</b>
Residential Street Address <b>37 Rumford St</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-3760</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>State of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03132017a</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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Spellacy		First Lawrence		MI	Contribution ID # 1052
Residential Street Address 215 Pine Ln		City Wethersfield		State CT	Zip Code 06109-1917
Principal Occupation CFO		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>03162017f</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 03/13/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Ramchandani		First Sanjay		MI	Contribution ID # 0896
Residential Street Address 5 Warmingham Ct		City Cheshire		State CT	Zip Code 06410-1512
Principal Occupation Business Owner		Name of Employer Ramani's 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 03/13/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Ruiz		First Marie		MI	Contribution ID # 0936
Residential Street Address 24 Greenview Ln		City Milford		State CT	Zip Code 06461-2365
Principal Occupation customer service rep		Name of Employer Home Depot			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/14/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Sayers		First Dianee		MI L	Contribution ID # 0984
Residential Street Address 38 Strickland Rd		City Middlefield		State CT	Zip Code 06455-1260
Principal Occupation Real Estate Office Manager		Name of Employer William Revis			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03132017a</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 03/14/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Salamone</b>		First <b>Christine</b>		MI	Contribution ID # <b>0957</b>
Residential Street Address <b>323 Bartholomew Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4847</b>
Principal Occupation <b>Educator</b>		Name of Employer <b>Middletown 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017f</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>03/14/2017</b>	Aggregate Contributions <b>\$60.00</b>	<b>\$20.00</b>

Last Name <b>McLaughlin</b>		First <b>Siobhan</b>		MI <b>M</b>	Contribution ID # <b>0724</b>
Residential Street Address <b>45 Sandy Ln</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450-7023</b>
Principal Occupation <b>Realtor</b>		Name of Employer <b>William Revis 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>03132017a</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>03/14/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Philip</b>		First <b>Suphi</b>		MI	Contribution ID # <b>0863</b>
Residential Street Address <b>526 Town Colony Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5911</b>
Principal Occupation <b>Attorney - 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03132017a</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>03/14/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Miller Cieslak</b>		First <b>Cindy</b>		MI	Contribution ID # <b>0741</b>
Residential Street Address <b>140 Hyde Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117-1620</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Ford Harrison, 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>03132017a</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>03/14/2017</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$40.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Dennen		First Robert		MI	Contribution ID # 0272
Residential Street Address 20 Roberts St		City Middletown		State CT	Zip Code 06457-4623
Principal Occupation retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event # 03162017f		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/14/2017	Aggregate Contributions \$5.00
				\$5.00	

Last Name BARRINGER		First T		MI	Contribution ID # 0057
Residential Street Address 115 Maywood Rd		City Norwalk		State CT	Zip Code 06850-4424
Principal Occupation studio director		Name of Employer Ian Falconer			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/14/2017	Aggregate Contributions \$5.00
				\$5.00	

Last Name Avitable		First Jay		MI B	Contribution ID # 0036
Residential Street Address 201 College St Unit 4		City Middletown		State CT	Zip Code 06457-3279
Principal Occupation Information Tech Manager		Name of Employer PowerPhone, Inc.			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event # 03162017f		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/14/2017	Aggregate Contributions \$70.00
				\$20.00	

Last Name Kilian		First John		MI	Contribution ID # 0566
Residential Street Address 210 Ridge Rd		City Middletown		State CT	Zip Code 06457-4462
Principal Occupation Software Engineer		Name of Employer Hartford Healthcare			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event # 03162017f		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/14/2017	Aggregate Contributions \$40.00
				\$20.00	



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

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

**B. Itemized Contributions from Individuals**

Last Name Field		First Jonathan		MI W	Contribution ID # 0360
Residential Street Address 134 Ridgewood Rd		City East Hartford		State CT	Zip Code 06118-1315
Principal Occupation Chief Clerk/Attorney		Name of Employer State of Connecticut/Judicial Branch			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <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>03132017a</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 03/14/2017	Aggregate Contributions \$50.00
Amount of Contribution \$50.00					

Last Name Frederick		First RoseMary		MI CT	Contribution ID # 0386
Residential Street Address 142 Shunpike Rd		City Cromwell		State CT	Zip Code 06416-1120
Principal Occupation Retired		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <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>03162017f</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 03/14/2017	Aggregate Contributions \$20.00
Amount of Contribution \$20.00					

Last Name Graner-Sexton		First Emily		MI L	Contribution ID # 0440
Residential Street Address 53 Wedgwood Rd		City West Hartford		State CT	Zip Code 06107
Principal Occupation Attorney		Name of Employer Taylor & Sexton, LLC			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <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>03132017a</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 03/14/2017	Aggregate Contributions \$50.00
Amount of Contribution \$50.00					

Last Name Gordon		First Emily		MI CT	Contribution ID # 0433
Residential Street Address 500 Bedford St Apt 146		City Stamford		State CT	Zip Code 06901-1512
Principal Occupation Nonprofit		Name of Employer CT Fund for The Environment			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <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>03152017e</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 03/15/2017	Aggregate Contributions \$5.00
Amount of Contribution \$5.00					

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

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

**B. Itemized Contributions from Individuals**

Last Name Gordon		First Matt		MI	Contribution ID # 0434
Residential Street Address 190 Woodpond Rd		City West Hartford		State CT	Zip Code 06107-3531
Principal Occupation Attorney		Name of Employer Matthew Dallas Gordon, 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 03/15/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Frankel		First David		MI	Contribution ID # 0383
Residential Street Address 218 Joshuatown Rd		City Lyme		State CT	Zip Code 06371-3035
Principal Occupation Teacher		Name of Employer Middletown 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 03/15/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Garcia		First Luis		MI	Contribution ID # 0403
Residential Street Address 41 Taylor Ave		City Norwalk		State CT	Zip Code 06854-2809
Principal Occupation HIV Counselor		Name of Employer Southwest Community HHealth Center			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03152017e</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 \$20.00	\$20.00

Last Name Ellis		First Georgia		MI	Contribution ID # 0329
Residential Street Address 964 Shippan Ave		City Stamford		State CT	Zip Code 06902-7423
Principal Occupation Recruiter		Name of Employer The McIntyre 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03152017e</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 \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Imbimbo</b>	First <b>Anthony</b>	MI <b>V</b>	Contribution ID # <b>0525</b>
Residential Street Address <b>157 Mansfield Ave</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820-3525</b>
Principal Occupation <b>Grant and Contract Specialist</b>	Name of Employer <b>Weill Cornell 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	
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>03152017e</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>03/15/2017</b>	Aggregate Contributions <b>\$40.00</b>
		Amount of Contribution <b>\$40.00</b>	

Last Name <b>Hernandez</b>	First <b>Thomas</b>	MI <b></b>	Contribution ID # <b>0503</b>
Residential Street Address <b>100 Lockwood Ave</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-4220</b>
Principal Occupation <b>Hernandez Cantina LLC</b>	Name of Employer <b>Owner</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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>03152017e</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>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Harris</b>	First <b>Jason</b>	MI <b>T</b>	Contribution ID # <b>0472</b>
Residential Street Address <b>639 Summer St Apt 17</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06901-1408</b>
Principal Occupation <b>Video Workflow Engineer</b>	Name of Employer <b>NBC Sports</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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>03152017e</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>03/15/2017</b>	Aggregate Contributions <b>\$30.00</b>
		Amount of Contribution <b>\$30.00</b>	

Last Name <b>Hasandjeuaj</b>	First <b>Deana</b>	MI <b></b>	Contribution ID # <b>0477</b>
Residential Street Address <b>184 Nany Ln W</b>	City <b>Valley Cottage</b>	State <b>NY</b>	Zip Code <b>10789</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Teachers College</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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>03152017e</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>03/15/2017</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bachelor</b>		First <b>Randi</b>		MI	Contribution ID # <b>0039</b>
Residential Street Address <b>87 Falls Rd</b>		City <b>Bethany</b>		State <b>CT</b>	Zip Code <b>06524-3309</b>
Principal Occupation <b>Sales Manager</b>		Name of Employer <b>Smart Equip</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03152017e</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>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Beatty</b>		First <b>Jonathan</b>		MI	Contribution ID # <b>0073</b>
Residential Street Address <b>9 Bellaire Mnr</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-2104</b>
Principal Occupation <b>computer programmer</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 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Arnold</b>		First <b>Jonathan S</b>		MI	Contribution ID # <b>0027</b>
Residential Street Address <b>22 Masonic Ave , Wright 312</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-3048</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Adams</b>		First <b>David</b>		MI <b>M</b>	Contribution ID # <b>0003</b>
Residential Street Address <b>43 Seaview Ave Apt 20</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-6030</b>
Principal Occupation <b>Service Contractor</b>		Name of Employer <b>David Adams</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03152017e</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>03/15/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Alvarado</b>		First <b>Carlos</b>		MI	Contribution ID # <b>0016</b>
Residential Street Address <b>76 Murray St</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06851-3321</b>
Principal Occupation <b>Analyst</b>		Name of Employer <b>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03152017e</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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Bourkney</b>		First <b>Casey</b>		MI <b>J</b>	Contribution ID # <b>0104</b>
Residential Street Address <b>8 Sanford St</b>		City <b>Rye</b>		State <b>NY</b>	Zip Code <b>10580-3720</b>
Principal Occupation <b>Field Manager</b>		Name of Employer <b>Grassroots Campaigns</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03152017e</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>03/15/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Buhler</b>		First <b>William</b>		MI	Contribution ID # <b>0130</b>
Residential Street Address <b>8 Winchester Way</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-2636</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>03/15/2017</b>	Aggregate Contributions <b>\$75.00</b>	<b>\$25.00</b>

Last Name <b>DeVos</b>		First <b>Daniel</b>		MI <b>J</b>	Contribution ID # <b>0277</b>
Residential Street Address <b>59 Brownley Dr</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06905-3006</b>
Principal Occupation <b>Computer Support</b>		Name of Employer <b>Daniel DeVos - 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>03152017e</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>03/15/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Doig		First Laura		MI C	Contribution ID # 0291
Residential Street Address 6 Howes Ave		City Stamford		State CT	Zip Code 06906-2518
Principal Occupation Librarian		Name of Employer Peruet memorial Library			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03152017e</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 03/15/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Cisneros		First Max		MI A	Contribution ID # 0181
Residential Street Address 9 Moore Pl		City Norwalk		State CT	Zip Code 06855-1008
Principal Occupation Social Media Director		Name of Employer MFAP			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03152017e</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 03/15/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Michel		First David		MI	Contribution ID # 0737
Residential Street Address 46 Nelson St		City Stamford		State CT	Zip Code 06902-7412
Principal Occupation Sales		Name of Employer David Michel			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03152017e</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 \$50.00	\$50.00

Last Name Mikolajczak		First Maria		MI	Contribution ID # 0738
Residential Street Address 15 Horseshoe Rd		City Cos Cob		State CT	Zip Code 06807-1212
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>03152017e</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 03/15/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Mikolajczak</b>	First <b>Wojciech</b>	MI <b>C</b>	Contribution ID # <b>0739</b>
Residential Street Address <b>15 Horseshoe Rd</b>	City <b>Cos Cob</b>	State <b>CT</b>	Zip Code <b>06807-1212</b>
Principal Occupation <b>Portfolio Manager</b>	Name of Employer <b>Baker Tower 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	
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>03152017e</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>03/15/2017</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Oppmann</b>	First <b>Naomi</b>	MI <b></b>	Contribution ID # <b>0819</b>
Residential Street Address <b>PO Box 153</b>	City <b>Scarsdale</b>	State <b>NY</b>	Zip Code <b>10583-0153</b>
Principal Occupation <b>Real Estate</b>	Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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>03152017e</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>03/15/2017</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Osorio</b>	First <b>Melvin</b>	MI <b>A</b>	Contribution ID # <b>0821</b>
Residential Street Address <b>399 Main Ave Apt 626</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06851-1571</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	
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>03152017e</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>03/15/2017</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Liccione</b>	First <b>Sal</b>	MI <b></b>	Contribution ID # <b>0633</b>
Residential Street Address <b>50 Church Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-3505</b>
Principal Occupation <b>Special Projects</b>	Name of Employer <b>Downtown Merchants 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	
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>03152017e</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>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Kuroghlian</b>		First <b>Gerald</b>		MI	Contribution ID # <b>0594</b>
Residential Street Address <b>246 Old Spring Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824-5246</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>03/15/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Kyek</b>		First <b>Jason</b>		MI	Contribution ID # <b>0595</b>
Residential Street Address <b>21 Bradley Pl</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06905-1802</b>
Principal Occupation <b>Sale</b>		Name of Employer <b>Crescendo Music</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03152017e</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>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Kyek</b>		First <b>Matthew</b>		MI <b>J</b>	Contribution ID # <b>0596</b>
Residential Street Address <b>71 Strawberry Hill Ave Apt 121</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-2716</b>
Principal Occupation <b>Para Education</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>03152017e</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>03/15/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Sage</b>		First <b>Laura</b>		MI	Contribution ID # <b>0952</b>
Residential Street Address <b>75 Fawnfield Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903-3727</b>
Principal Occupation <b>Photographer</b>		Name of Employer <b>Health Hiatus</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03152017e</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>03/15/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Saxie</b>		First <b>Christopher</b>		MI	Contribution ID # <b>0983</b>
Residential Street Address <b>14 Relay Pl</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06901-2805</b>
Principal Occupation <b>Theater Manager</b>		Name of Employer <b>Avon Theater</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03152017e</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>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Scureman</b>		First <b>Harriet</b>		MI	Contribution ID # <b>0996</b>
Residential Street Address <b>105 Richards Ave</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06854-1691</b>
Principal Occupation <b>Billings Coordinator</b>		Name of Employer <b>Cummings and Lockwood, 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>03152017e</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>03/15/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Sherwood</b>		First <b>Frank</b>		MI <b>W</b>	Contribution ID # <b>1017</b>
Residential Street Address <b>79 Maitland Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06906-2104</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>03152017e</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>03/15/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Sherwood</b>		First <b>Nina</b>		MI	Contribution ID # <b>1018</b>
Residential Street Address <b>79 Maitland Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06906-2104</b>
Principal Occupation <b>Director of Organizing</b>		Name of Employer <b>Politics Reborn</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03152017e</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>\$35.00</b>	<b>\$35.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Siegel-Miles		First Alyssa		MI	Contribution ID # 1023
Residential Street Address 712 Colonel Ledyard Hwy		City Ledyard		State CT	Zip Code 06339-1571
Principal Occupation Writer		Name of Employer University of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$5.00	\$5.00

Last Name Rujter		First Lyda		MI	Contribution ID # 0937
Residential Street Address 43 Harbor Dr # 511		City Stamford		State CT	Zip Code 06902-7465
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 #	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 03/15/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Robiner		First Stephanie		MI	Contribution ID # 0918
Residential Street Address 857 Haddam Quarter Rd		City Durham		State CT	Zip Code 06422-1806
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 03/15/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Prygoda		First Len		MI	Contribution ID # 0884
Residential Street Address 1004 Boston Post Rd		City Guilford		State CT	Zip Code 06437-2607
Principal Occupation Teacher, Retired		Name of Employer City of New Britain , 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 03/15/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Reiss</b>		First <b>Andrew</b>		MI <b>H</b>	Contribution ID # <b>0903</b>
Residential Street Address <b>34 Portland Hill Rd</b>		City <b>Redding</b>		State <b>CT</b>	Zip Code <b>06896-3106</b>
Principal Occupation <b>Labor/Artist</b>		Name of Employer <b>Andrew Reiss - 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>03152017e</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>03/15/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Troph</b>		First <b>Daniel</b>		MI <b></b>	Contribution ID # <b>1096</b>
Residential Street Address <b>61 Blue Ridge Rd</b>		City <b>Wilton</b>		State <b>CT</b>	Zip Code <b>06897-2203</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>03152017e</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>\$30.00</b>	<b>\$30.00</b>

Last Name <b>Tortora</b>		First <b>Jennifer</b>		MI <b></b>	Contribution ID # <b>1094</b>
Residential Street Address <b>90 Ribera Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5594</b>
Principal Occupation <b>Volunteer</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>03162017f</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>\$90.00</b>	<b>\$50.00</b>

Last Name <b>Yi</b>		First <b>Ok</b>		MI <b>Y</b>	Contribution ID # <b>1162</b>
Residential Street Address <b>922 Saybrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5617</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Ford News 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017f</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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Stanley</b>		First <b>Michele</b>		MI	Contribution ID # <b>1055</b>
Residential Street Address <b>18 Peachtree Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1822</b>
Principal Occupation <b>Democratic Assistant Reg. of Voters</b>			Name of Employer <b>City of Middletown</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017f</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>\$50.00</b>	

Last Name <b>Stanley</b>		First <b>Paul</b>		MI <b>M</b>	Contribution ID # <b>1057</b>
Residential Street Address <b>18 Peachtree Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1822</b>
Principal Occupation <b>Painter</b>			Name of Employer <b>Quality 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  <b>\$25.00</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>03162017f</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>\$50.00</b>	

Last Name <b>Spadaccini</b>		First <b>Teri</b>		MI <b>D</b>	Contribution ID # <b>1047</b>
Residential Street Address <b>773 Bartholomew Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5609</b>
Principal Occupation <b>Laboratory</b>			Name of Employer <b>Middlesex 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  <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>	

Last Name <b>Sisson</b>		First <b>Elaine</b>		MI	Contribution ID # <b>1030</b>
Residential Street Address <b>82 Paul Hts</b>		City <b>Southington</b>		State <b>CT</b>	Zip Code <b>06489-4131</b>
Principal Occupation <b>Retired</b>			Name of Employer <b>Not Employed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>03162017f</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>\$120.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Smith</b>		First <b>Mary</b>		MI <b>C</b>	Contribution ID # <b>1039</b>
Residential Street Address <b>2001 Tulane Dr</b>		City <b>Lansing</b>		State <b>MI</b>	Zip Code <b>48912-3543</b>
Principal Occupation <b>Retired Attorney</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>\$250.00</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>\$250.00</b>	

Last Name <b>Smith</b>		First <b>James</b>		MI <b>R</b>	Contribution ID # <b>1035</b>
Residential Street Address <b>2001 Tulane Dr</b>		City <b>Lansing</b>		State <b>MI</b>	Zip Code <b>48912-3543</b>
Principal Occupation <b>Retired Attorney</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>\$250.00</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>\$250.00</b>	

Last Name <b>Thornton</b>		First <b>Domenique</b>		MI <b>CT</b>	Contribution ID # <b>1086</b>
Residential Street Address <b>168 Timber Ridge Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1538</b>
Principal Occupation <b>Attorney</b>			Name of Employer <b>State of CT Dept. of Labor</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>03162017f</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>	

Last Name <b>Pugliese</b>		First <b>Richard</b>		MI <b>CT</b>	Contribution ID # <b>0887</b>
Residential Street Address <b>1703 Randolph Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4041</b>
Principal Occupation <b>Physician - retired</b>			Name of Employer <b>Middlesex 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  <b>\$5.00</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>\$55.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Russo		First Carol		MI L	Contribution ID # 0940
Residential Street Address 7 Fenwood Dr		City Middletown		State CT	Zip Code 06457-3510
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>03162017f</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 03/16/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Russo		First Guy		MI P	Contribution ID # 0943
Residential Street Address 599 Chamberlain Hill Rd		City Middletown		State CT	Zip Code 06457-5546
Principal Occupation Director Water Infrastructure		Name of Employer Prime AE Group 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>03162017f</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 03/16/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Ryan		First Daniel		MI	Contribution ID # 0949
Residential Street Address 409 Pine St		City Middletown		State CT	Zip Code 06457-4143
Principal Occupation Attorney		Name of Employer Ryan & Ryan			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03162017f</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 03/16/2017	Aggregate Contributions \$375.00	\$125.00

Last Name Russo		First William		MI	Contribution ID # 0946
Residential Street Address 1112 Town Pl		City Middletown		State CT	Zip Code 06457-1750
Principal Occupation City of Middletown		Name of Employer Public Works Director			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03162017f</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 03/16/2017	Aggregate Contributions \$200.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Serra</b>		First <b>Marie</b>		MI	Contribution ID # <b>1000</b>
Residential Street Address <b>1510 Randolph Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5114</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>03162017f</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>Santangelo</b>		First <b>Robert</b>		MI	Contribution ID # <b>0974</b>
Residential Street Address <b>11 Prospect St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2621</b>
Principal Occupation <b>Substance abuse counselor</b>		Name of Employer <b>DMHAS - 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>03162017f</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>\$150.00</b>	<b>\$100.00</b>

Last Name <b>Santangelo</b>		First <b>Elizabeth</b>		MI	Contribution ID # <b>0971</b>
Residential Street Address <b>11 Prospect St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2621</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>03162017f</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>\$50.00</b>

Last Name <b>Lisitano</b>		First <b>Dean</b>		MI	Contribution ID # <b>0640</b>
Residential Street Address <b>24 Francis Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4309</b>
Principal Occupation <b>Building Official</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03162017f</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>\$65.00</b>	<b>\$40.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>McRoberts</b>		First <b>Sonia</b>		MI	Contribution ID # <b>0728</b>
Residential Street Address <b>75 Knox Blvd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2353</b>
Principal Occupation <b>Analyst</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017f</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>\$105.00</b>	<b>\$35.00</b>

Last Name <b>Metz</b>		First <b>Craig</b>		MI <b>J</b>	Contribution ID # <b>0733</b>
Residential Street Address <b>197 Mill Hill Ter</b>		City <b>Southport</b>		State <b>CT</b>	Zip Code <b>06890-1229</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>IUOE</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>	<b>\$100.00</b>

Last Name <b>Marshall</b>		First <b>Mary</b>		MI <b>T</b>	Contribution ID # <b>0696</b>
Residential Street Address <b>365 Main St</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1230</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>03162017f</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>Mazzotta</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0700</b>
Residential Street Address <b>194 Ridge Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4433</b>
Principal Occupation <b>President</b>		Name of Employer <b>Mazzotta Rentals, 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>03/16/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Marino</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0689</b>
Residential Street Address <b>38 Ash Ct</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-6128</b>
Principal Occupation <b>Probate Judge</b>		Name of Employer <b>Middletown Probate District</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03162017f</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>\$150.00</b>	<b>\$50.00</b>

Last Name <b>Manohar</b>		First <b>Velandy</b>		MI	Contribution ID # <b>0679</b>
Residential Street Address <b>93 Meeting House Rd</b>		City <b>Haddam</b>		State <b>CT</b>	Zip Code <b>06438-1049</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>Aware Recovery 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017f</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>\$110.00</b>	<b>\$100.00</b>

Last Name <b>Olsen</b>		First <b>John</b>		MI <b>W</b>	Contribution ID # <b>0815</b>
Residential Street Address <b>101 Pratt Rd</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413-2624</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>03162017f</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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Palmer</b>		First <b>Roger</b>		MI <b>S</b>	Contribution ID # <b>0833</b>
Residential Street Address <b>620 Arbutus St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7106</b>
Principal Occupation <b>Assessor</b>		Name of Employer <b>City of New 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017f</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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Mounds</b>		First <b>Sharon</b>		MI	Contribution ID # <b>0766</b>
Residential Street Address <b>53 Brookwood Dr Apt C</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-2721</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>03162017f</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>\$75.00</b>	<b>\$25.00</b>

Last Name <b>Murray</b>		First <b>Dennis</b>		MI <b>M</b>	Contribution ID # <b>0771</b>
Residential Street Address <b>38 Farm Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4204</b>
Principal Occupation <b>Housing Officer</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03162017f</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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Nocera</b>		First <b>Karen</b>		MI	Contribution ID # <b>0798</b>
Residential Street Address <b>64 Reservoir Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</b>
Principal Occupation <b>Recreation supervisor</b>		Name of Employer <b>city of middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03162017f</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>\$150.00</b>	<b>\$25.00</b>

Last Name <b>Nocera</b>		First <b>Eugene</b>		MI	Contribution ID # <b>0793</b>
Residential Street Address <b>64 Reservoir Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4819</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>University of St. Josephs</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03162017f</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>\$150.00</b>	<b>\$25.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Chisem</b>		First <b>Carl</b>		MI <b>R</b>	Contribution ID # <b>0177</b>
Residential Street Address <b>1092 Ridgewood Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1729</b>
Principal Occupation <b>Supervisor Aid</b>		Name of Employer <b>State of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03162017f</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>\$25.00</b>

Last Name <b>Cassella</b>		First <b>Jacque</b>		MI <b></b>	Contribution ID # <b>0162</b>
Residential Street Address <b>6 Magnolia Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4321</b>
Principal Occupation <b>IT SME</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>03162017f</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>\$40.00</b>	<b>\$40.00</b>

Last Name <b>Daley</b>		First <b>Diane</b>		MI <b>E</b>	Contribution ID # <b>0244</b>
Residential Street Address <b>70 Autumn Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4787</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>03162017f</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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Botens</b>		First <b>Alan</b>		MI <b>L</b>	Contribution ID # <b>0103</b>
Residential Street Address <b>18 Scofield Pl</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06855-1438</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>03152017e</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>\$15.00</b>	<b>\$15.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Blake</b>		First <b>Benjamin</b>		MI <b>G</b>	Contribution ID # <b>0091</b>
Residential Street Address <b>5 Anchorage Dr</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460-6504</b>
Principal Occupation <b>Mayor</b>		Name of Employer <b>City 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 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>Avitable</b>		First <b>Jay</b>		MI <b>B</b>	Contribution ID # <b>0037</b>
Residential Street Address <b>201 College St Unit 4</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3279</b>
Principal Occupation <b>Information Tech Manager</b>		Name of Employer <b>PowerPhone, 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>03162017f</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>\$90.00</b>	<b>\$20.00</b>

Last Name <b>Baranski</b>		First <b>Mary</b>		MI <b></b>	Contribution ID # <b>0050</b>
Residential Street Address <b>401 Rocky Hill Rd</b>		City <b>Woodstock</b>		State <b>CT</b>	Zip Code <b>06281-2829</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>03/16/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Guy</b>		First <b>Isabel</b>		MI <b>F</b>	Contribution ID # <b>0456</b>
Residential Street Address <b>161 Mount Vernon St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3214</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>03162017f</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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Hunter</b>		First <b>Nancy</b>		MI	Contribution ID # <b>0521</b>
Residential Street Address <b>50 Copper Beech Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-6161</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Nancy Hunter Law - 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>03/16/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Imme</b>		First <b>Salvatore</b>		MI	Contribution ID # <b>0527</b>
Residential Street Address <b>22 Highmeadow Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4849</b>
Principal Occupation <b>Custodian</b>		Name of Employer <b>Regional 17th School District</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Dunn</b>		First <b>James</b>		MI	Contribution ID # <b>0315</b>
Residential Street Address <b>398 Pine St Ste 505</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4140</b>
Principal Occupation <b>Planner</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>03162017f</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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Grant</b>		First <b>Terri</b>		MI	Contribution ID # <b>0443</b>
Residential Street Address <b>69 Bow Ln Unit 2</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4707</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$15.00</b>	<b>\$15.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Ziomek</b>		First <b>Diane</b>		MI <b>D</b>	Contribution ID # <b>1171</b>
Residential Street Address <b>95 Aspen Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2017</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>03162017f</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>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Ziomek</b>		First <b>John</b>		MI <b>CT</b>	Contribution ID # <b>1172</b>
Residential Street Address <b>95 Aspen Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2017</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>03162017f</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>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Zocco</b>		First <b>Frank</b>		MI <b>CT</b>	Contribution ID # <b>1173</b>
Residential Street Address <b>30 Salem Dr</b>		City <b>Newington</b>		State <b>CT</b>	Zip Code <b>06111-5241</b>
Principal Occupation <b>Partner/Retirement Plan Specialist</b>		Name of Employer <b>The River Suite Wealth 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>03/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Goichman</b>		First <b>Jennifer</b>		MI <b>CT</b>	Contribution ID # <b>0424</b>
Residential Street Address <b>74 W Park Pl</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06901-2209</b>
Principal Occupation <b>Corp Sec</b>		Name of Employer <b>SCG Cap</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Duleep</b>		First <b>Anna</b>		MI	Contribution ID # <b>0312</b>
Residential Street Address <b>1 Briarwood Rd</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06850-1206</b>
Principal Occupation <b>Center Director</b>			Name of Employer <b>C2 Education of Wilton</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 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>\$50.00</b>	

Last Name <b>Dzialo</b>		First <b>Mary</b>		MI	Contribution ID # <b>0323</b>
Residential Street Address <b>90 Old Mill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2415</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>\$35.00</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>03/17/2017</b>	Aggregate Contributions <b>\$35.00</b>	

Last Name <b>Flood</b>		First <b>Christopher</b>		MI	Contribution ID # <b>0370</b>
Residential Street Address <b>16 Lisa Ct</b>		City <b>Portland</b>		State <b>CT</b>	Zip Code <b>06480-1700</b>
Principal Occupation <b>Attorney</b>			Name of Employer <b>Flood 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  <b>\$375.00</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>03/17/2017</b>	Aggregate Contributions <b>\$375.00</b>	

Last Name <b>Dixon</b>		First <b>Gena</b>		MI	Contribution ID # <b>0288</b>
Residential Street Address <b>42 Woodlawn Cir</b>		City <b>East Hartford</b>		State <b>CT</b>	Zip Code <b>06108-2857</b>
Principal Occupation <b>Associate Grant Manager</b>			Name of Employer <b>CCMC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>03/17/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Morgan</b>		First <b>Kathleen</b>		MI	Contribution ID # <b>0753</b>
Residential Street Address <b>231 Chesterfield Rd</b>		City <b>Lynchburg</b>		State <b>VA</b>	Zip Code <b>24502-2758</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>First National Bank of Altavista</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>Patrician</b>		First <b>Debra</b>		MI	Contribution ID # <b>0843</b>
Residential Street Address <b>81 Long Hill Rd</b>		City <b>Deep River</b>		State <b>CT</b>	Zip Code <b>06417-2105</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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Pugliese</b>		First <b>Richard</b>		MI	Contribution ID # <b>0888</b>
Residential Street Address <b>1703 Randolph Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4041</b>
Principal Occupation <b>Physician - retired</b>		Name of Employer <b>Middlesex 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 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>\$60.00</b>	<b>\$5.00</b>

Last Name <b>Worde</b>		First <b>Jamed</b>		MI	Contribution ID # <b>1152</b>
Residential Street Address <b>6464 Main St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-2074</b>
Principal Occupation <b>Truck Driver</b>		Name of Employer <b>Big Rock Transportation</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name York		First Michele		MI	Contribution ID # 1163
Residential Street Address 6 Grove Hill Rd		City Middletown		State CT	Zip Code 06457-1728
Principal Occupation Chef		Name of Employer Zerios Old World 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 type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/18/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Riley		First Larry		MI	Contribution ID # 0911
Residential Street Address 447 Ridge Rd		City Middletown		State CT	Zip Code 06457-5230
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 03/18/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Rook		First Matt		MI	Contribution ID # 0928
Residential Street Address 15 Margarite Rd		City Middletown		State CT	Zip Code 06457-5417
Principal Occupation Owner		Name of Employer marvelous car wash			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/18/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Pasmore		First William		MI	Contribution ID # 0841
Residential Street Address 205 E 85th St Apt 3K		City New York		State NY	Zip Code 10028-3220
Principal Occupation Professor		Name of Employer Columbia 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 03/18/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Crawford</b>		First <b>Jule</b>		MI	Contribution ID # <b>0218</b>
Residential Street Address <b>291 Long Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4060</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>Law Offices of Jule A Crawford</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Atkins</b>		First <b>Todd</b>		MI	Contribution ID # <b>0029</b>
Residential Street Address <b>44 Rockhurst Dr</b>		City <b>Waterbury</b>		State <b>CT</b>	Zip Code <b>06708-2417</b>
Principal Occupation <b>Restaurant manager</b>		Name of Employer <b>Community table</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Geary</b>		First <b>John</b>		MI	Contribution ID # <b>0410</b>
Residential Street Address <b>753 Laurel Grove Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4970</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Middletown 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>03/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Gibson</b>		First <b>Ricardo</b>		MI	Contribution ID # <b>0412</b>
Residential Street Address <b>12 Regal Ct</b>		City <b>Waterbury</b>		State <b>CT</b>	Zip Code <b>06705-2235</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>City of Waterbury</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$10.00</b>	<b>\$10.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Hassett</b>		First <b>Michael</b>		MI	Contribution ID # <b>0478</b>
Residential Street Address <b>96 Bartlett St</b>		City <b>Portland</b>		State <b>CT</b>	Zip Code <b>06480-1652</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>03/18/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Beaudry</b>		First <b>Leslie</b>		MI	Contribution ID # <b>0076</b>
Residential Street Address <b>471 Highland Ave Apt 14</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5142</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>Noumair</b>		First <b>Debra</b>		MI	Contribution ID # <b>0801</b>
Residential Street Address <b>760 W End Ave Apt 6E</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10025-5557</b>
Principal Occupation <b>Faculty</b>		Name of Employer <b>Teachers College, Columbia 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>03/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Lenoce</b>		First <b>Richard</b>		MI	Contribution ID # <b>0623</b>
Residential Street Address <b>517 Haddam Quarter Rd</b>		City <b>Durham</b>		State <b>CT</b>	Zip Code <b>06422-1709</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>State of CT Middlesex Community College</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Krystock</b>		First <b>Barbara</b>		MI	Contribution ID # <b>0590</b>
Residential Street Address <b>234 Carriage Crossing Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5863</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>\$10.00</b>	<b>\$5.00</b>

Last Name <b>Palmer</b>		First <b>Jeffrey</b>		MI	Contribution ID # <b>0828</b>
Residential Street Address <b>70 Viola Dr</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424-1686</b>
Principal Occupation <b>Optometrist and Owner</b>		Name of Employer <b>Palmer Eyecare Centers</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Rourke</b>		First <b>Michael</b>		MI	Contribution ID # <b>0934</b>
Residential Street Address <b>1430 Broadway Rm 1208</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10018-3384</b>
Principal Occupation <b>CEO</b>		Name of Employer <b>Hudson Media</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Zandri</b>		First <b>Renata</b>		MI	Contribution ID # <b>1170</b>
Residential Street Address <b>35 Lincoln Drive Ext</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-5164</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>03/20/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name South		First Hamilton		MI	Contribution ID # 1044
Residential Street Address 182 Whitcomb Hill Rd		City Cornwall Bridge		State CT	Zip Code 06754
Principal Occupation Founding Partner			Name of Employer HL 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  \$375.00
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 03/20/2017	
				Aggregate Contributions \$375.00	

Last Name Boyce		First David		MI	Contribution ID # 0106
Residential Street Address 207 George St Apt 421		City Middletown		State CT	Zip Code 06457-3599
Principal Occupation 911 Dispatcher			Name of Employer City of Middletown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$50.00
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 03/20/2017	
				Aggregate Contributions \$50.00	

Last Name Burke		First W. Warner		MI	Contribution ID # 0133
Residential Street Address 146 W 57th St Apt 48A		City New York		State NY	Zip Code 10019-0079
Principal Occupation Professor			Name of Employer Teachers College, Columbia 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  \$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 03/20/2017	
				Aggregate Contributions \$100.00	

Last Name Adams		First Kathryn		MI	Contribution ID # 0006
Residential Street Address 8 Bellevue Pl		City Middletown		State CT	Zip Code 06457-4105
Principal Occupation Teacher			Name of Employer Middletown 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  \$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 03/20/2017	
				Aggregate Contributions \$200.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Baird</b>		First <b>Jonathan</b>		MI	Contribution ID # <b>0044</b>
Residential Street Address <b>386 N High St</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512-1550</b>
Principal Occupation <b>Mental Health Worker II DMHAS</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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Basinger</b>		First <b>John</b>		MI	Contribution ID # <b>0069</b>
Residential Street Address <b>133 Lincoln St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2640</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>\$205.00</b>	<b>\$5.00</b>

Last Name <b>Donahue</b>		First <b>Matt</b>		MI	Contribution ID # <b>0294</b>
Residential Street Address <b>750 Summer St Apt 605</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06901-1054</b>
Principal Occupation <b>Technical Trainer</b>		Name of Employer <b>1010data</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Dempsey-White</b>		First <b>Anita</b>		MI	Contribution ID # <b>0271</b>
Residential Street Address <b>767 Washington St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2903</b>
Principal Occupation <b>Nurse</b>		Name of Employer <b>Chesterfield 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 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>

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

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

**B. Itemized Contributions from Individuals**

Last Name Deline		First Marilyn		MI	Contribution ID # 0267
Residential Street Address 101 Farm Hill Rd		City Middletown		State CT	Zip Code 06457-4203
Principal Occupation Clinical Manager		Name of Employer American Renal 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 03/20/2017	Aggregate Contributions \$150.00	\$75.00

Last Name Hembrook		First Patricia		MI	Contribution ID # 0501
Residential Street Address 3 Summit St		City New Milford		State CT	Zip Code 06776-2812
Principal Occupation Managing Director		Name of Employer City Center Danbury			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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 #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/20/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Healy		First Pamela		MI	Contribution ID # 0489
Residential Street Address 40 Foxwood Cir		City Mount Kisco		State NY	Zip Code 10549-1129
Principal Occupation IT Security		Name of Employer IBM			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/20/2017	Aggregate Contributions \$100.00	\$50.00

Last Name Gill		First Deborah		MI	Contribution ID # 0414
Residential Street Address 833 Long Hill Rd Apt H		City Middletown		State CT	Zip Code 06457-5027
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 03/20/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Flanagan</b>		First <b>Steve</b>		MI	Contribution ID # <b>0367</b>
Residential Street Address <b>1 Willow Ln</b>		City <b>Danbury</b>		State <b>CT</b>	Zip Code <b>06810-8426</b>
Principal Occupation <b>College lecturer</b>		Name of Employer <b>WCSU</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Gooden</b>		First <b>Jerald</b>		MI	Contribution ID # <b>0428</b>
Residential Street Address <b>15 Wyndham Ln</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-2758</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>03212017h</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>03/21/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Halloran</b>		First <b>Kaitlin</b>		MI <b>A</b>	Contribution ID # <b>0462</b>
Residential Street Address <b>156 Garfield Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-2910</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Holloran and Holloran 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>03212017h</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>03/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Halloran</b>		First <b>R Bartley</b>		MI	Contribution ID # <b>0463</b>
Residential Street Address <b>791 Prospect Ave</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06105-4233</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Law Office of R.B.H</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03212017h</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>03/21/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Imme</b>		First <b>Michael</b>		MI	Contribution ID # <b>0526</b>
Residential Street Address <b>34 Echo Valley Rd</b>		City <b>Plantsville</b>		State <b>CT</b>	Zip Code <b>06479-1433</b>
Principal Occupation <b>Consultant - Content Lifestyle Management</b>		Name of Employer <b>V2W</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Jacques</b>		First <b>Millie</b>		MI	Contribution ID # <b>0533</b>
Residential Street Address <b>172 Waterville Rd</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001-2076</b>
Principal Occupation <b>Patent Agent</b>		Name of Employer <b>Emanus 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>03212017h</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>03/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kalinowski</b>		First <b>Michael</b>		MI	Contribution ID # <b>0546</b>
Residential Street Address <b>23 Louis Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1108</b>
Principal Occupation <b>Doctor</b>		Name of Employer <b>Prohealth Physicians</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Kidd</b>		First <b>Chekesha</b>		MI <b>C</b>	Contribution ID # <b>0564</b>
Residential Street Address <b>50 W 127th St Apt 5B</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10027-3934</b>
Principal Occupation <b>Healthcare Executive</b>		Name of Employer <b>KG Advisory 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03212017h</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>03/21/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Collins		First Gary		MI	Contribution ID # 0193
Residential Street Address 38 Bartlett St		City Portland		State CT	Zip Code 06480-1570
Principal Occupation Attorney		Name of Employer BNP Paribas			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/21/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Alston		First Patricia		MI	Contribution ID # 0015
Residential Street Address 46 Washington St Fl 3		City Middletown		State CT	Zip Code 06457-2843
Principal Occupation Realtor		Name of Employer Sterling Realtors			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 03/21/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Spaeth		First John		MI W	Contribution ID # 1049
Residential Street Address 50 Pine St		City Middletown		State CT	Zip Code 06457-3113
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 03/21/2017	Aggregate Contributions \$200.00	\$100.00

Last Name Streeto		First James		MI	Contribution ID # 1066
Residential Street Address 529 Westfield St		City Middletown		State CT	Zip Code 06457-1936
Principal Occupation Attorney		Name of Employer Office of Chief Public Defender			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 03/21/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Zagaja</b>		First <b>David</b>		MI <b>L</b>	Contribution ID # <b>1165</b>
Residential Street Address <b>19 Wildwood Rd</b>		City <b>Wethersfield</b>		State <b>CT</b>	Zip Code <b>06109-3565</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>03212017h</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>03/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Vargas</b>		First <b>Amado</b>		MI <b></b>	Contribution ID # <b>1108</b>
Residential Street Address <b>26 Paley Farms Rd</b>		City <b>Portland</b>		State <b>CT</b>	Zip Code <b>06480-1021</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>McHugh Chapman &amp; Vargas 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>03/21/2017</b>	Aggregate Contributions <b>\$275.00</b>	<b>\$75.00</b>

Last Name <b>Waddell</b>		First <b>Brian</b>		MI <b>J</b>	Contribution ID # <b>1118</b>
Residential Street Address <b>242 Quaker Ln S</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06119-1944</b>
Principal Occupation <b>Financial Planner</b>		Name of Employer <b>New England Financial 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>03212017h</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>03/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Reagan</b>		First <b>Charles</b>		MI <b></b>	Contribution ID # <b>0900</b>
Residential Street Address <b>65 Far Hills Dr</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001-2877</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>03212017h</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>03/21/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Sanchez</b>		First <b>Maria</b>		MI	Contribution ID # <b>0962</b>
Residential Street Address <b>529 Westfield St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1936</b>
Principal Occupation <b>Sr. Property Officer</b>			Name of Employer <b>Area</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>03/21/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Sanders</b>		First <b>Cynthia</b>		MI	Contribution ID # <b>0964</b>
Residential Street Address <b>233 Bartholomew Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4803</b>
Principal Occupation <b>Business Coach</b>			Name of Employer <b>Sanders Solution, 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  <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 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>\$25.00</b>	

Last Name <b>O'Neil</b>		First <b>John</b>		MI	Contribution ID # <b>0807</b>
Residential Street Address <b>1450 Millbrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5538</b>
Principal Occupation <b>Carpenter</b>			Name of Employer <b>CT Carpenters Local 24</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 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>	

Last Name <b>Moumne</b>		First <b>Ziad</b>		MI	Contribution ID # <b>0764</b>
Residential Street Address <b>451 Mountain Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117-1817</b>
Principal Occupation <b>Civil Engineer</b>			Name of Employer <b>Ziad Moumne - Self Employed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>\$375.00</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>03212017h</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>03/21/2017</b>	
				Aggregate Contributions <b>\$375.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Meyering</b>		First <b>Kathryn</b>		MI	Contribution ID # <b>0734</b>
Residential Street Address <b>129 Paterson Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5141</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>The Independent Day 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>03/21/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Mcclary</b>		First <b>Kenneth</b>		MI	Contribution ID # <b>0706</b>
Residential Street Address <b>2 Wedgewood Dr</b>		City <b>Bloomfield</b>		State <b>CT</b>	Zip Code <b>06002-1957</b>
Principal Occupation <b>Community Outreach</b>		Name of Employer <b>The MDC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Marafino</b>		First <b>Elizabeth</b>		MI	Contribution ID # <b>0681</b>
Residential Street Address <b>982 N Main St</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117-2054</b>
Principal Occupation <b>Retired 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 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>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Rollefson</b>		First <b>Virginia</b>		MI	Contribution ID # <b>0927</b>
Residential Street Address <b>16 Red Orange Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4916</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>03/22/2017</b>	Aggregate Contributions <b>\$55.00</b>	<b>\$5.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Cronin		First Patricia		MI	Contribution ID # 0220
Residential Street Address 66 Belcher Rd		City Wethersfield		State CT	Zip Code 06109-3001
Principal Occupation Planner		Name of Employer State of connecticut			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$5.00	\$5.00

Last Name Everett		First Jeff		MI	Contribution ID # 0342
Residential Street Address 27 Clinton Ave		City Middletown		State CT	Zip Code 06457-2703
Principal Occupation Electrical Contractor		Name of Employer Everett Electric 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 03/22/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Ferraro		First Aaron		MI M	Contribution ID # 0359
Residential Street Address 26 Smith Rd		City East Haddam		State CT	Zip Code 06423-1248
Principal Occupation Transportation Planner		Name of Employer CTDOT			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$250.00	\$250.00

Last Name Edwards		First R		MI	Contribution ID # 0325
Residential Street Address 153 Country Club Rd		City Middletown		State CT	Zip Code 06457-2342
Principal Occupation nurse practitioner, assistant prof. of nursing		Name of Employer UAB School of Nursing, Middlesex Hospital			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$15.00	\$15.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Davidson		First Harold (Butch)		MI	Contribution ID # 0250
Residential Street Address 74 Abbey Rd		City East Hampton		State CT	Zip Code 06424-2103
Principal Occupation Business manager Financial Secretay-Treasurer			Name of Employer Roofers / Waterproofers Local 12		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$20.00
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 03/23/2017	
				Aggregate Contributions \$20.00	

Last Name Block		First Caryn		MI	Contribution ID # 0096
Residential Street Address 320 Riverside Dr Apt 14E		City New York		State NY	Zip Code 10025-4115
Principal Occupation Professor			Name of Employer Teachers College, Columbia 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  \$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 03/23/2017	
				Aggregate Contributions \$100.00	

Last Name Warshauer		First Karen		MI	Contribution ID # 1128
Residential Street Address 44 Strawberry Hill Ave Apt 2E		City Stamford		State CT	Zip Code 06902-2698
Principal Occupation Paralegal			Name of Employer MDMC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 03/23/2017	
				Aggregate Contributions \$45.00	

Last Name Parekh		First Sagar		MI	Contribution ID # 0836
Residential Street Address 32 Jeremy Dr		City East Lyme		State CT	Zip Code 06333-1544
Principal Occupation Energy Consultant			Name of Employer Earthlight Technologies		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$150.00
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 03/23/2017	
				Aggregate Contributions \$150.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Pearson</b>		First <b>Michael</b>		MI	Contribution ID # <b>0852</b>
Residential Street Address <b>222 Merry St Apt 18</b>		City <b>Madison</b>		State <b>WI</b>	Zip Code <b>53704-5258</b>
Principal Occupation <b>Legislative Assistant</b>		Name of Employer <b>Wisconsin Assembly</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Milone</b>		First <b>Gilbert</b>		MI	Contribution ID # <b>0744</b>
Residential Street Address <b>42 Coburn Rd</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-4463</b>
Principal Occupation <b>Software Developer</b>		Name of Employer <b>University of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Marquis</b>		First <b>Julia</b>		MI	Contribution ID # <b>0695</b>
Residential Street Address <b>1 Crystal Ridge Dr</b>		City <b>Ellington</b>		State <b>CT</b>	Zip Code <b>06029-3050</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>UnitedHealthcare</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Maloney</b>		First <b>Kaitlin</b>		MI	Contribution ID # <b>0669</b>
Residential Street Address <b>185 Henry St</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06042-3244</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>03/24/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Volpe		First Terra		MI	Contribution ID # 1117
Residential Street Address 25 Smoke Hill Dr		City New Fairfield		State CT	Zip Code 06812-2654
Principal Occupation Not Employed		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 03/24/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Vicki		First Sera		MI	Contribution ID # 1115
Residential Street Address 2 W Carter St		City Manchester		State CT	Zip Code 06040-6811
Principal Occupation Student		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 03/24/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Vassia		First Patti		MI	Contribution ID # 1112
Residential Street Address 234 S Main St		City Middletown		State CT	Zip Code 06457-4257
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 \$50.00	\$50.00

Last Name Yamada		First Emily		MI	Contribution ID # 1157
Residential Street Address 2425 3rd Ave W		City Seattle		State WA	Zip Code 98119-2630
Principal Occupation Attorney		Name of Employer Amicus			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$5.00	\$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Yamada</b>		First <b>Takao</b>		MI	Contribution ID # <b>1158</b>
Residential Street Address <b>700 W Kinnear Pl</b>		City <b>Seattle</b>		State <b>WA</b>	Zip Code <b>98119-3622</b>
Principal Occupation <b>COO</b>		Name of Employer <b>ReUP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Welty</b>		First <b>Shelby</b>		MI	Contribution ID # <b>1136</b>
Residential Street Address <b>3450 Brentway Dr Apt 3</b>		City <b>Bay City</b>		State <b>MI</b>	Zip Code <b>48706-3363</b>
Principal Occupation <b>Field Service Rep</b>		Name of Employer <b>Dean 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>03/24/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Whelton</b>		First <b>Dan</b>		MI	Contribution ID # <b>1138</b>
Residential Street Address <b>147 Walek Farms Rd</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-7091</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Dan Whelton - Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>White</b>		First <b>Dennis</b>		MI	Contribution ID # <b>1139</b>
Residential Street Address <b>55 Lawn Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06459-5500</b>
Principal Occupation <b>student</b>		Name of Employer <b>wesleyan</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Sutherland</b>		First <b>Paul</b>		MI	Contribution ID # <b>1073</b>
Residential Street Address <b>22 Golden Hill Rd</b>		City <b>Danbury</b>		State <b>CT</b>	Zip Code <b>06811-4659</b>
Principal Occupation <b>financial consultant</b>		Name of Employer <b>Paul Sutherland - 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>03/24/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Schutte</b>		First <b>Emily</b>		MI	Contribution ID # <b>0990</b>
Residential Street Address <b>63 Wyneding Hill Rd</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-6608</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>self - Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Bysiewicz</b>		First <b>Phyllis</b>		MI	Contribution ID # <b>0140</b>
Residential Street Address <b>15 Meriden Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455</b>
Principal Occupation <b>Real Estate Broker</b>		Name of Employer <b>Ameritage 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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Bysiewicz</b>		First <b>Thaddeus</b>		MI	Contribution ID # <b>0142</b>
Residential Street Address <b>15 Meriden Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455</b>
Principal Occupation <b>General Contractor</b>		Name of Employer <b>Ameritage 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>03/24/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Buda</b>		First <b>James</b>		MI	Contribution ID # <b>0124</b>
Residential Street Address <b>420 James St</b>		City <b>Bay City</b>		State <b>MI</b>	Zip Code <b>48706-3930</b>
Principal Occupation <b>General Manager</b>			Name of Employer <b>Wendy'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  <b>\$5.00</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>03/24/2017</b>	
				Aggregate Contributions <b>\$5.00</b>	

Last Name <b>Brazaitis</b>		First <b>Sarah</b>		MI	Contribution ID # <b>0113</b>
Residential Street Address <b>736 W 186th St Apt 2D</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10033-8514</b>
Principal Occupation <b>Psychologist</b>			Name of Employer <b>Teachers College, Columbia 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  <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 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>	

Last Name <b>De La Renta</b>		First <b>Anne</b>		MI <b>E</b>	Contribution ID # <b>0256</b>
Residential Street Address <b>359 Skiff Mountain Rd , PO Box 634</b>		City <b>Kent</b>		State <b>CT</b>	Zip Code <b>06757-1111</b>
Principal Occupation <b>Owner</b>			Name of Employer <b>Brook Hill Farm</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>\$375.00</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>03/24/2017</b>	
				Aggregate Contributions <b>\$375.00</b>	

Last Name <b>Cummings</b>		First <b>Morgan</b>		MI	Contribution ID # <b>0230</b>
Residential Street Address <b>26 Prospect St Apt 16</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-5863</b>
Principal Occupation <b>LCSW</b>			Name of Employer <b>Gilead Community 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 checked="" type="checkbox"/> No		Amount of Contribution  <b>\$10.00</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>03/24/2017</b>	
				Aggregate Contributions <b>\$10.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Dougherty</b>		First <b>Sarah</b>		MI	Contribution ID # <b>0297</b>
Residential Street Address <b>1210 N Taft St</b>		City <b>Arlington</b>		State <b>VA</b>	Zip Code <b>22201-2404</b>
Principal Occupation <b>lawyer</b>		Name of Employer <b>Physicians for Human Rights</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Cotto</b>		First <b>Diana</b>		MI	Contribution ID # <b>0212</b>
Residential Street Address <b>205 Lobdell Dr</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614-4019</b>
Principal Occupation <b>disabled</b>		Name of Employer <b>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>03/24/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Casperite</b>		First <b>Elizabeth</b>		MI	Contribution ID # <b>0161</b>
Residential Street Address <b>PO Box 515</b>		City <b>Uwchland</b>		State <b>PA</b>	Zip Code <b>19480-0515</b>
Principal Occupation <b>Homemaker</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Ferrara</b>		First <b>Danielle</b>		MI	Contribution ID # <b>0358</b>
Residential Street Address <b>5 Devlin Ave Apt 3</b>		City <b>North Attleboro</b>		State <b>MA</b>	Zip Code <b>02760-3105</b>
Principal Occupation <b>Preschool Teacher</b>		Name of Employer <b>The Childrens Village</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Fee		First Amanda		MI	Contribution ID # 0354
Residential Street Address 82 Plymouth Ln		City Manchester		State CT	Zip Code 06040-4404
Principal Occupation Nurse		Name of Employer Hartford 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 03/24/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Fee		First Brian		MI	Contribution ID # 0355
Residential Street Address 82 Plymouth Ln		City Manchester		State CT	Zip Code 06040-4404
Principal Occupation Firefighter		Name of Employer City of Norwich			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$5.00	\$5.00

Last Name Fusco		First Linda		MI	Contribution ID # 0395
Residential Street Address 10 Platt St		City Derby		State CT	Zip Code 06418-2509
Principal Occupation Part time Jewelry Sales		Name of Employer A. J. Klein Jewelers			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$10.00	\$10.00

Last Name Frisone		First Ryan		MI	Contribution ID # 0392
Residential Street Address 3511 Anchor Pl		City Oceanside		State NY	Zip Code 11572-4703
Principal Occupation Travel and tourism		Name of Employer Exclusive group travel			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$5.00	\$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Jamieson</b>		First <b>Jodi</b>		MI	Contribution ID # <b>0535</b>
Residential Street Address <b>32 McKenna Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4013</b>
Principal Occupation <b>disabled</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>03/24/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$5.00</b>

Last Name <b>Hebert</b>		First <b>Robert</b>		MI	Contribution ID # <b>0491</b>
Residential Street Address <b>1900 E Beverly Way Unit 317</b>		City <b>Long Beach</b>		State <b>CA</b>	Zip Code <b>90802-2064</b>
Principal Occupation <b>Writer</b>		Name of Employer <b>FannieCo</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Haulund</b>		First <b>Jens</b>		MI	Contribution ID # <b>0479</b>
Residential Street Address <b>35 Macmath Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-5541</b>
Principal Occupation <b>Architect</b>		Name of Employer <b>Virtusa</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Harris</b>		First <b>Michael</b>		MI	Contribution ID # <b>0473</b>
Residential Street Address <b>8 Elm St Apt 2</b>		City <b>Deep River</b>		State <b>CT</b>	Zip Code <b>06417-1706</b>
Principal Occupation <b>Energy Consultant</b>		Name of Employer <b>Harris Management 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 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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Kokoszka</b>		First <b>Paul</b>		MI	Contribution ID # <b>0575</b>
Residential Street Address <b>26 Nejako Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2044</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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>FAZZINO</b>		First <b>SALVATORE</b>		MI	Contribution ID # <b>0353</b>
Residential Street Address <b>858 Long Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5063</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>\$5.00</b>

Last Name <b>Duncan</b>		First <b>Aaron</b>		MI	Contribution ID # <b>0313</b>
Residential Street Address <b>275 Parker St</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06042-3636</b>
Principal Occupation <b>Mail service</b>		Name of Employer <b>United States Postal 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$15.00</b>	<b>\$15.00</b>

Last Name <b>DAntonio</b>		First <b>Jim</b>		MI	Contribution ID # <b>0246</b>
Residential Street Address <b>235 Tryon St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4551</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Browne</b>		First <b>Rosa</b>		MI	Contribution ID # <b>0118</b>
Residential Street Address <b>125 Barbara Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2401</b>
Principal Occupation <b>First Vice President</b>		Name of Employer <b>Middlesex NAACP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Tundermann</b>		First <b>Roberta</b>		MI	Contribution ID # <b>1099</b>
Residential Street Address <b>132 Margarite Road Ext</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5137</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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Lijoi</b>		First <b>Matthew</b>		MI	Contribution ID # <b>0636</b>
Residential Street Address <b>4400 E West Hwy Apt 623</b>		City <b>Bethesda</b>		State <b>MD</b>	Zip Code <b>20814-4507</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>The Potomac 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>03/25/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Mayville</b>		First <b>Luke</b>		MI	Contribution ID # <b>0698</b>
Residential Street Address <b>124 E 117th St Apt 6K</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10035-4649</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Columbia 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>03/26/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Pelletier		First Richard		MI	Contribution ID # 0856
Residential Street Address 25 Little River Ln		City Middletown		State CT	Zip Code 06457-6311
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 03/26/2017	Aggregate Contributions \$70.00	\$20.00

Last Name Shaw		First Carolyn		MI	Contribution ID # 1011
Residential Street Address 111 Bretton Rd		City Middletown		State CT	Zip Code 06457-4111
Principal Occupation retired		Name of Employer was Wesleyan University Admission Office			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$70.00	\$20.00

Last Name Bransfield		First James		MI	Contribution ID # 0110
Residential Street Address 176 Ridgefield Dr		City Middletown		State CT	Zip Code 06457-6543
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 03/26/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Dixon		First Christa		MI	Contribution ID # 0287
Residential Street Address 15 Bellevue Ter		City Cromwell		State CT	Zip Code 06416-2106
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 03/26/2017	Aggregate Contributions \$10.00	\$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Elder		First Alma		MI	Contribution ID # 0327
Residential Street Address 106 West St		City Middlefield		State CT	Zip Code 06455-1121
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 03/26/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Fraulino		First Matthew		MI	Contribution ID # 0384
Residential Street Address 207 George St Apt 417		City Middletown		State CT	Zip Code 06457-3599
Principal Occupation Assitant Director of Alumni Engagement		Name of Employer University Of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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

Last Name Goodman		First Marnie		MI	Contribution ID # 0429
Residential Street Address 5 Hazen Rd		City Haddam		State CT	Zip Code 06438-1030
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>03272017i</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 03/27/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Giordano		First Vincent		MI	Contribution ID # 0422
Residential Street Address 28 Fairview Ave		City Ridgefield		State CT	Zip Code 06877-4415
Principal Occupation Attorney		Name of Employer General 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 03/27/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Doweyko</b>		First <b>Rebekah</b>		MI <b>A</b>	Contribution ID # <b>0299</b>
Residential Street Address <b>15 Park Pl</b>		City <b>Durham</b>		State <b>CT</b>	Zip Code <b>06422-3413</b>
Principal Occupation <b>VP of Clinical Operation, CT</b>		Name of Employer <b>Walden Behavioral 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03272017i</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>03/27/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Dowley</b>		First <b>Marie</b>		MI <b>CT</b>	Contribution ID # <b>0300</b>
Residential Street Address <b>185 Old Mill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2419</b>
Principal Occupation <b>Billing Clerk</b>		Name of Employer <b>Law Offices of Michael Dowley</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>Farina</b>		First <b>Ron</b>		MI <b>A</b>	Contribution ID # <b>0350</b>
Residential Street Address <b>68 Bamforth Rd</b>		City <b>Vernon</b>		State <b>CT</b>	Zip Code <b>06066-5105</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>03/27/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Farina</b>		First <b>Dee</b>		MI <b>A</b>	Contribution ID # <b>0347</b>
Residential Street Address <b>68 Bamforth Rd</b>		City <b>Vernon</b>		State <b>CT</b>	Zip Code <b>06066-5105</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>03/27/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Epstein		First Charles		MI	Contribution ID # 0338
Residential Street Address 19 Crest Dr		City Cromwell		State CT	Zip Code 06416-2046
Principal Occupation Administration		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03272017i</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 03/27/2017	Aggregate Contributions \$100.00	\$50.00

Last Name Flaherty		First Scott		MI	Contribution ID # 0366
Residential Street Address 265 Chestnut Tree Hill Rd		City Oxford		State CT	Zip Code 06478-1447
Principal Occupation Bartender		Name of Employer Julio's Resturant			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 03/27/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Koutroumanis		First Elena		MI	Contribution ID # 0578
Residential Street Address 15 Rollin Rd		City Woodbridge		State CT	Zip Code 06525-1225
Principal Occupation Attorney		Name of Employer Shapiro Law Offices			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03272017i</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 03/27/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Krol		First Steven		MI J	Contribution ID # 0583
Residential Street Address 36 McDowell Rd		City Middletown		State CT	Zip Code 06457-5423
Principal Occupation Deputy Fire Cheif		Name of Employer South District Fire			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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 03/27/2017	Aggregate Contributions \$300.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Ives</b>		First <b>Roger</b>		MI	Contribution ID # <b>0531</b>
Residential Street Address <b>584 Thompsonville Rd</b>		City <b>Suffield</b>		State <b>CT</b>	Zip Code <b>06078-1318</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>\$45.00</b>	<b>\$25.00</b>

Last Name <b>Horne</b>		First <b>James</b>		MI <b>N</b>	Contribution ID # <b>0517</b>
Residential Street Address <b>190 Trolley Crossing Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5851</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>03272017i</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>03/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hunter</b>		First <b>Nancy</b>		MI	Contribution ID # <b>0522</b>
Residential Street Address <b>50 Copper Beech Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-6161</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Nancy Hunter Law - 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>03272017i</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>\$70.00</b>	<b>\$20.00</b>

Last Name <b>Hunter</b>		First <b>Steven</b>		MI	Contribution ID # <b>0523</b>
Residential Street Address <b>50 Copper Beech Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-6161</b>
Principal Occupation <b>Underwriter</b>		Name of Employer <b>Travelers 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>03272017i</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>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Hoey</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0511</b>
Residential Street Address <b>109 Brightwood Ave</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614-4111</b>
Principal Occupation <b>Market manager</b>			Name of Employer <b>AT&amp;T</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>\$20.00</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>03/27/2017</b>	
				Aggregate Contributions <b>\$20.00</b>	

Last Name <b>Hoggard</b>		First <b>Jay</b>		MI	Contribution ID # <b>0513</b>
Residential Street Address <b>73 Coles Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4169</b>
Principal Occupation <b>Music Professor</b>			Name of Employer <b>Wesleyan 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  <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 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>	

Last Name <b>D'Aquila</b>		First <b>Sally</b>		MI	Contribution ID # <b>0238</b>
Residential Street Address <b>43 Cricket Ct</b>		City <b>Old Saybrook</b>		State <b>CT</b>	Zip Code <b>06475-2405</b>
Principal Occupation <b>unemployed</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  <b>\$200.00</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>03/27/2017</b>	
				Aggregate Contributions <b>\$200.00</b>	

Last Name <b>Chafee</b>		First <b>Brandon</b>		MI	Contribution ID # <b>0168</b>
Residential Street Address <b>105 Reservoir Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4840</b>
Principal Occupation <b>Engineer</b>			Name of Employer <b>Eversource 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  <b>\$20.00</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>03272017i</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>03/27/2017</b>	
				Aggregate Contributions <b>\$40.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Crabtree</b>		First <b>Steven</b>		MI	Contribution ID # <b>0216</b>
Residential Street Address <b>855 Arbutus St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5180</b>
Principal Occupation <b>Partner / Financial Advisor</b>		Name of Employer <b>The River Suite Wealth 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03272017i</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>03/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Coleman</b>		First <b>Rachel</b>		MI	Contribution ID # <b>0191</b>
Residential Street Address <b>710 SE Essex Dr</b>		City <b>Port St Lucie</b>		State <b>FL</b>	Zip Code <b>34984-5217</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>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Coleman</b>		First <b>Robert</b>		MI <b>E</b>	Contribution ID # <b>0192</b>
Residential Street Address <b>710 SE Essex Dr</b>		City <b>Port St Lucie</b>		State <b>FL</b>	Zip Code <b>34984-5217</b>
Principal Occupation <b>Advisor to Company</b>		Name of Employer <b>Coleman Brothers Shows 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>03/27/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Basinger</b>		First <b>John</b>		MI	Contribution ID # <b>0070</b>
Residential Street Address <b>133 Lincoln St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2640</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>03272017i</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>\$255.00</b>	<b>\$50.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Barone</b>		First <b>Christopher</b>		MI	Contribution ID # <b>0055</b>
Residential Street Address <b>3 Berlin St</b>		City <b>Southington</b>		State <b>CT</b>	Zip Code <b>06489-3702</b>
Principal Occupation <b>Business Owner</b>		Name of Employer <b>Raceworks</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03272017i</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>03/27/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Shapiro</b>		First <b>Nancy</b>		MI	Contribution ID # <b>1007</b>
Residential Street Address <b>88 Oakcliff Rd</b>		City <b>Nelson</b>		State <b>NH</b>	Zip Code <b>03457</b>
Principal Occupation <b>Development</b>		Name of Employer <b>CRT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03272017i</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>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Shapiro</b>		First <b>David</b>		MI <b>S</b>	Contribution ID # <b>1001</b>
Residential Street Address <b>61 Ridgebrook Dr</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-3337</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>St. Francis Hosp</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03272017i</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>03/27/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Shapiro</b>		First <b>Jonathan</b>		MI	Contribution ID # <b>1005</b>
Residential Street Address <b>150 Monarca Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7114</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Shapiro Law Offices</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03272017i</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>\$150.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Shapiro</b>		First <b>Deborah</b>		MI <b>D</b>	Contribution ID # <b>1003</b>
Residential Street Address <b>55 Clover St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5218</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Shapiro Law Offices 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>03272017i</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>03/27/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>

Last Name <b>Salafia</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0954</b>
Residential Street Address <b>445 High St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2612</b>
Principal Occupation <b>Assistant Fire Marshal</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03272017i</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>\$75.00</b>	<b>\$50.00</b>

Last Name <b>Salamone</b>		First <b>Christine</b>		MI	Contribution ID # <b>0958</b>
Residential Street Address <b>323 Bartholomew Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4847</b>
Principal Occupation <b>Educator</b>		Name of Employer <b>Middletown 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03272017i</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>\$80.00</b>	<b>\$20.00</b>

Last Name <b>Santangelo</b>		First <b>Robert</b>		MI	Contribution ID # <b>0975</b>
Residential Street Address <b>11 Prospect St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2621</b>
Principal Occupation <b>Substance abuse counselor</b>		Name of Employer <b>DMHAS - 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>03272017i</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>03/27/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Russo		First Allison		MI	Contribution ID # 0939
Residential Street Address 20 Shunpike Rd		City Middletown		State CT	Zip Code 06457-5647
Principal Occupation Attorney		Name of Employer O'Connell Attmore and Morris			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03272017i</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 03/27/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Russo		First Gabriel		MI	Contribution ID # 0942
Residential Street Address 20 Shunpike Rd		City Middletown		State CT	Zip Code 06457-5647
Principal Occupation farmer		Name of Employer Forest City Farms			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03272017i</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 03/27/2017	Aggregate Contributions \$350.00	\$50.00

Last Name Raczka		First Katie		MI	Contribution ID # 0893
Residential Street Address 35 Markham St		City Middletown		State CT	Zip Code 06457-3527
Principal Occupation Instructor of Dental Assisting		Name of Employer Porter and Chester			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$15.00	\$15.00

Last Name Vargas		First Amado		MI	Contribution ID # 1109
Residential Street Address 26 Paley Farms Rd		City Portland		State CT	Zip Code 06480-1021
Principal Occupation Attorney		Name of Employer McHugh Chapman & Vargas 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03272017i</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 03/27/2017	Aggregate Contributions \$375.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Williams		First John		MI W	Contribution ID # 1142
Residential Street Address 136 Atkins St		City Middletown		State CT	Zip Code 06457-7515
Principal Occupation Teacher		Name of Employer Cheshire 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03272017i</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 03/27/2017	Aggregate Contributions \$375.00	\$125.00

Last Name Wisneski		First Kori		MI	Contribution ID # 1150
Residential Street Address 65 Sbona Dr		City Middletown		State CT	Zip Code 06457-1958
Principal Occupation Attorney		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03272017i</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 03/27/2017	Aggregate Contributions \$125.00	\$25.00

Last Name Strunk		First Kathleen		MI	Contribution ID # 1068
Residential Street Address 7 Thistle Down		City Cromwell		State CT	Zip Code 06416-2712
Principal Occupation Attorney		Name of Employer Strunk Dodge Aiken Zovas 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 03/27/2017	Aggregate Contributions \$150.00	\$150.00

Last Name Thornton		First Domenique		MI	Contribution ID # 1087
Residential Street Address 168 Timber Ridge Rd		City Middletown		State CT	Zip Code 06457-1538
Principal Occupation Attorney		Name of Employer State of CT Dept. of Labor			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03272017i</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 03/27/2017	Aggregate Contributions \$200.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Papagoda</b>		First <b>Denise</b>		MI <b>M</b>	Contribution ID # <b>0834</b>
Residential Street Address <b>6-6 Countryside Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5550</b>
Principal Occupation <b>Nurse</b>		Name of Employer <b>Vista Hospice 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03272017i</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>03/27/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Nagle</b>		First <b>Mary Ellen</b>		MI <b>CT</b>	Contribution ID # <b>0775</b>
Residential Street Address <b>522 Town Colony Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5910</b>
Principal Occupation <b>Software Engineer</b>		Name of Employer <b>PPI Benefit 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03272017i</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>03/27/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Marino</b>		First <b>Joseph</b>		MI <b>CT</b>	Contribution ID # <b>0690</b>
Residential Street Address <b>38 Ash Ct</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-6128</b>
Principal Occupation <b>Probate Judge</b>		Name of Employer <b>Middletown Probate District</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03272017i</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>03/27/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$50.00</b>

Last Name <b>McLaughlin</b>		First <b>Shawn</b>		MI <b>CT</b>	Contribution ID # <b>0723</b>
Residential Street Address <b>45 Sandy Ln</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450-7023</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Tasa Automotive</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03272017i</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>03/27/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Mazzotta</b>		First <b>Carmelo</b>		MI	Contribution ID # <b>0699</b>
Residential Street Address <b>701 Pine St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4176</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>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Kuhn</b>		First <b>Michael</b>		MI	Contribution ID # <b>0591</b>
Residential Street Address <b>4 Olcott Way</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-1600</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>Orthopedic Associates of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03282017i</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>03/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Lawson</b>		First <b>Nicole</b>		MI	Contribution ID # <b>0611</b>
Residential Street Address <b>8 Puritan Dr</b>		City <b>Bloomfield</b>		State <b>CT</b>	Zip Code <b>06002-2309</b>
Principal Occupation <b>Quality 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>03/28/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Lazarus</b>		First <b>Dawn</b>		MI	Contribution ID # <b>0613</b>
Residential Street Address <b>10 Briarwood Dr</b>		City <b>Simsbury</b>		State <b>CT</b>	Zip Code <b>06070-1104</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Jumoke</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Mueller</b>		First <b>Frederick</b>		MI	Contribution ID # <b>0768</b>
Residential Street Address <b>1 Blackhaw Dr</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-1202</b>
Principal Occupation <b>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>03/28/2017</b>	Aggregate Contributions <b>\$120.00</b>	<b>\$100.00</b>

Last Name <b>Naujoks</b>		First <b>Ryan</b>		MI <b>A</b>	Contribution ID # <b>0780</b>
Residential Street Address <b>5 Trumbull Ln</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-3061</b>
Principal Occupation <b>Orthopedic Surgeon</b>		Name of Employer <b>Orthopedic Associates of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03282017i</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>03/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Neal</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0781</b>
Residential Street Address <b>15 Hickory Hill Dr</b>		City <b>Chester</b>		State <b>CT</b>	Zip Code <b>06412-1317</b>
Principal Occupation <b>Administrator</b>		Name of Employer <b>Orthopedic Associates of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03282017i</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>03/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Miner</b>		First <b>David</b>		MI	Contribution ID # <b>0745</b>
Residential Street Address <b>857 Haddam Quarter Rd</b>		City <b>Durham</b>		State <b>CT</b>	Zip Code <b>06422-1806</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>Miner M.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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03282017i</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>03/28/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Oliveira</b>		First <b>Judson</b>		MI	Contribution ID # <b>0812</b>
Residential Street Address <b>55 Botsford Ave</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460-5804</b>
Principal Occupation <b>Pastor</b>		Name of Employer <b>Bethel Ministry</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Opalacz</b>		First <b>Stanislaus</b>		MI	Contribution ID # <b>0818</b>
Residential Street Address <b>108 Old Farms W</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7501</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>middlesex gastroenterology 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 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>\$200.00</b>	<b>\$200.00</b>

Last Name <b>South</b>		First <b>Hamilton</b>		MI <b>D</b>	Contribution ID # <b>1045</b>
Residential Street Address <b>211 Whitcomb Hill Rd</b>		City <b>Cornwall Bridge</b>		State <b>CT</b>	Zip Code <b>06754-1238</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>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Printy</b>		First <b>David</b>		MI	Contribution ID # <b>0882</b>
Residential Street Address <b>8 Days Cove Ln</b>		City <b>Damariscotta</b>		State <b>ME</b>	Zip Code <b>04543-4068</b>
Principal Occupation <b>Management Healthcare</b>		Name of Employer <b>Medical Professional 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 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>03282017i</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>03/28/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Reardon</b>		First <b>Terry</b>		MI <b>F</b>	Contribution ID # <b>0901</b>
Residential Street Address <b>105 Liberty St</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443-3200</b>
Principal Occupation <b>Orthopedic Surgeon</b>		Name of Employer <b>Orthopedic Associates of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03282017i</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>03/28/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Roegiers</b>		First <b>Maryanne</b>		MI <b>R</b>	Contribution ID # <b>0923</b>
Residential Street Address <b>43 Burcam Dr</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443-2223</b>
Principal Occupation <b>Anesthesiologist</b>		Name of Employer <b>Orthopedic Associates of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03282017i</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>03/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Borkowski</b>		First <b>John</b>		MI	Contribution ID # <b>0102</b>
Residential Street Address <b>349 Walkley Hill Rd</b>		City <b>Haddam</b>		State <b>CT</b>	Zip Code <b>06438-1017</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>Borkowski, M.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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03282017i</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>03/28/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Beauchemin</b>		First <b>Christopher</b>		MI	Contribution ID # <b>0075</b>
Residential Street Address <b>12294 NE 48th Way</b>		City <b>Oxford</b>		State <b>FL</b>	Zip Code <b>34484-9607</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$15.00</b>	<b>\$10.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Darling		First Joan		MI	Contribution ID # 0247
Residential Street Address 3 Grouse Ct		City Killingworth		State CT	Zip Code 06419-2341
Principal Occupation RN		Name of Employer MCAOS			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03282017j</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 03/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Grohs		First Christopher		MI	Contribution ID # 0452
Residential Street Address 38 Edgewood St		City Stafford Springs		State CT	Zip Code 06076-1210
Principal Occupation Pipefitter		Name of Employer Durr Mechanical			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$10.00	\$10.00

Last Name Kokoszka		First Ann		MI	Contribution ID # 0573
Residential Street Address 26 Nejako Dr		City Middletown		State CT	Zip Code 06457-2044
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 03/28/2017	Aggregate Contributions \$25.00	\$20.00

Last Name Good		First Michael		MI	Contribution ID # 0426
Residential Street Address 375 Haddam Quarter Rd		City Durham		State CT	Zip Code 06422-1708
Principal Occupation Physician		Name of Employer Pro Health 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03282017j</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 03/28/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Geist</b>		First <b>Robert</b>		MI	Contribution ID # <b>0411</b>
Residential Street Address <b>142 Old Chester Rd</b>		City <b>Haddam</b>		State <b>CT</b>	Zip Code <b>06438-1337</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>Orthopedic Associates of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03282017i</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>03/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Goodsnyder</b>		First <b>Ruth</b>		MI	Contribution ID # <b>0430</b>
Residential Street Address <b>14 Mountain Laurel Ln</b>		City <b>Sandy Hook</b>		State <b>CT</b>	Zip Code <b>06482-1529</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>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Grant</b>		First <b>Pamela</b>		MI	Contribution ID # <b>0442</b>
Residential Street Address <b>8 Sonoma Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2077</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>\$50.00</b>

Last Name <b>Fil</b>		First <b>Paul</b>		MI	Contribution ID # <b>0361</b>
Residential Street Address <b>20 Beverly Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06119-1710</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>Self Employed - Paul Fil</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Drew		First Ruth		MI	Contribution ID # 0308
Residential Street Address 23 Fox Run		City New Milford		State CT	Zip Code 06776-3210
Principal Occupation Director		Name of Employer KinderCare 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 03/29/2017	Aggregate Contributions \$375.00	\$75.00

Last Name Krom		First Ronald		MI R	Contribution ID # 0585
Residential Street Address 23 Mazzotta Pl		City Middletown		State CT	Zip Code 06457-2616
Principal Occupation Executive Director		Name of Employer St. Vincent de Paul Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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

Last Name Krumbie		First Cheryl		MI	Contribution ID # 0588
Residential Street Address B10 Scotty Hollow Dr		City North Chelmsford		State MA	Zip Code 01863-1222
Principal Occupation sales		Name of Employer Toronto			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/29/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Gregg		First Andrew		MI	Contribution ID # 0449
Residential Street Address 151 Crown Street Ext		City Meriden		State CT	Zip Code 06450-7713
Principal Occupation Training Specialist		Name of Employer Faneuil 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 03/29/2017	Aggregate Contributions \$150.00	\$50.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Hilton		First Ruthner		MI	Contribution ID # 0510
Residential Street Address 28 Cooley Ave		City Middletown		State CT	Zip Code 06457-3842
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 checked="" type="checkbox"/> Cash <input 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

Last Name Healy		First Pamela		MI	Contribution ID # 0490
Residential Street Address 40 Foxwood Cir		City Mount Kisco		State NY	Zip Code 10549-1129
Principal Occupation IT Security		Name of Employer IBM			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/29/2017	Aggregate Contributions \$150.00	\$50.00

Last Name Harriott		First Sasa		MI	Contribution ID # 0470
Residential Street Address 411 Pond Bridge Rd		City Windsor		State CT	Zip Code 06095-4760
Principal Occupation Nurse		Name of Employer Harriott home health			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/29/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Corvo		First Andrew		MI	Contribution ID # 0207
Residential Street Address 15 Vale St		City Middletown		State CT	Zip Code 06457-5334
Principal Occupation Business Owner		Name of Employer Cent Conn Maintenance			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/29/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Donadio		First Lori		MI	Contribution ID # 0293
Residential Street Address 42 Bow Ln		City Middletown		State CT	Zip Code 06457-4734
Principal Occupation Architect		Name of Employer Oak Pane Architects West Hartford			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/29/2017	Aggregate Contributions \$55.00	\$5.00

Last Name Bettencourt		First Lucy		MI	Contribution ID # 0084
Residential Street Address 330 Butternut St Apt 301		City Middletown		State CT	Zip Code 06457-3059
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 03/29/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Sanders		First Helen		MI	Contribution ID # 0968
Residential Street Address 705 Palmer Ct		City Mamaroneck		State NY	Zip Code 10543-2417
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 03/29/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Smith		First Martin		MI	Contribution ID # 1038
Residential Street Address 86 Strickland Rd		City Middlefield		State CT	Zip Code 06455-1225
Principal Occupation Developer		Name of Employer Waterhouse Development			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/29/2017	Aggregate Contributions \$350.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Tinker		First Elizabeth		MI	Contribution ID # 1090
Residential Street Address 62 Berkeley Rd		City Middletown		State CT	Zip Code 06457-4107
Principal Occupation Administrative Assistant		Name of Employer Wesleyan 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 03/29/2017	Aggregate Contributions \$50.00	\$25.00

Last Name Szilagyi		First Jillian		MI	Contribution ID # 1079
Residential Street Address 297 Carriage Crossing Ln		City Middletown		State CT	Zip Code 06457-5866
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	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/29/2017	Aggregate Contributions \$105.00	\$100.00

Last Name Palmer		First Kenneth		MI	Contribution ID # 0829
Residential Street Address 110 Brookline Ave		City Bloomfield		State CT	Zip Code 06002-3606
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 03/29/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Palmer		First Pearl		MI	Contribution ID # 0830
Residential Street Address 110 Brookline Ave		City Bloomfield		State CT	Zip Code 06002-3606
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 03/29/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Palmer</b>		First <b>Richard</b>		MI	Contribution ID # <b>0831</b>
Residential Street Address <b>110 Brookline Ave</b>		City <b>Bloomfield</b>		State <b>CT</b>	Zip Code <b>06002-3606</b>
Principal Occupation <b>Inspector</b>		Name of Employer <b>Ethosenergy</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Pieper</b>		First <b>John</b>		MI	Contribution ID # <b>0867</b>
Residential Street Address <b>143 Acorn Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-6125</b>
Principal Occupation <b>Purchasing Agent</b>		Name of Employer <b>City of New Britain</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported 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>\$50.00</b>	<b>\$25.00</b>

Last Name <b>Morey</b>		First <b>Kathleen</b>		MI	Contribution ID # <b>0751</b>
Residential Street Address <b>7 Friendly Way</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-2622</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>Mangiacopra</b>		First <b>Vincent</b>		MI	Contribution ID # <b>0673</b>
Residential Street Address <b>8 Thistle</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06851</b>
Principal Occupation <b>National Manager of Community Outreach</b>		Name of Employer <b>Center for Vein Restoration</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$150.00</b>	<b>\$50.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name McCormack		First Ann		MI	Contribution ID # 0708
Residential Street Address 218 Tryon St		City Middletown		State CT	Zip Code 06457-4536
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 03/29/2017	Aggregate Contributions \$85.00	\$50.00

Last Name McDuell		First Stephen		MI	Contribution ID # 0716
Residential Street Address 28 Grove Hill Rd		City Middletown		State CT	Zip Code 06457-1728
Principal Occupation Firefighter		Name of Employer State of Connecticut (Ct Airport Authority)			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$85.00	\$15.00

Last Name McCauley		First Shawn		MI M	Contribution ID # 0704
Residential Street Address 16 Saw Mill Rd		City Burlington		State CT	Zip Code 06013-1611
Principal Occupation Iron Worker		Name of Employer Iron Workers Local 15			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03302017k</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 03/30/2017	Aggregate Contributions \$100.00	\$50.00

Last Name Meyers		First Arthur Solomon		MI	Contribution ID # 0735
Residential Street Address 854 Long Hill Rd		City Middletown		State CT	Zip Code 06457-5063
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 \$50.00	\$50.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Marafino</b>		First <b>Bette</b>		MI	Contribution ID # <b>0680</b>
Residential Street Address <b>982 N Main St</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117-2054</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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Manners</b>		First <b>Michael</b>		MI	Contribution ID # <b>0677</b>
Residential Street Address <b>53 Spencer Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3537</b>
Principal Occupation <b>IT</b>		Name of Employer <b>City of Bristol</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$255.00</b>	<b>\$5.00</b>

Last Name <b>Manfield</b>		First <b>Robert</b>		MI	Contribution ID # <b>0671</b>
Residential Street Address <b>920 Sherman Ave</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06514-1148</b>
Principal Occupation <b>Vice President</b>		Name of Employer <b>Utility Communications</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input checked="" type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$125.00</b>	<b>\$25.00</b>

Last Name <b>Marquis</b>		First <b>Heather</b>		MI	Contribution ID # <b>0694</b>
Residential Street Address <b>1 Crystal Ridge Dr</b>		City <b>Ellington</b>		State <b>CT</b>	Zip Code <b>06029-3050</b>
Principal Occupation <b>Director of Non-Profit programs</b>		Name of Employer <b>Goodwill 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Marashlian</b>		First <b>Janette</b>		MI	Contribution ID # <b>0685</b>
Residential Street Address <b>309B Heritage Vlg</b>		City <b>Southbury</b>		State <b>CT</b>	Zip Code <b>06488-3737</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>\$60.00</b>	<b>\$15.00</b>

Last Name <b>Lebel</b>		First <b>Edwin</b>		MI <b>F</b>	Contribution ID # <b>0615</b>
Residential Street Address <b>10 Strnad Rd</b>		City <b>Lisbon</b>		State <b>CT</b>	Zip Code <b>06351-3029</b>
Principal Occupation <b>Retired Master Carpenter</b>		Name of Employer <b>Local 24 Carpenters</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03302017k</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>03/30/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Lebel</b>		First <b>Jason</b>		MI <b>E</b>	Contribution ID # <b>0616</b>
Residential Street Address <b>113 Ross Hill Rd</b>		City <b>Lisbon</b>		State <b>CT</b>	Zip Code <b>06351-2823</b>
Principal Occupation <b>Union Carpenter</b>		Name of Employer <b>NERCC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03302017k</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>03/30/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Lebel</b>		First <b>Justin</b>		MI <b>A</b>	Contribution ID # <b>0617</b>
Residential Street Address <b>10 Strnad Rd</b>		City <b>Lisbon</b>		State <b>CT</b>	Zip Code <b>06351-3029</b>
Principal Occupation <b>Warehouse Manager</b>		Name of Employer <b>Viking Plumbing Supply</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03302017k</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>03/30/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Lebel</b>		First <b>Venus</b>		MI	Contribution ID # <b>0618</b>
Residential Street Address <b>113 Ross Hill Rd</b>		City <b>Lisbon</b>		State <b>CT</b>	Zip Code <b>06351-2823</b>
Principal Occupation <b>Patient Care Technician</b>		Name of Employer <b>Hartford 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03302017k</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>03/30/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Luckenbach</b>		First <b>J K</b>		MI	Contribution ID # <b>0648</b>
Residential Street Address <b>21 Tibbals Bridge Rd</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443-1636</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 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>\$75.00</b>	<b>\$25.00</b>

Last Name <b>Monarca</b>		First <b>Ottavio</b>		MI	Contribution ID # <b>0749</b>
Residential Street Address <b>662 Newfield St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1820</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>03/30/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$50.00</b>

Last Name <b>Meinweiser</b>		First <b>Merritt</b>		MI <b>K</b>	Contribution ID # <b>0730</b>
Residential Street Address <b>19 Spaulding Cir</b>		City <b>East Hartford</b>		State <b>CT</b>	Zip Code <b>06118-2745</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>03302017k</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>\$10.00</b>	<b>\$10.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Nocera</b>		First <b>Eugene</b>		MI	Contribution ID # <b>0794</b>
Residential Street Address <b>64 Reservoir Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4819</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>University of St. Josephs</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03302017k</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>\$200.00</b>	<b>\$50.00</b>

Last Name <b>PEREZ-GIRONES</b>		First <b>ANA</b>		MI	Contribution ID # <b>0858</b>
Residential Street Address <b>423 Coleman Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-6116</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>WESLEYAN 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>03/30/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Pagan</b>		First <b>Ernest</b>		MI	Contribution ID # <b>0826</b>
Residential Street Address <b>135 Lowin Ave</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06515-2319</b>
Principal Occupation <b>Carpenter</b>		Name of Employer <b>NERCC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03302017k</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>03/30/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>O'Neil</b>		First <b>John</b>		MI	Contribution ID # <b>0808</b>
Residential Street Address <b>1450 Millbrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5538</b>
Principal Occupation <b>Carpenter</b>		Name of Employer <b>CT Carpenters Local 24</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03302017k</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>03/30/2017</b>	Aggregate Contributions <b>\$70.00</b>	<b>\$20.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name O'Brien	First Robert	MI C	Contribution ID # 0804
Residential Street Address 595 High St	City Middletown	State CT	Zip Code 06457-2248
Principal Occupation Union Carpenter Local 24	Name of Employer Local 24		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 # <u>03302017k</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 03/30/2017	Aggregate Contributions \$5.00
			\$5.00

Last Name Stoffa	First Lindsey	MI	Contribution ID # 1064
Residential Street Address 7 Linden Tree Rd	City New Milford	State CT	Zip Code 06776-3056
Principal Occupation Teacher	Name of Employer Danbury 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	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$125.00
			\$25.00

Last Name Silva	First Bruce	MI A	Contribution ID # 1025
Residential Street Address 716 East St S	City Suffield	State CT	Zip Code 06078-2428
Principal Occupation Electrician	Name of Employer IBEW LOCAL 35		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 # <u>03302017k</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 03/30/2017	Aggregate Contributions \$100.00
			\$50.00

Last Name Simoes	First Jaymie	MI	Contribution ID # 1026
Residential Street Address 123 Margarite Rd	City Middletown	State CT	Zip Code 06457-5419
Principal Occupation Research	Name of Employer Center for Outcomes Research and Evaluation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 03/30/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Singarella</b>		First <b>Sabrina</b>		MI	Contribution ID # <b>1027</b>
Residential Street Address <b>16 Red Clover Cir</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4940</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>03302017k</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>03/30/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Theroux</b>		First <b>Miriam</b>		MI	Contribution ID # <b>1085</b>
Residential Street Address <b>449 Trinity Rdg</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-1050</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>DEEP PURA</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Turner</b>		First <b>Maria</b>		MI	Contribution ID # <b>1100</b>
Residential Street Address <b>859 Westfield St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1978</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>City of New Britain</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$200.00</b>

Last Name <b>Turner</b>		First <b>Michael</b>		MI <b>J</b>	Contribution ID # <b>1102</b>
Residential Street Address <b>859 Westfield St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1978</b>
Principal Occupation <b>General Contractor</b>		Name of Employer <b>M.J. Turner Exteriors 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>\$300.00</b>	<b>\$200.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Trevisan</b>		First <b>Michael</b>		MI	Contribution ID # <b>1095</b>
Residential Street Address <b>57 Plumb Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1920</b>
Principal Occupation <b>Chief meter technician</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Santangelo</b>		First <b>Elizabeth</b>		MI	Contribution ID # <b>0972</b>
Residential Street Address <b>11 Prospect St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2621</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>03/30/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$50.00</b>

Last Name <b>Seavy</b>		First <b>Charmaine</b>		MI	Contribution ID # <b>0997</b>
Residential Street Address <b>18 Quarry Rd</b>		City <b>Simsbury</b>		State <b>CT</b>	Zip Code <b>06070-1811</b>
Principal Occupation <b>Advertising/Marketing</b>		Name of Employer <b>CV Media, 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>03/30/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Robinson</b>		First <b>Shawn</b>		MI	Contribution ID # <b>0920</b>
Residential Street Address <b>10 Burr Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3708</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Apex Lighting 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>03/30/2017</b>	Aggregate Contributions <b>\$125.00</b>	<b>\$25.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name Porrata Elstein		First Carol		MI	Contribution ID # 0876
Residential Street Address 90 Driftwood Ln		City Trumbull		State CT	Zip Code 06611-1861
Principal Occupation Proposal Writer		Name of Employer RA CE Coastal Engineering, 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 \$5.00	\$5.00

Last Name Brady		First Will		MI	Contribution ID # 0108
Residential Street Address 4 Landing Hill Rd		City East Haddam		State CT	Zip Code 06423-1313
Principal Occupation Patient Advocate		Name of Employer Connecticut Valley Hospital			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 Bonin		First Russell		MI	Contribution ID # 0099
Residential Street Address 6 Brentwood Ct		City Middletown		State CT	Zip Code 06457-7908
Principal Occupation Attorney		Name of Employer Berdon, Young & Margolis			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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	\$25.00

Last Name Blasig		First Paul		MI	Contribution ID # 0095
Residential Street Address 593 Granville Rd		City East Hartland		State CT	Zip Code 06027-1116
Principal Occupation Electrician		Name of Employer Emcor			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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	\$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Buhler</b>		First <b>William</b>		MI	Contribution ID # <b>0131</b>
Residential Street Address <b>8 Winchester Way</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-2636</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>\$25.00</b>

Last Name <b>Caffrey</b>		First <b>Karen</b>		MI	Contribution ID # <b>0143</b>
Residential Street Address <b>30 Jenny Clfs</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-6825</b>
Principal Occupation <b>Psychotherapist</b>		Name of Employer <b>Karen Caffrey - Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Bushnell</b>		First <b>Allan</b>		MI	Contribution ID # <b>0139</b>
Residential Street Address <b>100 Sachem Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1712</b>
Principal Occupation <b>Carpenter</b>		Name of Employer <b>Carpenters Local 24</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03302017k</u></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>03/30/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Burlette</b>		First <b>Marie</b>		MI	Contribution ID # <b>0135</b>
Residential Street Address <b>85 Oakcliff Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5614</b>
Principal Occupation <b>RN</b>		Name of Employer <b>State of Connecticut Department of Public 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>03/30/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$5.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bartucca</b>		First <b>Gregory</b>		MI	Contribution ID # <b>0066</b>
Residential Street Address <b>63 Grove St Unit 2</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2220</b>
Principal Occupation <b>Parts handler</b>		Name of Employer <b>HOpenn</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$55.00</b>	<b>\$15.00</b>

Last Name <b>Baio</b>		First <b>Claudia</b>		MI	Contribution ID # <b>0042</b>
Residential Street Address <b>10 Ten Rod Hwy</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-2803</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Howard Kohn Sprague &amp; FitzGerald</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Adelstein</b>		First <b>Richard</b>		MI	Contribution ID # <b>0007</b>
Residential Street Address <b>106 Highland Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4123</b>
Principal Occupation <b>University Professor</b>		Name of Employer <b>Wesleyan 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>03/30/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$150.00</b>

Last Name <b>Abbey</b>		First <b>Jill</b>		MI	Contribution ID # <b>0001</b>
Residential Street Address <b>112 Jacobs Ter</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4129</b>
Principal Occupation <b>Student</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>03/30/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name DeLibero		First Geraldine		MI	Contribution ID # 0265
Residential Street Address 432 Asbury Ridge Rd		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 03/30/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Denning		First James		MI J	Contribution ID # 0273
Residential Street Address 847 Farmington Ave		City Berlin		State CT	Zip Code 06037-2216
Principal Occupation Ironworker		Name of Employer Berlin Steel Construction Co			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03302017k</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 03/30/2017	Aggregate Contributions \$60.00	\$60.00

Last Name Dieleman		First Zachary		MI	Contribution ID # 0281
Residential Street Address 158 Forest St Apt 906		City Manchester		State CT	Zip Code 06040-5968
Principal Occupation Manager		Name of Employer Amazon			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 Cutler		First Charles		MI L	Contribution ID # 0235
Residential Street Address 40 McKenna Dr		City Middletown		State CT	Zip Code 06457-4013
Principal Occupation Union Carpenter		Name of Employer Partitions 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>03302017k</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 03/30/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name D'Auria		First Cyril		MI	Contribution ID # 0240
Residential Street Address 17 McDivitt Dr		City Manchester		State CT	Zip Code 06042-2239
Principal Occupation Lead Bail Commissioner		Name of Employer State of CT, Judicial Branch			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 Dagostine		First Louis		MI	Contribution ID # 0241
Residential Street Address 14 Greenfield Dr		City Shelton		State CT	Zip Code 06484-5736
Principal Occupation Attorney		Name of Employer Ciulla & Donofrio			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$5.00	\$5.00

Last Name Decrosta		First Vincent		MI J	Contribution ID # 0259
Residential Street Address 151 Skyview Dr		City Cromwell		State CT	Zip Code 06416-1879
Principal Occupation Field Rep		Name of Employer Liuna			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03302017k</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 03/30/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Deiter-sands		First Pam		MI	Contribution ID # 0263
Residential Street Address 116 Schuyler Ave		City Middletown		State CT	Zip Code 06457-4300
Principal Occupation Psychologist		Name of Employer Adult and adolescent psychological 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	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$15.00	\$15.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Corbett		First Jess		MI	Contribution ID # 0205
Residential Street Address 359 Norton St		City New Haven		State CT	Zip Code 06511-7115
Principal Occupation Organizer		Name of Employer Unite Here			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03302017k</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 03/30/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Casey		First Lorelei		MI	Contribution ID # 0159
Residential Street Address 1725 Randolph Rd		City Middletown		State CT	Zip Code 06457-4041
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 \$15.00	\$15.00

Last Name Cardillo		First Angela		MI	Contribution ID # 0152
Residential Street Address 109 Scenic View Dr		City Middletown		State CT	Zip Code 06457-4981
Principal Occupation Teacher		Name of Employer New Britain 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$10.00	\$10.00

Last Name Cardona		First Ana		MI	Contribution ID # 0153
Residential Street Address 44 Brittany Farms Rd Apt K-207		City New Britain		State CT	Zip Code 06053-1264
Principal Occupation Carpenter		Name of Employer Barton Marlow			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03302017k</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 03/30/2017	Aggregate Contributions \$150.00	\$150.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Ciambriello</b>		First <b>Kari</b>		MI	Contribution ID # <b>0179</b>
Residential Street Address <b>325 Fountain St Apt 2A</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06515-2605</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Precision Sensors Div</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Hayden</b>		First <b>Edward</b>		MI <b>M</b>	Contribution ID # <b>0486</b>
Residential Street Address <b>795F Long Hill Rd # F</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5013</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>\$175.00</b>	<b>\$25.00</b>

Last Name <b>Hellmann</b>		First <b>Alexander</b>		MI	Contribution ID # <b>0500</b>
Residential Street Address <b>13 Ridgecrest Rd</b>		City <b>Danbury</b>		State <b>CT</b>	Zip Code <b>06811-3606</b>
Principal Occupation <b>Designer</b>		Name of Employer <b>AECOM</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$10.00</b>

Last Name <b>Krol</b>		First <b>Steven</b>		MI <b>J</b>	Contribution ID # <b>0584</b>
Residential Street Address <b>36 McDowell Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5423</b>
Principal Occupation <b>Deputy Fire Cheif</b>		Name of Employer <b>South District Fire</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$375.00</b>	<b>\$75.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Kmetz</b>		First <b>Marilyn</b>		MI	Contribution ID # <b>0571</b>
Residential Street Address <b>160 Poplar Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7931</b>
Principal Occupation <b>CT Superintendent</b>		Name of Employer <b>CT Carpenters Local 24</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03302017k</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>Johnson</b>		First <b>Heidi</b>		MI	Contribution ID # <b>0537</b>
Residential Street Address <b>316 Main St</b>		City <b>Durham</b>		State <b>CT</b>	Zip Code <b>06422-1634</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Social security administration.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Durso</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0318</b>
Residential Street Address <b>44 Nanel Dr Apt C</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-2259</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>03302017k</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>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Fernandes</b>		First <b>John</b>		MI	Contribution ID # <b>0357</b>
Residential Street Address <b>37 Scovil Road Ext</b>		City <b>Higganum</b>		State <b>CT</b>	Zip Code <b>06441-4270</b>
Principal Occupation <b>Business Manager</b>		Name of Employer <b>IBEW L.U. 457</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>



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

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

**B. Itemized Contributions from Individuals**

Last Name Flagg		First Julie		MI S	Contribution ID # 0365
Residential Street Address 49 Crescent St		City Middletown		State CT	Zip Code 06457-3601
Principal Occupation M.D.		Name of Employer Crescent Street OBG			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03282017j</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 03/30/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Goodstein		First Gregory		MI	Contribution ID # 0431
Residential Street Address 129 Arundel Ave		City West Hartford		State CT	Zip Code 06107-1707
Principal Occupation Attorney		Name of Employer Law Offices of Greg Goodstein			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 Goz		First Deborah		MI	Contribution ID # 0436
Residential Street Address 300 Church Hill Rd		City Woodbury		State CT	Zip Code 06798-1721
Principal Occupation Nurse		Name of Employer Lutheran Home of Southbury			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$10.00	\$10.00

Last Name Grabowski		First Thaddeus		MI W	Contribution ID # 0437
Residential Street Address 34 Springside Ave		City East Hartford		State CT	Zip Code 06108-1658
Principal Occupation Union		Name of Employer LIUNA			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03302017k</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 03/30/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Graham</b>		First <b>Megan</b>		MI	Contribution ID # <b>0438</b>
Residential Street Address <b>21 Saratoga Way</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450-4904</b>
Principal Occupation <b>Social worker</b>		Name of Employer <b>Public defenders 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Freedman</b>		First <b>Elizabeth</b>		MI	Contribution ID # <b>0388</b>
Residential Street Address <b>134 Clifton Ave</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-1720</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>EGFP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Florsheim</b>		First <b>Thomas</b>		MI	Contribution ID # <b>0375</b>
Residential Street Address <b>10252 N Range Line Rd</b>		City <b>Mequon</b>		State <b>WI</b>	Zip Code <b>53092-5437</b>
Principal Occupation <b>exec</b>		Name of Employer <b>Weyco 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>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Garrity</b>		First <b>Frederick</b>		MI <b>T</b>	Contribution ID # <b>0407</b>
Residential Street Address <b>14 Lull Water Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-2317</b>
Principal Occupation <b>Director of Ops</b>		Name of Employer <b>Ruane 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		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>03312017</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>03/31/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Giordano</b>		First <b>Cheney</b>		MI	Contribution ID # <b>0420</b>
Residential Street Address <b>472 Ocean Ave Apt 1</b>		City <b>New London</b>		State <b>CT</b>	Zip Code <b>06320-4520</b>
Principal Occupation <b>LuLaRoe Consultant</b>		Name of Employer <b>Self - Cheney Giordano</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Fargeorge</b>		First <b>Maria</b>		MI	Contribution ID # <b>0346</b>
Residential Street Address <b>228 Front St</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06513-3204</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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Earehart</b>		First <b>Dale</b>		MI	Contribution ID # <b>0324</b>
Residential Street Address <b>1320 Aspen Glen Dr</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06518-5320</b>
Principal Occupation <b>Union ironworker</b>		Name of Employer <b>Not Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>English</b>		First <b>Kristin</b>		MI	Contribution ID # <b>0336</b>
Residential Street Address <b>135 Placid Ave</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06615-6651</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Newtown 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>\$150.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Elstein		First Bruce		MI	Contribution ID # 0330
Residential Street Address 90 Driftwood Ln		City Trumbull		State CT	Zip Code 06611-1861
Principal Occupation Lawyer		Name of Employer Goldman Gruder and Woods			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 Elstein		First Julia		MI	Contribution ID # 0331
Residential Street Address 90 Driftwood Ln		City Trumbull		State CT	Zip Code 06611-1861
Principal Occupation College 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 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 Juliano		First Chris		MI	Contribution ID # 0542
Residential Street Address 28 Cambridge Ct		City Middletown		State CT	Zip Code 06457-1900
Principal Occupation RN		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 03/31/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Katske		First Cynthia		MI C	Contribution ID # 0554
Residential Street Address 129 Meadowview Dr		City Trumbull		State CT	Zip Code 06611-1925
Principal Occupation Legal Editor		Name of Employer Cynthia C Katske			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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>03312017I</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 03/31/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Kelly</b>		First <b>Marcia</b>		MI	Contribution ID # <b>0556</b>
Residential Street Address <b>28 Plumb Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-4133</b>
Principal Occupation <b>Parish Manager</b>			Name of Employer <b>St. James 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  <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>03312017</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>	

Last Name <b>Heede</b>		First <b>Conrad</b>		MI	Contribution ID # <b>0492</b>
Residential Street Address <b>58 Mirra Dr</b>		City <b>Groton</b>		State <b>CT</b>	Zip Code <b>06340-4445</b>
Principal Occupation <b>Hotel Management</b>			Name of Employer <b>Hersha Hospitality</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>03/31/2017</b>	
				Aggregate Contributions <b>\$25.00</b>	

Last Name <b>Harrity</b>		First <b>John</b>		MI <b>W</b>	Contribution ID # <b>0474</b>
Residential Street Address <b>12 Mountain Rd</b>		City <b>East Hartland</b>		State <b>CT</b>	Zip Code <b>06027-1511</b>
Principal Occupation <b>Union representative</b>			Name of Employer <b>IAM District 26</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>\$20.00</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>03/31/2017</b>	
				Aggregate Contributions <b>\$20.00</b>	

Last Name <b>Haulund</b>		First <b>Jens</b>		MI	Contribution ID # <b>0480</b>
Residential Street Address <b>35 Macmath Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-5541</b>
Principal Occupation <b>Architect</b>			Name of Employer <b>Virtusa</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03312017</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>03/31/2017</b>	
				Aggregate Contributions <b>\$55.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Hay</b>		First <b>John</b>		MI	Contribution ID # <b>0484</b>
Residential Street Address <b>2850 Delk Rd SE Apt 6G</b>		City <b>Marietta</b>		State <b>GA</b>	Zip Code <b>30067-5356</b>
Principal Occupation <b>Graphic Designer</b>		Name of Employer <b>JH Creative, 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>Casey</b>		First <b>Sarah</b>		MI	Contribution ID # <b>0160</b>
Residential Street Address <b>290 Hunting Hill Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4347</b>
Principal Occupation <b>Nurse</b>		Name of Employer <b>Connecticut Oncology 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Corey</b>		First <b>Edward</b>		MI	Contribution ID # <b>0206</b>
Residential Street Address <b>52 Sharon Ave</b>		City <b>Torrington</b>		State <b>CT</b>	Zip Code <b>06790-4705</b>
Principal Occupation <b>Field Director</b>		Name of Employer <b>The Vinci 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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Cottrell</b>		First <b>Megan</b>		MI <b>E</b>	Contribution ID # <b>0213</b>
Residential Street Address <b>101 Givens Ave Apt C</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-5366</b>
Principal Occupation <b>Paralegal</b>		Name of Employer <b>Mark Sank and 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>03/31/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Cruz</b>		First <b>Brandon</b>		MI	Contribution ID # <b>0225</b>
Residential Street Address <b>118 Isinglass Hill Rd</b>		City <b>Portland</b>		State <b>CT</b>	Zip Code <b>06480-1017</b>
Principal Occupation <b>Scheduler Planner</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>03/31/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$5.00</b>

Last Name <b>Cruz</b>		First <b>Brandon</b>		MI	Contribution ID # <b>0226</b>
Residential Street Address <b>118 Isinglass Hill Rd</b>		City <b>Portland</b>		State <b>CT</b>	Zip Code <b>06480-1017</b>
Principal Occupation <b>Scheduler Planner</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>03/31/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$5.00</b>

Last Name <b>Dodge</b>		First <b>Allison</b>		MI	Contribution ID # <b>0290</b>
Residential Street Address <b>20 Massasoit Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1070</b>
Principal Occupation <b>Congressional Staffer</b>		Name of Employer <b>U.S. House of Congress</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Barley</b>		First <b>Renee</b>		MI	Contribution ID # <b>0053</b>
Residential Street Address <b>240 Harrison Rd</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410-3569</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 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>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bayley</b>		First <b>Eliska</b>		MI	Contribution ID # <b>0071</b>
Residential Street Address <b>331 Hidden Lake Rd</b>		City <b>Higganum</b>		State <b>CT</b>	Zip Code <b>06441-4528</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Rocky Hill 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>03/31/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Barry</b>		First <b>Lisa</b>		MI	Contribution ID # <b>0058</b>
Residential Street Address <b>56 Stephanies Way</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-4571</b>
Principal Occupation <b>Assistant Professor</b>		Name of Employer <b>UConn 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>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Burnett</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0136</b>
Residential Street Address <b>28 Summer St</b>		City <b>New London</b>		State <b>CT</b>	Zip Code <b>06320-3513</b>
Principal Occupation <b>Marine Draftsman</b>		Name of Employer <b>General Dynamics Electric Boat</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Cantafio</b>		First <b>Dawn</b>		MI	Contribution ID # <b>0148</b>
Residential Street Address <b>72 Tait Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-3844</b>
Principal Occupation <b>Bookkeeper</b>		Name of Employer <b>Roberto's of Monroe, 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>03312017</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>03/31/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Cantafio</b>		First <b>Timothy</b>		MI <b>A</b>	Contribution ID # <b>0149</b>
Residential Street Address <b>72 Tait Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-3844</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Northeast Electronics 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>03312017I</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>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pugliese</b>		First <b>Richard</b>		MI <b></b>	Contribution ID # <b>0889</b>
Residential Street Address <b>1703 Randolph Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4041</b>
Principal Occupation <b>Physician - retired</b>		Name of Employer <b>Middlesex 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 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>\$95.00</b>	<b>\$35.00</b>

Last Name <b>Riley</b>		First <b>Lawrence</b>		MI <b></b>	Contribution ID # <b>0912</b>
Residential Street Address <b>447 Ridge Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5230</b>
Principal Occupation <b>Dog trainer</b>		Name of Employer <b>Lawrence Riley - Self employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Rubin</b>		First <b>Hannah</b>		MI <b></b>	Contribution ID # <b>0935</b>
Residential Street Address <b>185 Canfield Dr</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-1336</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>03152017e</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>03/31/2017</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Ryan</b>		First <b>Margaret</b>		MI	Contribution ID # <b>0950</b>
Residential Street Address <b>97 Olympus Pkwy</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2336</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 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>Rooney</b>		First <b>Melinda</b>		MI	Contribution ID # <b>0931</b>
Residential Street Address <b>3100 N Sheridan Rd Apt 10E</b>		City <b>Chicago</b>		State <b>IL</b>	Zip Code <b>60657-4959</b>
Principal Occupation <b>Writer</b>		Name of Employer <b>Recycled Fiction</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Schrag</b>		First <b>Steven</b>		MI	Contribution ID # <b>0989</b>
Residential Street Address <b>14 Quentin St</b>		City <b>Waterbury</b>		State <b>CT</b>	Zip Code <b>06706-2725</b>
Principal Occupation <b>union staff</b>		Name of Employer <b>CEUI SEIU 511</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Scurean</b>		First <b>Harriet</b>		MI	Contribution ID # <b>0995</b>
Residential Street Address <b>105 Richards Ave</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06854-1691</b>
Principal Occupation <b>Records Billings Coordinator</b>		Name of Employer <b>Cummings and Lockwood, 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>03312017I</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>03/31/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Troph</b>		First <b>Daniel</b>		MI	Contribution ID # <b>1097</b>
Residential Street Address <b>61 Blue Ridge Rd</b>		City <b>Wilton</b>		State <b>CT</b>	Zip Code <b>06897-2203</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>03312017I</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>03/31/2017</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$10.00</b>

Last Name <b>Waller</b>		First <b>Robert</b>		MI	Contribution ID # <b>1120</b>
Residential Street Address <b>259 Park Rd</b>		City <b>Haddam</b>		State <b>CT</b>	Zip Code <b>06438-1225</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>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Warshauer</b>		First <b>Karen</b>		MI	Contribution ID # <b>1129</b>
Residential Street Address <b>44 Strawberry Hill Ave Apt 2E</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-2698</b>
Principal Occupation <b>Paralegal</b>		Name of Employer <b>MDMC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$70.00</b>	<b>\$25.00</b>

Last Name <b>Walter</b>		First <b>Jeffrey</b>		MI	Contribution ID # <b>1125</b>
Residential Street Address <b>5574 Witney Dr Apt 302</b>		City <b>Delray Beach</b>		State <b>FL</b>	Zip Code <b>33484-4029</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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Siskind		First Jennifer		MI	Contribution ID # 1028
Residential Street Address 101 Fairview Ter		City South Glastonbury		State CT	Zip Code 06073-3306
Principal Occupation Retail		Name of Employer Mahogany Shoppe			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$10.00	\$10.00

Last Name Sisson		First Elaine		MI	Contribution ID # 1031
Residential Street Address 82 Paul Hts		City Southington		State CT	Zip Code 06489-4131
Principal Occupation Retired		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 \$145.00	\$25.00

Last Name Spartz		First Stacey		MI	Contribution ID # 1050
Residential Street Address 240 N Maple St		City Enfield		State CT	Zip Code 06082-2306
Principal Occupation None		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 03/31/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Steinmayer		First William		MI	Contribution ID # 1060
Residential Street Address 37 Hewitt Rd		City Mystic		State CT	Zip Code 06355-3061
Principal Occupation retired		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 03/31/2017	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
Drew for CT	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Tesoro</b>	First <b>Vicki</b>	MI <b>A</b>	Contribution ID # <b>1084</b>
Residential Street Address <b>133 Beechwood Ave</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611-1657</b>
Principal Occupation <b>Vicki Tesoro - Self</b>	Name of Employer <b>Fiduciary and Tax and 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	
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><b>03312017I</b></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 <b>03/31/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>Thornton</b>	First <b>Mary Beth</b>	MI <b></b>	Contribution ID # <b>1088</b>
Residential Street Address <b>24 Cherry Gate Ln</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611-4056</b>
Principal Occupation <b>Cancer Registrar</b>	Name of Employer <b>Bridgeport 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	
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><b>03312017I</b></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 <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Obuchowski</b>	First <b>Daniel</b>	MI <b>V</b>	Contribution ID # <b>0810</b>
Residential Street Address <b>41 East Ave</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06851-3919</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 # <u><b>03312017I</b></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 <b>03/31/2017</b>	Aggregate Contributions <b>\$15.00</b>
		Amount of Contribution <b>\$15.00</b>	

Last Name <b>Obuchowski</b>	First <b>Elisa</b>	MI <b></b>	Contribution ID # <b>0811</b>
Residential Street Address <b>41 East Ave</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06851-3919</b>
Principal Occupation <b>Editor Writer</b>	Name of Employer <b>Elisa Peterson 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	
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><b>03312017I</b></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 <b>03/31/2017</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Patterson-Meador</b>		First <b>Melissa</b>		MI	Contribution ID # <b>0849</b>
Residential Street Address <b>288 Briarwood Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7913</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>\$35.00</b>	<b>\$10.00</b>

Last Name <b>Pramuka</b>		First <b>Heather</b>		MI	Contribution ID # <b>0881</b>
Residential Street Address <b>5 Robin Ln</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-1525</b>
Principal Occupation <b>Realtor</b>		Name of Employer <b>Self - Heather Pramuka</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$10.00</b>

Last Name <b>Morton</b>		First <b>Walter</b>		MI	Contribution ID # <b>0761</b>
Residential Street Address <b>172 Putnam Ave</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06517-2738</b>
Principal Occupation <b>Clerk</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>Lentini</b>		First <b>John</b>		MI	Contribution ID # <b>0625</b>
Residential Street Address <b>88181 Old Hwy Apt A34</b>		City <b>Islamorada</b>		State <b>FL</b>	Zip Code <b>33036-3099</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>Scientific Fire Analysis, 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>

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

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

**B. Itemized Contributions from Individuals**

Last Name Lentini		First Lauren		MI	Contribution ID # 0626
Residential Street Address 349 Dennison Ridge Dr		City Manchester		State CT	Zip Code 06040
Principal Occupation Web Solutions Analyst		Name of Employer FinalSite			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$10.00	\$10.00

Last Name Lentini		First Nancy		MI	Contribution ID # 0627
Residential Street Address 88181 Old Hwy Apt A34		City Islamorada		State FL	Zip Code 33036-3099
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 \$5.00	\$5.00

Last Name Labella		First Lisa		MI	Contribution ID # 0597
Residential Street Address 9 Sally Ann Dr		City Trumbull		State CT	Zip Code 06611-1807
Principal Occupation Paralegal		Name of Employer Green & Gross, 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03312017</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 03/31/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Ladd		First C Marston		MI	Contribution ID # 0598
Residential Street Address 5 Cricket Ct		City Old Saybrook		State CT	Zip Code 06475-2405
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 \$25.00	\$25.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Manners</b>		First <b>Kathy</b>		MI	Contribution ID # <b>0675</b>
Residential Street Address <b>53 Spencer Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3537</b>
Principal Occupation <b>R.N, C.C.M</b>		Name of Employer <b>Berkley Medical Management 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>\$255.00</b>	<b>\$5.00</b>

Last Name <b>McKay</b>		First <b>Elise</b>		MI	Contribution ID # <b>0721</b>
Residential Street Address <b>148 Ludlowe Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824-5042</b>
Principal Occupation <b>Attorney</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>McDermott</b>		First <b>Paul</b>		MI	Contribution ID # <b>0710</b>
Residential Street Address <b>1193 Randolph Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5139</b>
Principal Occupation <b>Director/Owner</b>		Name of Employer <b>McGan Technology</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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>\$70.00</b>	<b>\$20.00</b>

Last Name <b>Zuckerman</b>		First <b>Adam</b>		MI	Contribution ID # <b>1174</b>
Residential Street Address <b>2 Deer Trl</b>		City <b>Sandy Hook</b>		State <b>CT</b>	Zip Code <b>06482-1033</b>
Principal Occupation <b>Retail manager</b>		Name of Employer <b>Hamlin Cycles 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>\$15.00</b>	<b>\$15.00</b>



Total of Section B			\$106,127.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	(Total on Line 14, Column A of Summary Page)	\$106,127.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	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?			Amount of Contribution
			Yes No			
			If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions		

**Total of Section C1****I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Drew for CT	April 10 Filing - Original

**C2. Reimbursements or Surplus Distributions from other Committees**

Name of Committee				Name of Treasurer		
Address					Date Received	Amount of Receipt
				Reimbursement for shared expense		
				Surplus distribution from exploratory committee		
Expenditure #	Description					

**Total of Section C2**

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

NAME OF COMMITTEE	TYPE OF REPORT
Drew for CT	April 10 Filing - Original

**D. Loans Received this Period**

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
Drew for CT	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
Drew for CT	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
Drew for CT	April 10 Filing - Original

**H. Public Grant Funds Received from the Citizens' Election Fund**

Purpose of Grant:	Grant Cycle:	Date Received	Amount
<div>Initial</div> <div>Grant Adjustment</div> <div>Supplemental/Post Election Deficit</div>	<div>Primary</div> <div>General Election</div> <div>Special Election</div>		

**Total of Section H****I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Drew for CT	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	
Drew for CT				April 10 Filing - Original	

  

J1. Event Information					
Event # Date of Event 01/25/2017	Letter a	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 56 Stephanies Way		City Manchester	State CT	Zip Code 06040	
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: 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 02/11/2017	Letter b	Description Cocktail Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 139 Main Street Ext		City Middletown	State CT	Zip Code 06457	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: 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 03/01/2017	Letter c	Description Cocktail Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 223 Danbury Rd		City New Milford	State CT	Zip Code 06776	
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	
Drew for CT		April 10 Filing - Original	
<b>J1. Event Information</b>			
Event # Date of Event 03/11/2017	Letter d	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 28 Abbott Rd		City Ellington	State CT Zip Code
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: 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; padding: 2px; text-align: right;">\$0.00</div>
Event # Date of Event 03/13/2017	Letter a	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 65 Sbona Dr		City Middletown	State CT Zip Code 06457
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: 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; padding: 2px; text-align: right;">\$0.00</div>
Event # Date of Event 03/15/2017	Letter e	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 488 Summer S ?tre?et		City Stamford	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.) <div style="border: 1px solid black; padding: 2px; text-align: right;">\$0.00</div>

## II. EVENT ACTIVITY (Sections J1 - J4)

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

  

J1. Event Information					
Event # Date of Event 03/16/2017	Letter f	Description Dinner Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 74 Court St		City Middletown	State CT	Zip Code 06457	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: 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 03/21/2017	Letter h	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 9 R Ushleigh R?d		City West Hartford	State CT	Zip Code	
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: 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 03/27/2017	Letter i	Description Cocktail Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 200 Main St		City Middletown	State CT	Zip Code 06457	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: 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	
Drew for CT		April 10 Filing - Original	

  

J1. Event Information			
Event # Date of Event 03/28/2017	Letter j	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 512 Saybrook Rd		City Middletown	State CT
		Zip Code 06457	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
<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>

  

Event # Date of Event 03/30/2017	Letter k	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 110 Randolph Rd		City Middletown	State CT
		Zip Code 06457	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
<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>

  

Event # Date of Event 03/31/2017	Letter l	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 14 Petticoat Ln		City Trumbull	State CT
		Zip Code	
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>

Total of Section J1	\$0.00
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**II.EVENT ACTIVITY (Sections J1 - J4)**

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

TYPE OF REPORT

Drew for CT

April 10 Filing - Original

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

Name of the Donor

Street Address

City

State

Zip Code

Donation Given by:

Description of Donation

Fair Market Value of  
Donation

Individual

Business Entity

Sole Proprietorship

Date Received

Event #

Aggregate value for this event

Total of Section J3	
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**II.EVENT ACTIVITY (Sections J1 - J4)**

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

**J4. In-Kind Donations Not Considered Contributions Associated with a House Party**

Name of Host Aaron Foster		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 28 Abbott Rd		City Ellington	State CT Zip Code
Description of Donation Food and drinks for fundrasier			Fair Market Value of Donation  \$40.00
Event # 03112017d	Aggregate value of this Event - all hosts \$40.00	Aggregate value of all Events - this host/candidate \$40.00	

Name of Host Andrew Crumie		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 9 Rushleigh Rd		City West Hartford	State CT Zip Code
Description of Donation Food and drinks for fundrasier			Fair Market Value of Donation  \$400.00
Event # 03212017h	Aggregate value of this Event - all hosts \$400.00	Aggregate value of all Events - this host/candidate \$400.00	

Name of Host Eamonn Wisneski		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 65 Sbona Dr		City Middletown	State CT Zip Code
Description of Donation Food and drinks for fundrasier			Fair Market Value of Donation  \$350.00
Event # 03132017a	Aggregate value of this Event - all hosts \$350.00	Aggregate value of all Events - this host/candidate \$350.00	

Name of Host <b>Ryan Barry</b>			Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address <b>56 Stephanies Way</b>		City <b>Manchester</b>	State <b>CT</b>	Zip Code
Description of Donation <b>Food and drinks for fundrasier</b>			Fair Market Value of Donation	
Event # <b>01252017a</b>	Aggregate value of this Event - all hosts <b>\$361.27</b>	Aggregate value of all Events - this host/candidate <b>\$361.27</b>		<b>\$361.27</b>

<b>Total of Section J4</b>	<b>\$1,151.27</b>
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### III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
<b>Drew for CT</b>	<b>April 10 Filing - Original</b>

#### K. In-Kind Contributions

Name				
Street Address		City	State	Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution		
If yes, list Event#				
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	Yes No Executive Legislative	Fair Market Value of this Contribution
Type of Contributor:		Date Received	Aggregate contributions	
Individual	Committee	Sole Proprietorship		

<b>Total of Section K</b>	
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### III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	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	
Total of Section L			

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Main Street Market LLC		Date of Payment 01/09/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>98</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 386 Main St		City Middletown	State CT	Zip Code 06457
Purpose of Expend OVHD	Description Rent for Office			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 #	\$300.00

Name of Payee Mandate Media		Date of Payment 01/29/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 80151		City Portland	State OR	Zip Code 97280
Purpose of Expend CNST	Description Digital Media Consultant Fee			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 #	\$4,850.00

Name of Payee Main Street Market LLC		Date of Payment 01/31/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1026</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 386 Main St		City Middletown	State CT	Zip Code 06457
Purpose of Expend OVHD	Description Rent for Office			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 #	\$300.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Sage Payment Solutions		Date of Payment 02/02/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 12120 Sunset Hills Rd Ste 500		City Reston	State VA	Zip Code 20190
Purpose of Expend BNK	Description Merchant Account Fees			Amount  \$1,302.94
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 The Vinci Group		Date of Payment 02/14/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1081</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend Misc *	Description Announcement Video creation and editing.			Amount  \$5,250.00
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 The Vinci Group		Date of Payment 02/14/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1078</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend WEB	Description Website			Amount  \$4,357.38
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
Drew for CT	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Jerald Lentini		Date of Payment 02/14/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1077</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 349 Dennison Ridge Dr		City Manchester	State CT	Zip Code 06040
Purpose of Expend CNSLT	Description Fundraising Consultant Fee			Amount  \$3,500.00
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 The Vinci Group		Date of Payment 02/14/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1079</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend A-WEB	Description Digital Advertising			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 #	

Name of Payee The Vinci Group		Date of Payment 02/14/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1083</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend CNSLT	Description Consultant Fee Strategic Management			Amount  \$5,000.00
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
Drew for CT	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee The Vinci Group		Date of Payment 02/14/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1082</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend CNSLT	Description Consultant Fee Strategic Management			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 #	\$5,000.00

  

Name of Payee GPS Impact		Date of Payment 02/22/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1027</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 E Grand Ave Ste 380		City Des Moines	State IA	Zip Code 50309
Purpose of Expend CNSLT	Description Digital Media 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 #	\$3,796.00

  

Name of Payee Mandate Media		Date of Payment 02/26/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 80151		City Portland	State OR	Zip Code 97280
Purpose of Expend CNSLT	Description Digital Media Consultant Fee			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 #	\$6,054.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Td Bank		Date of Payment 02/28/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address West Main Street		City Waterbury	State CT	Zip Code 06705
Purpose of Expend BNK	Description Bank Fees			Amount  \$10.00
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 Sage Payment Solutions		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 12120 Sunset Hills Rd Ste 500		City Reston	State VA	Zip Code 20190
Purpose of Expend BNK	Description Merchant Account Fees			Amount  \$1,160.65
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 Kyle Buda		Date of Payment 03/06/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420 James St		City Bay City	State MI	Zip Code 48706
Purpose of Expend RMB	Description Reimbursement for Fundraising Expense			Amount  \$464.65
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 # 03012017c	



**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Main Street Market LLC		Date of Payment 03/06/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1035</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 386 Main St		City Middletown	State CT	Zip Code 06457
Purpose of Expend OVHD	Description Rent for Office			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 #	\$300.00

Name of Payee The Vinci Group		Date of Payment 03/06/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1028</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend A-WEB	Description Digital Advertising			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 #	\$8,000.00

Name of Payee The Vinci Group		Date of Payment 03/06/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1029</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend CNSLT	Description Consultant Fee Strategic Managment			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 #	\$5,000.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee The Vinci Group		Date of Payment 03/06/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1030</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend CNSLT	Description Treasury Services			Amount  \$1,000.00
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 #	

Name of Payee The Vinci Group		Date of Payment 03/06/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1030</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend CNSLT	Description Treasury Services			Amount  \$1,000.00
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 #	

Name of Payee The Vinci Group		Date of Payment 03/06/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1033</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend Misc *	Description Thank you letter supplies			Amount  \$117.65
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
Drew for CT	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee The Vinci Group		Date of Payment 03/06/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1032</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend Misc *	Description Fundraising mailer			Amount  \$1,278.54
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 The Vinci Group		Date of Payment 03/06/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1031</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend FNDR *	Description New Milford Fundraising Expenses			Amount  \$107.29
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 The Vinci Group		Date of Payment 03/06/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1080</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend Misc *	Description Fundraising mailer supplies			Amount  \$726.03
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
Drew for CT	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee GPS Impact		Date of Payment 03/10/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1036</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 E Grand Ave Ste 380		City Des Moines	State IA	Zip Code 50309
Purpose of Expend CNSLT	Description Digital Media Consultant Fee			Amount  \$4,600.00
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 Aaron Schrag		Date of Payment 03/14/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1037</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14 Quentin St		City Waterbury	State CT	Zip Code 06706
Purpose of Expend RMB	Description Office and Treasury Supplies			Amount  \$142.83
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 Kyle Buda		Date of Payment 03/18/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1038</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420 James St		City Bay City	State MI	Zip Code 48706
Purpose of Expend RMB	Description Reimbursement for Fundraising Expense			Amount  \$578.58
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 # 03162017f	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee The Vinci Group		Date of Payment 03/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1042</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend CNSLT	Description Treasury Services			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 #	\$1,000.00

Name of Payee Kyle Buda		Date of Payment 03/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1039</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420 James St		City Bay City	State MI	Zip Code 48706
Purpose of Expend RMB	Description Food Reimbursemet			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 # 03282017j	\$27.63

Name of Payee Kyle Buda		Date of Payment 03/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1040</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420 James St		City Bay City	State MI	Zip Code 48706
Purpose of Expend RMB	Description Food Reimbursement			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 # 03282017j	\$140.14

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Kyle Buda		Date of Payment 03/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1041</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420 James St		City Bay City	State MI	Zip Code 48706
Purpose of Expend RMB	Description Food reimbursement			Amount  \$227.61
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 # 03272017i	

Name of Payee Tim Sullivan		Date of Payment 03/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1043</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 28 Robin Dr		City Barkhamsted	State CT	Zip Code 06063
Purpose of Expend RMB	Description Reimbursement for Food			Amount  \$600.00
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 # 03302017k	

Name of Payee Michael Andreana		Date of Payment 03/30/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 10 Anglers Bnd		City Unionville	State CT	Zip Code
Purpose of Expend REF	Description Return of Contribution			Amount  \$250.00
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
Drew for CT	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Tracy Andreana		Date of Payment 03/30/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 10 Anglers Bnd		City Unionville	State CT	Zip Code
Purpose of Expend REF	Description Return of Contribution			Amount  \$250.00
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 Td 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 West Main Street		City Waterbury	State CT	Zip Code 06705
Purpose of Expend BNK	Description Bank Fees			Amount  \$10.00
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 Carmela's on the Extension		Date of Payment 03/31/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1045</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 139 Main Street Ext		City Middletown	State CT	Zip Code 06457
Purpose of Expend FOOD	Description Fundraising Food			Amount  \$250.00
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 # 02112017b	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Kyle Buda		Date of Payment 03/31/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1044</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420 James St		City Bay City	State MI	Zip Code 48706
Purpose of Expend RMB	Description Food Reimbursement			Amount  \$74.11
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 # 03312017I	
<b>Total of Section N</b>				<b>\$73,026.03</b>

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
		April 10 Filing - Original		
<b>O. Expenses Paid By Candidate</b>				
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed? Yes      No	
Street Address	City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description	Event #		
<b>Total of Section O</b>				



IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Drew for CT				April 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card					
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					
Total of Section P					

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Drew for CT				April 10 Filing - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State      Zip Code
Purpose of Expenditure (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					
Total of Section Q					

**IV. EXPENDITURES (Sections N - S)**

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

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant  Buda	First  Kyle	MI	Date of Payment to Vendor  03/01/2017	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 Italia Mia Pizza				
Street Address of Vendor 223 Danbury Rd		City New Milford		State CT
Zip Code 06776				
Purpose of Expenditure (by code) FNDR *	Description Fundraising Food			
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  \$464.65
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Schrag	First  Aaron	MI	Date of Payment to Vendor  03/14/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1037 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 910 Wolcott Rd		City Waterbury		State CT
Zip Code 06705				
Purpose of Expenditure (by code) OFFICE	Description Office supplies			
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  \$1.17
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

Drew for CT

April 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:

schrage

aaron

03/14/2017

☒ Check # 1037☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Staples

Street Address of Vendor

910 Wolcott Rd

City

Waterbury

State

CT

Zip Code

06705

Purpose of Expenditure  
(by code)  
OFFICE

Description

Office supplies

Is this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

\$18.48

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:

schrage

aaron

03/14/2017

☒ Check # 1037☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Walmart

Street Address of Vendor

910 Wolcott Rd

City

Waterbury

State

CT

Zip Code

06705

Purpose of Expenditure  
(by code)  
OFFICE

Description

Treasury Supplies

Is this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

\$47.92

**IV. EXPENDITURES (Sections N - S)**

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

TYPE OF REPORT

Drew for CT

April 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant  schrage	First  aaron	MI	Date of Payment to Vendor  03/14/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1037 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 910 Wolcott Rd		City Waterbury		State CT
Zip Code 06705				
Purpose of Expenditure (by code) OFFICE	Description Office Supplies			
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  \$24.22
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  schrage	First  aaron	MI	Date of Payment to Vendor  03/14/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1037 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 910 Wolcott Rd		City Waterbury		State CT
Zip Code 06705				
Purpose of Expenditure (by code) OFFICE	Description Office Supplies			
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  \$51.04
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
Drew for CT	April 10 Filing - Original
<b>R. Itemization of Reimbursements and Secondary Payees</b>	

Last Name of Worker/Consultant  Buda	First  Kyle	MI	Date of Payment to Vendor  03/16/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1038 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Cantina Cafe Ristorante				
Street Address of Vendor 74 Court St		City Middletown	State CT	Zip Code 06457
Purpose of Expenditure (by code) FOOD	Description Fundraising Food			
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  \$578.58
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Buda	First  Kyle	MI	Date of Payment to Vendor  03/27/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1041 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Herd on Main				
Street Address of Vendor 200 Main St		City Middletown	State CT	Zip Code 06457
Purpose of Expenditure (by code) FOOD	Description Fundraising Food			
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  \$227.16
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

Drew for CT

April 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:

Buda

Kyle

03/28/2017

☒ Check # 1040☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Stop and Shop

Street Address of Vendor

195 West St

City

Cromwell

State

CT

Zip Code

06416

Purpose of Expenditure  
(by code)  
FOOD

Description

Fundraising Food

Is this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

\$140.14

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:

Buda

Kyle

03/28/2017

☒ Check # 1039☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Willowbrook Spirit Shoppe

Street Address of Vendor

2 Willowbrook Rd

City

Cromwell

State

CT

Zip Code

06416

Purpose of Expenditure  
(by code)  
FOOD

Description

Fundraising Drinks

Is this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

\$27.63

**IV. EXPENDITURES (Sections N - S)**

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

TYPE OF REPORT

Drew for CT

April 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant  Sullivan	First  Tim	MI	Date of Payment to Vendor  03/30/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1043 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Jerry's Pizza				
Street Address of Vendor 635 S Main St		City Middletown	State CT	Zip Code 06457
Purpose of Expenditure (by code) FOOD	Description Fundraising Food			
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  \$600.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Buda	First  Kyle	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 # 1044 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Stop and Shop				
Street Address of Vendor 195 West St		City Cromwell	State CT	Zip Code 06416
Purpose of Expenditure (by code) FOOD	Description Fundraising Food			
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  \$74.11
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**Total of Section R****\$2,255.10**

**IV. EXPENDITURES (Sectuibs N - S)**

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

**S. Surplus Distribution of Equipment and Furniture**

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Total of Section S				

**Section J4. ADDENDUM**

NAME OF COMMITTEE	TYPE OF REPORT

**J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum**

Event #	
Name of Candidate	

**Section N. ADDENDUM**

NAME OF COMMITTEE	TYPE OF REPORT

**N. Expenses Paid By Committee - Addendum**

Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought



Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought