SEEC FORM 30

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised February 2015



Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE						2. TYPl	E OF COMMITTEE	
Srinivasan For Governor						_	Candidate Committee Exploratory Committee	
3. TREASURER NAME								
First		ľ	MI	Last			Suffix	
Madhu				Reddy				
4. TREASURER ADDRESS								
Street Address		City			State	I	Zip Code	
10-3 Arthur Dr		South	n Windsor		СТ	0	06074	
5. ELECTION DATE	6. OFFICE SOUGHT (Con	mplete oi	nly if Candidate	Committee)		7. DISTRI	ICT NUMBER (if applicable	
11/06/2018	Governor							
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommitte	e)					
First			MI	Last			Suffix	
Prasad				Srinivasan				
9. TYPE OF REPORT								
January 10 Filing - Original								
10. PERIOD COVERED								
	Beginning Date			Ending Date				
	12/06/2016	thru	и	12/31/2016				
11. CERTIFICATION								
I hereby certify and state, on this Itemized Campaig accurate and complete.				l of the information set forth e period covered is true,				
Electronic Filing	Madhu Reddy			01/0	3/2017 10	:10:31PM	1	
SIGNATURE	PRINT NAME OF THE	3 SIGNE	∃R	DATE	CERTIFIED			
A Person who is found to have knowing to \$25,000, unless a fine of a larger a	•		•				of up	

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	TYPE OF REPORT						
Srinivasan For Governor	January 10 Filing - Original	January 10 Filing - Original						
	COLUMN A	COLUMN B						
	This Period	Aggregate						
12. Balance on hand from day Committee was formed		\$0.00						
13. Balance on hand at the beginning of Reporting Period	\$0.00							
14. Contributions received from Individuals (Section A and B)	\$12,786.00	\$12,786.00						
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00						
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00						
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00						
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$12,786.00	\$12,786.00						
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$12,786.00	\$12,786.00						
20. Expenses Paid by Committee (Section N)	\$1,975.03	\$1,975.03						
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$10,810.97	\$10,810.97						
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00						
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00						
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00						
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00						
26. Beginning Loan Balance	\$0.00							
26a. + Loans Received (Section D)	\$0.00	\$0.00						
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00						
26c Payments on Loan(s)	\$0.00	\$0.00						
26d. Total Outstanding Loan Amount	\$0.00							
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00						
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00						
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00							
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00							

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I. MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Srinivasan For Governor			January	10 Filing - Original		
A. Total Contributions from Small Contributors-Received this Period	od O	NLY		For Nonpartic	ipating Cand	lidates ONLY
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Prasad		Kala				0001
Residential Street Address	City				State	Zip Code
268 Grandview Dr		Glastonbury			СТ	06033
Principal Occupation		Name of Employer	r			
Music Teacher		Self-er	nployed			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child of	-	se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative				x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions		
an event reported in Section J1?						
X No Cash X Personal Check	12/	16/2016		\$51.00		\$51.00
If yes, list Event #						
Last Name	First				MI	Contribution ID #
Shyam		Krishnamurth	У			0002
Residential Street Address	City				State	Zip Code
91 Farm Brook Ct		Hamden			СТ	06514
Principal Occupation		Name of Employer	r			
Retired		Retired	i			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a lo dependent child of	-	se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		-		x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions		
an event reported in Section J1? Yes X No Cash Personal Check	12/	16/2016		¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	12/	16/2016		\$100.00		\$100.00
Last Name	First				MI	Contribution ID #
Shyam		Winnie				0003
Residential Street Address	City				State	Zip Code
91 Farm Brook Ct		Hamden			СТ	06514
Principal Occupation	•	Name of Employer	r			
Librarian		Southe	ern Conn	ecticut State Univer	rsity	
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a lo dependent child of	-	se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	dependent ennid of a for			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions	1	
an event reported in Section J1?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	16/2016		\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT					
Srinivasan For Governor			January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Shankar		Ravi			0004			
Residential Street Address	City			State	Zip Code			
775 S Brooksvale Rd		Cheshire		СТ	06410-3518			
Principal Occupation		Name of Employ	er	•	•			
Consultant		ISG						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:		D : 1						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	12/	17/2016	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	12/.	17/2010	\$100.00		\$100.00 			
Last Name	First			MI	Contribution ID #			
Shankar		Shanti			0005			
Residential Street Address	City			State	Zip Code			
775 S Brooksvale Rd		Cheshire		СТ	06410-3518			
Principal Occupation		Name of Employ	er		•			
Engineer		Thern	no Fisher Scientific					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist?					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	17/2016	\$100.00		\$100.00			
T. AV	F: .			\ <i>a</i>	Louis B"			
Last Name Rayishanker	First	Canasan		MI	Contribution ID # 0006			
Residential Street Address	City	Ganesan		State	Zip Code			
18 Staba Dr	City	Higganum		CT	06441			
Principal Occupation		Name of Employ	er	C.	1 00111			
IT		Welle	sley college					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
)	dependent child of	-					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	12/:	17/2016	\$100.00		\$100.00			
Lad Norma	First			\/I	Contribution ID #			
Last Name Ravishanker	First	Nalini		MI	Contribution ID #			
Residential Street Address	City	INGIIIII		State	Zip Code			
18 Staba Dr	City	Higganum		CT	06441			
Principal Occupation		Name of Employ	er	<u> </u>	1 002			
Professor			rsity of Connecticut					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	1 a 1000yist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:		· = /p.o : -			1400.0-			
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/:	17/2016	\$100.00		\$100.00			

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I MONETA DV DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Srinivasan For Governor			January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ravishanker		Vivek			0008			
Residential Street Address	City			State	Zip Code			
18 Staba Dr		Higganum		СТ	06441			
Principal Occupation		Name of Employ	er					
Consultant		Self e	mployed - Freelance					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event concreted in Section 112 Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
x No Cash x Personal Check	12/	17/2016	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Sudhakar		Mal			0009			
Residential Street Address	City			State	Zip Code			
52 Nichole Ct		Cheshire		СТ	06410			
Principal Occupation		Name of Employ	er	<u> </u>	00.120			
Sales		GFMS						
			obbyjet enouge or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	rinou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	D-4-	D						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # Money Order Credit/Debit Card	12/	17/2016	\$100.00		\$100.00			
-								
Last Name	First			MI	Contribution ID #			
Sudhakar		Rama			0010			
Residential Street Address	City			State	Zip Code			
52 Nichole Ct		Cheshire		СТ	06410			
Principal Occupation		Name of Employ						
Marketing		CUNY						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist:					
government the contract is with:			x _{No}					
Is this contribution associated with A section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	17/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Chakravarthi		Giri			0011			
Residential Street Address	City			State	Zip Code			
648 S Brooksvale Rd		Cheshire		CT	06410-3517			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Annual Check Money Order Credit/Debit Card	12/	17/2016	\$100.00		\$100.00			
11 yes, the Event iii Ciculu Debit Cald								

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Srinivasan For Governor			January 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Chakravarthi		Sarita			0012			
Residential Street Address	City			State	Zip Code			
648 S Brooksvale Rd		Cheshire		СТ	06410-3517			
Principal Occupation		Name of Employ						
CPA			tive Insurance					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		aepenaem emia (x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash X Personal Check	12/	17/2016	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Tantri		Varsha			0013			
Residential Street Address	City			State	Zip Code			
9 Westborough Dr		Weatogue		СТ	06089			
Principal Occupation		Name of Employ	er					
Acturian		ALICO		•				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Legislative Legislative	D-4-	D i 4						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	12/	17/2016	\$100.00		\$100.00			
If yes, list Event #	12/	17/2010	Ψ100.00		ψ100.00			
Last Name	First			MI	Contribution ID #			
Shreeni		Nambi		К	0014			
Residential Street Address	City			State	Zip Code			
280 Bella Vista Ln		Manchester		СТ	06040			
Principal Occupation	-	Name of Employ	er	-	-			
Mnager		Boehr	inger Ingelheim Pharmaceut	icals Inc.				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	12/	17/2016	\$100.00		\$100.00			
If yes, list Event #	12/	17/2010	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Nambirajan		Bhooma			0015			
Residential Street Address	City			State	Zip Code			
280 Bella Vista Ln		Manchester		СТ	06040			
Principal Occupation		Name of Employ	er					
Operations Specialist		Sunlif	e Financial					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		,	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	received	regregate Contributions					
X No Cash X Personal Check	12/	17/2016	\$100.00		\$100.00			
If yes, list Event # Money Order	I ′			1	•			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Srinivasan For Governor January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Emmel		David			0016			
Residential Street Address	City			State	Zip Code			
28 Henderson Dr		Avon		СТ	06001-2805			
Principal Occupation		Name of Employ	er	•	•			
Physician		Self e	mployed					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent chird (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	12/	17/2016	\$100.00		\$100.00			
If yes, list Event #	/		Ψ100.00					
Last Name	First			MI	Contribution ID #			
Kasaraneni		Mohan		К	0098			
Residential Street Address	City			State	Zip Code			
75 Colton Rd		Glastonbury		СТ	06033			
Principal Occupation		Name of Employ	er		•			
MD		N Am	erican Partners in Anesthesia	ı				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with On except reported in Section 112. Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	12/	18/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Jain	FIISt	Asha		IVII	0129			
Residential Street Address	City	ASIIG		State	Zip Code			
50 Greenswood Pl	City	South Glasto	nburv	CT	06073-2900			
Principal Occupation		Name of Employ	·					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	-					
government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	12/	18/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Jain	FIISt	Adish		IVII	0130			
Residential Street Address	City	Adisir		State	Zip Code			
50 Greenswood Pl	,	South Glasto	nburv	CT	06073-2900			
Principal Occupation		Name of Employ	· · · · · · · · · · · · · · · · · · ·					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
x No Cash Personal Check		40/2046	4400.00		+100.00			
If yes, list Event # No Money Order Credit/Debit Card	12/	18/2016	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(TYPE OF REPORT					
Srinivasan For Governor			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Wilcox		Margaret		М	0027			
Residential Street Address	City			State	Zip Code			
8 Aspen Dr		South Glasto	nbury	СТ	06073			
Principal Occupation		Name of Employ	er	-	•			
Realtor		Willia	m Raveis					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	12/	19/2016	\$100.00		\$100.00			
If yes, list Event #	12/	13/2010	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Wilcox		David		E	0028			
Residential Street Address	City			State	Zip Code			
8 Aspen Dr		South Glasto	nbury	СТ	06073			
Principal Occupation	•	Name of Employ	er		•			
Physician		Self						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	12/	19/2016	\$100.00		\$100.00			
				l	1			
Last Name	First			MI	Contribution ID #			
Twilley		Richard		J	0099			
Residential Street Address	City			State	Zip Code			
21 Paxton Way	<u> </u>	Glastonbury		СТ	06033			
Principal Occupation Patent Attorney		Name of Employ	us PLLC					
·			obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		7 tinou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No I Substitute entertier	12/	19/2016	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Thangada		Shobha			0088			
Residential Street Address	City			State	Zip Code			
28 Brentwood Dr		Glastonbury		СТ	06033			
Principal Occupation		Name of Employ						
Medical Research			n Health					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with: Executive Legislative Is this contribution associated with Method of contribution:	Doto	Received		-				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	12/	19/2016	\$100.00		\$100.00			
If yes, list Event #	/-	15/2010	φ100.00	l	Ψ±00.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Srinivasan For Governor January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Narla		Gowtham			0089			
Residential Street Address	City			State	Zip Code			
39 Marlborough Rd		Glastonbury		СТ	06033			
Principal Occupation		Name of Employ						
Physician — — — — — — — — — — — — — — — — — — —			mployed	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	20/2016	\$50.00		\$50.00			
I you, is a treat of the control of								
Last Name	First			MI	Contribution ID #			
Narla		Venkateswar	a	R	0090			
Residential Street Address	City	Cl		State	Zip Code			
39 Marlborough Rd	<u> </u>	Glastonbury Name of Employ	on.	СТ	06033			
Principal Occupation Physician			^{ខា} rn Connenticut Cardiology As					
			obbyist, spouse, or		unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	20/2016	\$50.00		\$50.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Gupta		Neera		R	0091			
Residential Street Address	City	a		State	Zip Code			
87 Colton Rd	<u> </u>	Glastonbury		СТ	06033			
Principal Occupation Retired		Name of Employ Retire						
			obbyist snouse or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	О	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	20/2016	\$100.00		\$100.00			
Last Name	First			MI C	Contribution ID # 0092			
Gupta Residential Street Address	City	Bhushan		State	Zip Code			
87 Colton Rd	City	Glastonbury		CT	06033			
Principal Occupation	<u> </u>	Name of Employ	er	C1	1 00033			
Physician			mployed					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash Personal Check		20/2046	4400.00		+100.00			
If yes, list Event # Money Order Credit/Debit Card	12/	20/2016	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Srinivasan For Governor January 10 Filing - Original							
B. Itemized Contributions from	_						
Last Name Ahilan	First	Geetha		MI Y	Contribution ID # 0017		
Residential Street Address	City	Сеепа		State	Zip Code		
34 Lazy Valley Rd	City	Glastonbury		CT	06033		
Principal Occupation		Name of Employ	er				
Software Architect		The H	lartord				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31? Cash Personal Check	42/	20/2046	+400.00		+400.00		
If yes, list Event # Money Order Credit/Debit Card	12/	20/2016	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Penumadu Shankar		Bhavani			0018		
Residential Street Address	City			State	Zip Code		
25 Sunrise Ln		South Winds	or	СТ	06074		
Principal Occupation		Name of Employ	er				
Homemaker			emaker	1			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event # Cash X Personal Check Money Order	12/	20/2016	\$100.00		\$100.00		
	l			l	I a		
Last Name Soni	First	Prashantkum	nar	MI V	Contribution ID # 0019		
Residential Street Address	City	Trasnanckan		State	Zip Code		
42 Cattail Rd		Glastonbury		СТ	06033		
Principal Occupation		Name of Employ	er				
Music Teacher		Self e	employed				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		перенаен енна с	x No				
government the conduct is with:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event # Cash	12/	20/2016	\$100.00		\$100.00		
				l	La va va pu		
Last Name Shah	First	Dina		MI S	Contribution ID # 0020		
Residential Street Address	City	Dilla		State	Zip Code		
29 Cascade Rd		West Hartfor	rd	СТ	06117		
Principal Occupation		Name of Employ	er		•		
Homemaker		Home	emaker				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative		sap and confu	x No				
Is this contribution associated with Mathed of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	12/	20/2016	\$100.00		\$100.00		

I. MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT						
Srinivasan For Governor			January 10 Filing - Original			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Schwabe		Daniel			0021	
Residential Street Address	City			State	Zip Code	
352 Westfield Rd		Meriden		СТ	06450	
Principal Occupation		Name of Employ	er			
Plumber			Pulmer			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (x _{No}			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1		
an event reported in Section J1? Yes X Cash Personal Check						
If yes, list Event #	12/	20/2016	\$5.00		\$5.00	
Last Name	First			MI	Contribution ID #	
Schwabe	1 1100	Jessica			0022	
Residential Street Address	City	3000.00		State	Zip Code	
352 Westfield Rd		Meriden		СТ	06450	
Principal Occupation	•	Name of Employ	er		1	
Clerk		Glenv	vood			
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of	5	dependent child of	of a fobbyist?			
government the contract is with:			x No			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # X No X Cash Personal Check Credit/Debit Card Cr	12/	20/2016	\$5.00		\$5.00	
Last Name	First			MI	Contribution ID #	
Ferguson	First	Robin		WII	0023	
Residential Street Address	City			State	Zip Code	
179 Wayne Ln		Meriden		СТ	06450	
Principal Occupation		Name of Employ				
Teacher			Board of ED			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		•	x No			
Is this contribution associated with	Date	Received	Aggregate Contributions	ł		
an event reported in Section J1?			86 8			
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	20/2016	\$10.00		\$10.00	
Last Name	First			MI	Contribution ID #	
Ferguson	1 1130	Ryan		1411	0024	
Residential Street Address	City	,		State	Zip Code	
235 Meta Comet Dr		Meriden		СТ	06450	
Principal Occupation	•	Name of Employ	er			
Student		Stude	ent			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative		- "	x _{No}			
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1		
an event reported in Section J1?			300 304440410			
If yes, list Event #	12/	20/2016	\$10.00		\$10.00	

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I MONETA DV DECEIDTS (C L A. D.								
I. MONETARY RECEIPT	5 (5)	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Srinivasan For Governor			January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Fitzpatrick		Michael		Т	0025			
Residential Street Address	City			State	Zip Code			
271 Georgetown Dr		Glastonbury		СТ	06033			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyict chause or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
TAL 49 6 14 1 M - MAIL 6 49 6	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash X Personal Check	12/	20/2016	\$100.00		\$100.00			
If yes, list Event #		•			·			
Last Name	First			MI	Contribution ID #			
Farrell		Gerald		Е	0029			
Residential Street Address	City	Geraid		State	Zip Code			
54 N Elm St	City	Wallingford		CT	06492			
Principal Occupation		Name of Employ	ON.	CI	00492			
Lawyer			ffices of Jerry Farrell, Jr.					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Barsanal Chack								
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	20/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Prajapati		Dattatraya		S	0106			
Residential Street Address	City			State	Zip Code			
2200 Bittel Rd		Owensboro		KY	42301			
Principal Occupation		Name of Employ	er					
Physician		Owen	sboro Health					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
× No F cash	12/	20/2016	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Prajapati		Rita		D	0107			
Residential Street Address	City			State	Zip Code			
2200 Bittel Rd		Owensboro		KY	42301			
Principal Occupation		Name of Employ	er					
Homemaker			maker					
			obbyict chause or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	7 111100	commount			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Dot-	Pagaiyad						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	1	20/2016	+100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	12/3	20/2016	\$100.00		\$100.00			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Srinivasan For Governor January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Jordan III		Thomas		s	0087				
Residential Street Address	City			State	Zip Code				
30404 Dogwatch Trl		Albemarle		NC	28001				
Principal Occupation		Name of Employ							
Consultant			ed Networx						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	12/	20/2016	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Balakrishna		Н			0145				
Residential Street Address	City			State	Zip Code				
300 Stanley Dr	<u> </u>	Glastonbury		СТ	06033				
Principal Occupation		Name of Employ							
Anesthesiologist		NAPA	11 14						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Dute	Received	Aggregate Contributions						
X No Cash X Personal Check	12/	20/2016	\$100.00		\$100.00				
If yes, list Event #		,	7						
Last Name	First			MI	Contribution ID #				
Balakrishna		Srimathi			0146				
Residential Street Address	City			State	Zip Code				
300 Stanley Dr		Glastonbury		СТ	06033				
Principal Occupation		Name of Employ	er						
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	12/	20/2016	\$100.00		\$100.00				
If yes, list Event #	, í		,						
Last Name	First			MI	Contribution ID #				
Shah		Jyotsna		S	0030				
Residential Street Address	City			State	Zip Code				
20 Nuthatch Knob		Glastonbury		СТ	06033				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date		op-ogate continuations						
No Cash Yersonal Check	12/	21/2016	\$100.00		\$100.00				
If yes, list Event # 12212016R	Ī			I					

I. MONETARY RECEIPT	S (S	ection A-I)	TWIE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Srinivasan For Governor			TYPE OF REPORT January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Beckett	a:	Stewart		W	0031				
Residential Street Address 308 Tryon St	City	Couth Clasto	nhum	State CT	Zip Code 06073				
Principal Occupation		South Glasto Name of Employ	· · · · · · · · · · · · · · · · · · ·	CI	00073				
Veterinarian Self- Beckett and Assoc. Vet									
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	12/	21/2016	\$100.00		\$100.00				
If yes, list Event # 12212016R									
Last Name	First			MI	Contribution ID #				
Wolinsky		Barbara		Е	0096				
Residential Street Address	City			State	Zip Code				
70 Green St		Norwell		MA	02061				
Principal Occupation		Name of Employ	^{er} m Studios						
Graphic Designer Is contributor a principal of a state contractor or prospective state contractor?			obbyict chause or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	111100	in or commount				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Mulukutza	11130	Raji		1411	0026				
Residential Street Address	City	-		State	Zip Code				
18 Wwyndter		Middletown		СТ	06457				
Principal Occupation		Name of Employ	er						
Physician			esex Eye Physicians						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
In this contribution accorded with	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Personal Check									
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Emerick	11130	Geoffrey		1411	0093				
Residential Street Address	City			State	Zip Code				
26 Visgrove Ln		West Hartfor	d	СТ	06117-2332				
Principal Occupation	-	Name of Employ	er	-	•				
Physician		Consu	ılting opthalmologists		_				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes Cash X Personal Check									
X No	12/	21/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Srinivasan For Governor January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sullivan		David		W	0034				
Residential Street Address	City			State	Zip Code				
7 Overshot Drvie	<u> </u>	South Glasto	-	СТ	06073				
Principal Occupation Financial Advisor		Name of Employ							
			an Financial, LLC obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	7111100	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				
L AV	F: .				Louis B"				
Last Name Sullivan	First	Mary Jane		MI	Contribution ID # 0035				
Residential Street Address	City	магу запе		State	Zip Code				
7 Overshot Dr	,	South Glasto	nburv	СТ	06073				
Principal Occupation		Name of Employ	· · · · · · · · · · · · · · · · · · ·						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check	12/	21/2016	±100.00		±100.00				
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/.	21/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Dendi		Laxma			0036				
Residential Street Address	City			State	Zip Code				
26 Windy Hill Ln		Rocky Hill		СТ	06067				
Principal Occupation		Name of Employ	er						
IT		Anthe							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 12212016R	12/	21/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Thiruannamalai		Balaji			0037				
Residential Street Address	City			State	Zip Code				
148 Bell St		Glastonbury		СТ	06033				
Principal Occupation		Name of Employ	er						
Employed		Cohni							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		,	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			30 -0						
If yes, list Event # 12212016R	12/	21/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Srinivasan For Governor January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Patel		Hasu			0038				
Residential Street Address	City			State	Zip Code				
28 Fairway Dr	<u> </u>	Wallingford		СТ	06492				
Principal Occupation		Name of Employ							
Owner Is contributor a principal of a state contractor or prospective state contractor?			Enterprise Inc. obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				
	I			I					
Last Name	First	N (*) 1 *)		MI	Contribution ID #				
Buch Residential Street Address	City	Nikhil		A State	0039 Zip Code				
42 Lancaster Rd	City	Glastonbury		CT	06033				
Principal Occupation		Name of Employ	er	<u> </u>	00033				
Qa Analyst			entrix Inc						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				
[l . <i></i>	Laurin				
Last Name Buch	First	Janki		MI N	Contribution ID #				
Residential Street Address	City	Janki		State	Zip Code				
42 Lancaster Rd	City	Glastonbury		CT	06033				
Principal Occupation		Name of Employ	er	<u> </u>					
Circulation Rep.		Glasto	onbury Citizen						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	12/	21/2016	* F0.00		#F0.00				
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/.	21/2016	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Buch		Harini		N	0041				
Residential Street Address	City			State	Zip Code				
42 Lancaster Rd		Glastonbury		СТ	06033				
Principal Occupation		Name of Employ	er	-	•				
research assistant		Unive	rsity of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		acpendent child (a lobbyist?						
government the contract is with: Legislative Legislative Legislative	D. /	Pagain-1							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash X Personal Check	12/	21/2016	\$100.00		\$100.00				
If yes, list Event # 12212016R	/.	,	Ψ100.00	l	T-30.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Srinivasan For Governor January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pathak		Deepa		Α	0042				
Residential Street Address	City			State	Zip Code				
20 Warner Ct	<u> </u>	Glastonbury		СТ	06033				
Principal Occupation		Name of Employ	er lartford						
Program Director Is contributor a principal of a state contractor or prospective state contractor?			11 14	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	7111100	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				
L AV	F: .				Louis B"				
Last Name Pathak	First	Amit		MI D	Contribution ID # 0043				
Residential Street Address	City	AIIIIL		State	Zip Code				
20 Warner Ct	,	Glastonbury		СТ	06033				
Principal Occupation		Name of Employ	er						
Agent		Allsta	te						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check	12/	21/2016	±100.00		±100.00				
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/.	21/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Patel		Pragnesh		М	0044				
Residential Street Address	City			State	Zip Code				
118 N Hill Rd		North Haven		СТ	06473				
Principal Occupation		Name of Employ	er						
Agent		N.Y Li							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 12212016R	12/	21/2016	\$100.00		\$100.00				
in yes, list Event # 12212010K									
Last Name	First			MI	Contribution ID #				
Lynn		Robert		M	0045				
Residential Street Address 115 Founders Rd	City	Trumbull		State CT	Zip Code 06033				
Principal Occupation	<u> </u>	Name of Employ	er	CI	00033				
HR Services			Term Solutions						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	D	dependent child of	or a robbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with An executed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?		24 (22 : -							
If yes, list Event # 12212016R	12/	21/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Srinivasan For Governor			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Klett		Colin		-	0046				
Residential Street Address	City	6 11 61 1		State	Zip Code				
23 Ferry Ln		South Glasto	·	СТ	06073				
Principal Occupation Business Developer		Name of Employ	Lawn & Landscape, Inc.						
			obbyist, spouse, or	Amou	ınt of Contribution				
Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 12212016R Cash Credit/Debit Card	12/2	21/2016	\$100.00		\$100.00				
	-				La . a . a . a . a				
Last Name	First	M 1		MI	Contribution ID #				
Sullivan-Klett Residential Street Address	City	Mary Jane		State	0047 Zip Code				
23 Ferry Ln	City	South Glasto	nhurv	CT	06073				
Principal Occupation		Name of Employ		Ci	00073				
Financial Advisor			an Financial, LLC						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 12212016R	12/2	21/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Venkatesh Residential Street Address	City	Peruvamba		R State	0048				
21 Paul Spring Rd	City	Farmington		CT	Zip Code 06032				
Principal Occupation		Name of Employ	er	Ci	00032				
Physician			ord Hospital						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
)	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with an event reported in Section 11? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # 12212016R Cash Personal Check No	12/2	21/2016	\$100.00		\$100.00				
T. W	Б			\n_	G (3 (B)				
Last Name Satterfield	First	Anna		MI M	Contribution ID # 0049				
Residential Street Address	City	Allila		State	Zip Code				
125 White Sail Dr	City	Southington		CT	06409				
Principal Occupation		Name of Employ	er						
Nurse		NAPA	СТ						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	127	21/2016	#100.00		¢100.00				
If yes, list Event # 12212016R	12/4	21/2016	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Srinivasan For Governor			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Satterfield		John		М	0050				
Residential Street Address	City			State	Zip Code				
125 White Sail Dr		Southington		СТ	06409				
Principal Occupation		Name of Employ							
Physician Is contributor a principal of a state contractor or prospective state contractor?		NAPA Is contributor a l	11 1 ·	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Aillou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				
	l								
Last Name	First			MI	Contribution ID #				
Ramaman Residential Street Address	City	Sundaram		State	0051 Zip Code				
18 Tabor Cir	City	West Hartfor	d	CT	06117				
Principal Occupation		Name of Employ		Ci	00117				
Physician		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No			obbyist, spouse, or Yes	Amou	unt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Ramanan	11130	Chitraleka		IVII	0052				
Residential Street Address	City			State	Zip Code				
18 Tabor Cir		West Hartfor	d	СТ	06117				
Principal Occupation		Name of Employ	er		•				
Physician		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (x No						
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	12/	21/2016	\$100.00		\$100.00				
If yes, list Event # 12212016R		,			·				
Last Name	First			MI	Contribution ID #				
Vallam		Tejal			0053				
Residential Street Address	City			State	Zip Code				
45 Andover Dr		Rocky Hill		СТ	06067				
Principal Occupation		Name of Employ							
Owner Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with an event reported in Section 112 X Yes Wethod of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?									
If yes, list Event # 12212016R No Cash X Personal Check Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Srinivasan For Governor January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Patel		Vasant		С	0054				
Residential Street Address	City			State	Zip Code				
58 Barry Pl	L	Rocky Hill		СТ	06067				
Principal Occupation Engineer		Name of Employ	^{er} ecticut Natural Gas						
			obbyist snouse or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	D	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/2	21/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Patel	1 1150	Anjana		V	0055				
Residential Street Address	City	<u> </u>		State	Zip Code				
58 Barry Pl		Rocky Hill		СТ	06067				
Principal Occupation		Name of Employ	er	-	-				
Home Maker		Home	Maker						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna e							
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	12/2	21/2016	\$100.00		\$100.00				
If yes, list Event # 12212016R			•						
Last Name	First			MI	Contribution ID #				
Natchiappan		Ramesh			0056				
Residential Street Address	City			State	Zip Code				
120 W Avon Rd	<u> </u>	Avon		СТ	06001				
Principal Occupation Program Manager		Name of Employ	er artford						
			obbyist spouse or	Amou	unt of Contribution				
Yes 🔼 No	o	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
All event reported in Section 71?									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/2	21/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Arumugam		Sivasenthil			0057				
Residential Street Address	City			State	Zip Code				
130 W Avon Rd		Avon		СТ	06001				
Principal Occupation		Name of Employ	er						
Physician			land Anesthesiology Associat						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 12212016R No Cash X Personal Check Money Order Credit/Debit Card	12/2	21/2016	\$100.00		\$100.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT						
Srinivasan For Governor			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kumar		Rakesh			0058				
Residential Street Address	City			State	Zip Code				
26 Acorn Ridge Rd		South Glasto	-	СТ	06073				
Principal Occupation		Name of Employ	er						
Sales Is contributor a principal of a state contractor or prospective state contractor?		Self	11	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an executed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				
				l	1				
Last Name	First			MI -	Contribution ID #				
Hallisey	City	Matthew		P	0059 Zip Code				
Residential Street Address 13 Stancliff Rd	City	Glactonhuny		State CT	06033				
Principal Occupation	<u> </u>	Glastonbury Name of Employ	er	CI	00033				
Lobbyist			ew Hallisey Government Affa	irs. H.C.					
			obbyist, spouse, or		ant of Contribution				
	0	dependent child of	of a lobbyist? Yes						
If yes, indicate which branch or branches of government the contract is with:			□ No						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	21/2016	\$25.00		\$25.00				
				! !					
Last Name	First	Cuppe		MI	Contribution ID # 0060				
Franklin Residential Street Address	City	Susan		B State	Zip Code				
146 Knollwood Dr	City	Glastonbury		CT	06033				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00033				
		Home							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
All event reported in Section 71?									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	21/2016	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Franklin	11130	Michael]]	0061				
Residential Street Address	City			State	Zip Code				
146 Knollwood Dr		Glastonbury		СТ	06033				
Principal Occupation	•	Name of Employ	er		•				
Physician		Buckl	and Ear Nose & Throat LLC						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	12/	21/2016	#E0 00		¢50.00				
If yes, list Event # Money Order Credit/Debit Card	12/	21/2016	\$50.00		\$50.00				

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	U (cenon /x-1)	TYPE OF REPORT						
Srinivasan For Governor January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Gittleman		Mary		Α	0062				
Residential Street Address	City			State	Zip Code				
80 Peach Tree Rd		Glastonbury		CT	06033				
Principal Occupation		Name of Employ	er		•				
Credit Assistant		Tilcon	, CT						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check	12/	21/2016	# F0.00		* F0.00				
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/.	21/2016	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Lawson	11130	Marilyn		T	0063				
Residential Street Address	City	Hulliyii		State	Zip Code				
294 Buttonball Ln	City	Glastonbury		CT	06033				
Principal Occupation		Name of Employ	er	<u> </u>	00033				
Retired		Retire							
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist? Yes						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 12212016R	12/	21/2016	\$50.00		\$50.00				
in yes, list Event # 12212010K Monley Order Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Pendri		Yadagiri			0064				
Residential Street Address	City			State	Zip Code				
54 Aspen Dr		South Glasto		СТ	06073				
Principal Occupation		Name of Employ							
Scientist			ntia Life Sciences						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		ī	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Bute	received	riggregate contributions						
No Cash Regional Check	12/	21/2016	\$50.00		\$50.00				
If yes, list Event # 12212016R		<i>'</i>	·		·				
Last Name	First			MI	Contribution ID #				
Reddy		Adla		V	0065				
Residential Street Address	City			State	Zip Code				
24 Applegate Ln		Monroe		CT	06468				
Principal Occupation		Name of Employ	er						
Project Manager		Parso							
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of		aspendent ennd (x No						
government the contract is with: Legislative Legislative Legislative	Б.	Dagaiyy- 4							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	12/	21/2016	\$50.00		\$50.00				
If yes, list Event # 12212016R	14/	21/2010	φυ.υυ		Ψ30.00				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original					
Srinivasan For Governor								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Arun		Uma			0066			
Residential Street Address	City			State	Zip Code			
49 Glastonbury Hunt Ln	<u> </u>	South Glasto Name of Employ	,	СТ	06073			
Principal Occupation Human Rescources Manager		1 ,	of Connecticut					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	21/2016	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Darwar		Arun			0067			
Residential Street Address	City			State	Zip Code			
49 Glastonbury Hunt Ln		South Glasto	nbury	СТ	06073			
Principal Occupation		Name of Employ	er					
			Jniversity					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	·				
an event reported in Section J1?			1-88-184-1					
No No Cash X Personal Check	12/2	21/2016	\$50.00		\$50.00			
If yes, list Event# 12212016R				<u> </u>				
Last Name	First			MI	Contribution ID #			
Kurtakori		Suraj		S	0068			
Residential Street Address	City			State	Zip Code			
13 Florence Way	<u> </u>	Farmington		СТ	06032			
Principal Occupation Technology		Name of Employ IBM	er					
			obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 N	0	dependent child of	37					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in section 71:								
If yes, list Event # 12212016R No Cash Money Order Credit/Debit Card	12/2	21/2016	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Haryadi		Dinesh		G	0069			
Residential Street Address	City			State	Zip Code			
105 Talcott Ridge Dr		Middletown		СТ	06457			
Principal Occupation		Name of Employ						
Biomedical Engineering		-	Medical					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}	1				
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?			55 -5	1				
If yes, list Event # 12212016R	12/2	21/2016	\$50.00		\$50.00			

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L MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Srinivasan For Governor January 10 Filing - Original					
B. Itemized Contributions from					
Last Name Desai	First	Ashish		MI	Contribution ID # 0070
Residential Street Address	City			State	Zip Code
303 Fairway Xing		Glastonbury		СТ	06033
Principal Occupation		Name of Employ	er	-	•
Accountant			mployed		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	ls contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	12/	21/2016	\$50.00		\$50.00
If yes, list Event # 12212016R	12,	21,2010	Ψ30.00		
Last Name	First			MI	Contribution ID #
Desai		Ami			0071
Residential Street Address	City			State	Zip Code
303 Fairway Xing Principal Occupation		Glastonbury Name of Employ		СТ	06033
Hospital Administrator			tal For Special Care		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	<u></u>		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 12212016R	12/	21/2016	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Das	11130	Proloy		K	0072
Residential Street Address	City			State	Zip Code
4 Winesap Cir		Rocky Hill		СТ	06073
Principal Occupation		Name of Employ			
Attorney Is contributor a principal of a state contractor or prospective state contractor?			a Cullina obbyist, spouse, or	Amou	ant of Contribution
Yes No	o	dependent child of		Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?		0.4 / 0.0 4 6	450.00		
If yes, list Event # 12212016R No Cash Personal Check Money Order Credit/Debit Card	12/	21/2016	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Sudhir		Shah			0073
Residential Street Address	City			State	Zip Code
20 Nuthatch Knob		Glastonbury		СТ	06033
Principal Occupation Retired		Name of Employ Retire			
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	U	dependent child of	a loodyist?		
government the contract is with: Legislative Legislative	Б.	<u> </u>	x _{No}		
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 12212016R	12/	21/2016	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT						
Srinivasan For Governor			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Gorusu		Madhavi			0074				
Residential Street Address	City			State	Zip Code				
4 Linden Ln	<u> </u>	Avon		СТ	06001				
Principal Occupation		Name of Employ	er						
Physician Is contributor a principal of a state contractor or prospective state contractor?		Self	obbyist, spouse, or	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Voc	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes X Cash Personal Check									
If yes, list Event # 12212016R	12/	21/2016	\$100.00		\$100.00				
in yes, list Event # 12212010K									
Last Name	First			MI	Contribution ID #				
Rana		Bharat		R	0075				
Residential Street Address	City			State	Zip Code				
2089 Berlin Tpke		Newington		СТ	06111				
Principal Occupation Hotel Owner		Name of Employ	er Associates Inc						
			abbriet enauge or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	111100	ant of Continuation				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
U No I ☐ ····· ☐ ·····	12/	21/2016	\$100.00		\$100.00				
If yes, list Event # 12212016R									
Last Name	First			MI	Contribution ID #				
Hoar		Paul		В	0076				
Residential Street Address	City			State	Zip Code				
73 Dayton Rd	<u> </u>	South Glasto		СТ	06073				
Principal Occupation President		Name of Employ	er rels LLC						
			obbyist snouse or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
All event reported in Section 71?									
If yes, list Event # 12212016R No	12/	21/2016	\$100.00		\$100.00				
I Honey order I credit book card									
Last Name	First			MI	Contribution ID #				
Myers		Michael		Н	0077				
Residential Street Address	City	Carrella Claure	- h	State	Zip Code				
225 Old Maids Ln Principal Occupation	L	South Glasto Name of Employ	· · · · · · · · · · · · · · · · · · ·	СТ	06073				
Business Owner			akery Connection, Inc.						
			abbreigt anguag or	Amou	unt of Contribution				
Yes X No	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # 12212016R So Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Srinivasan For Governor January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Bhima		Ranmal			0078				
Residential Street Address	City			State	Zip Code				
182 Yankee Peddlor Path		Madison		СТ	06443				
Principal Occupation		Name of Employ							
Partner — — — — — — — — — — — — — — — — — — —		Akjat	11.14	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Voc	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				
Last Name	First	.		MI	Contribution ID #				
Mahesh Residential Street Address	City	Gayatri		State	0079 Zip Code				
156 Movehouse Rd	City	Easton		CT	06612				
Principal Occupation		Name of Employ	er	CI	1 00012				
Fast Food			mployed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Mahesh		Bangalore			0080				
Residential Street Address	City			State	Zip Code				
156 Movehouse Rd		Easton		СТ	06612				
Principal Occupation		Name of Employ	er	=	•				
Self-Emplyed		Self							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent enna e	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	12/	21/2016	\$100.00		\$100.00				
If yes, list Event # 12212016R									
Last Name	First			MI	Contribution ID #				
Patel		Jayesh			0081				
Residential Street Address	City			State	Zip Code				
302 Feldspar Rdg		Glastonbury		СТ	06033				
Principal Occupation Self		Name of Employ Self	er						
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No)	dependent child of	Vac	1 111100					
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?									
If yes, list Event # 12212016R So Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Srinivasan For Governor January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Patel		Pankaj			0082				
Residential Street Address	City			State	Zip Code				
646 Oakwood Dr	<u> </u>	Glastonbury		СТ	06033				
Principal Occupation		Name of Employ							
System Analyst Is contributor a principal of a state contractor or prospective state contractor?		Ciber	44 1 4	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an execution in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Cash Personal Check									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	21/2016	\$100.00		\$100.00				
I yes, is Even I I ZZZZZOTOK									
Last Name	First			MI	Contribution ID #				
Chartier		Timothy		V	0083				
Residential Street Address	City	DI 6.11		State	Zip Code				
54 Carnoustie Cir Principal Occupation	<u> </u>	Bloomfield Name of Employ	or	СТ	06002				
Physician		Self	ci						
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an expert spectral in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes X Cash Personal Check									
If yes, list Event # 12212016R	12/	21/2016	\$100.00		\$100.00				
I yes, list Event ii IZZIZOTOK II Honey order II credit Debit Card									
Last Name	First			MI	Contribution ID #				
Silverberg		Robert		М	0084				
Residential Street Address	City			State	Zip Code				
274 E Opal Dr Principal Occupation	<u> </u>	Glastonbury Name of Employ	ou.	СТ	06033				
Lobbyist		1 ,	s London						
·			obbyist snouse or	Amou	ant of Contribution				
Yes 🔼 No	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 12212016R No San Personal Check No Money Order Credit/Debit Card	12/	21/2016	\$50.00		\$50.00				
Lad Norma	Einst				Contribution ID #				
Last Name Geddam	First	Sailaja		MI	Contribution ID # 0085				
Residential Street Address	City	Janaja		State	Zip Code				
26 Windy Hill Ln		Rocky Hill		CT	06067				
Principal Occupation		Name of Employ	er						
IT Lead		Tata (Consultiry Services						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		ucpenuent child (a lobbyist?						
government the contract is with: Legislative Legislative	Б.	Danier 1							
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	12/	21/2016	\$50.00		\$50.00				
If yes, list Event # 12212016R	I/.	,	Ψ50.00	I	T 30.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	TWIE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Srinivasan For Governor			TYPE OF REPORT January 10 Filing - Original		
B. Itemized Contributions from	m Inc	lividuals			
Last Name Kantesaria	First	Kirtikant		MI	Contribution ID # 0086
Residential Street Address	City			State	Zip Code
72 Wanda Ln		Middletown		СТ	06457
Principal Occupation	-	Name of Employ	er		•
Physician		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Sah Personal Check	12/	21/2016	\$50.00		\$50.00
If yes, list Event # 12212016R	12,	21,2010	Ψ30.00		
Last Name	First			MI	Contribution ID #
Twilley		Julia		В	0100
Residential Street Address	City			State	Zip Code
21 Paxton Way		Glastonbury		СТ	06033
Principal Occupation		Name of Employ			
Finance Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Aillot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Cash Regresonal Check					
X No	12/	22/2016	\$100.00		\$100.00
	l .				I
Last Name	First	Louis		MI	Contribution ID # 0101
Spadaccini Residential Street Address	City	Louis		A State	Zip Code
85 Steep Hollow Ln	City	Manchester		CT	06040-4521
Principal Occupation		Name of Employ	er		
Attorney		Black	well & Spadaccini LLC		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0		obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes indicate which branch or branches of	o	dependent child of	I a loooyist:		
government the contract is with: Executive Legislative		p : 1			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	12/	22/2016	\$100.00		\$100.00
If yes, list Event #		,	·		•
Last Name	First			MI	Contribution ID #
Spadaccini		Keshet		R	0102
Residential Street Address	City			State	Zip Code
85 Steep Hollow Ln		Manchester	ON .	СТ	06040-4521
Principal Occupation Attorney		Name of Employ Great	er er Manchester Probate Court		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or		unt of Contribution
If yes, indicate which branch or branches of	U	dependent child of			
government the contract is with:	-		x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	12/	22/2016	#100 00		¢100 00
If yes, list Event # Money Order Credit/Debit Card	12/	22/2016	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	TWING OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Srinivasan For Governor January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Patel		Jagdish		Α	0103				
Residential Street Address	City	_		State	Zip Code				
7961 Bates Rd	L	Tracy		CA	95304				
Principal Occupation Physician		Name of Employ Patel,	er Pulliam & Habli						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1.00.18						
If yes, list Event # Cash X Personal Check Money Order	12/2	22/2016	\$100.00		\$100.00				
in you, mis strong or the stro									
Last Name	First			MI	Contribution ID #				
Shah		Madhu		М	0104				
Residential Street Address	City			State	Zip Code				
1124 Potomac Ct	<u> </u>	Owensboro		KY	42303				
Principal Occupation Retired		Name of Employ retire							
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	7 tinou	nt of Controlation				
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	12/2	22/2016	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Shah		Manilal		В	0105				
Residential Street Address	City			State	Zip Code				
1124 Potomac Ct	<u>L</u> ,	Owensboro		KY	42303				
Principal Occupation		Name of Employ							
Physician			h First						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with or event apported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 71?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/2	22/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Kasaraneni	1 1150	Devika		R	0097				
Residential Street Address	City			State	Zip Code				
75 Colton Rd		Glastonbury		СТ	06033				
Principal Occupation	•	Name of Employ	er						
MD		Prohe	alth Physicians						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		cinu	x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date		1-551-5611 CONTIDUTIONS						
If yes, list Event # Cash X Personal Check Money Order	12/2	22/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	TWIE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Srinivasan For Governor			TYPE OF REPORT January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Desai	City	Bella		M	0032				
Residential Street Address 129 Lavender Ln	City	Rocky Hill		State CT	Zip Code 06067				
Principal Occupation		Name of Employ	er	Ci	00007				
Co-owner			Printers						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x No						
government the contract is with: Is this contribution associated with an event proported in Section 112 X Yes Yes	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 12212016R No Money Order Credit/Debit Card	12/	22/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Desai		Mukesh		В	0033				
Residential Street Address	City			State	Zip Code				
129 Lavender Ln		Rocky Hill		СТ	06067				
Principal Occupation		Name of Employ	er						
Owner			Printers	T					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			30 .0						
If yes, list Event # 12212016R	12/	22/2016	\$100.00		\$100.00				
If yes, list Event # 12212016R									
Last Name	First			MI	Contribution ID #				
Khatri		Haresh		Н	0108				
Residential Street Address 1997 Brance Dr	City	1	_	State	Zip Code				
Principal Occupation		Lawrencebur Name of Employ	_	TN	38464				
Physician			imployed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of							
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	12,	22/2016	±100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	12/	22/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Ponnala		Venumadhav	ra .		0131				
Residential Street Address	City			State	Zip Code				
25 Pocotopaug Dr		East Hampto		СТ	06424				
Principal Occupation		Name of Employ							
Engineer Is contributor a principal of a state contractor or prospective state contractor?			& Whitney obbyist, spouse, or	Amou	ant of Contribution				
Yes X No	0	dependent child of	Vac	111100	in or commount				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
If yes, list Event # Cash Credit/Debit Card	12/	23/2016	\$50.00		\$50.00				

I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Bravids Complete Name of Projectory) with Commission) TYPE OF REPORT								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Srinivasan For Governor January 10 Filing - Original								
B. Itemized Contributions from	n Inc	lividuals			-			
Last Name	First			MI	Contribution ID #			
Ponnala	~	Sridevi			0132			
Residential Street Address	City	Fact Hamele	_	State	Zip Code			
25 Pocotopaug Dr Principal Occupation		East Hampto Name of Employe		СТ	06424			
Project Manager		XL Ca						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Vos Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	12/	23/2016	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Murthy		Prerana			0094			
Residential Street Address	City			State	Zip Code			
59 Old Farms Rd		Cheshire		СТ	06410			
Principal Occupation		Name of Employ	er	-	•			
Homemaker			maker					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna e						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	-				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	12/	23/2016	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Murthy		Deepak			0095			
Residential Street Address	City			State	Zip Code			
59 Old Farms Rd		Cheshire		СТ	06410			
Principal Occupation		Name of Employ						
IT Leader Is contributor a principal of a state contractor or prospective state contractor?		<u> </u>	obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	O	dependent child of	37	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions	1				
an event reported in section 31:								
If yes, list Event # Cash Credit/Debit Card	12/	23/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Venkatesh	1 1130	Jayashree		1411	0142			
Residential Street Address	City			State	Zip Code			
21 Paul Spring Rd		Farmington		СТ	06032			
Principal Occupation	•	Name of Employ	er	•				
Physician		Self E	mployed					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		-	x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			300					
If yes, list Event # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	12/	24/2016	\$100.00		\$100.00			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	ì	ŕ	TYPE OF REPORT							
Srinivasan For Governor			January 10 Filing - Original							
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Faldu		Nini		٧	0144					
Residential Street Address	City			State	Zip Code					
11 Faldu Rd		Windsor		СТ	06095-4732					
Principal Occupation		Name of Employ	er							
Homemaker		Home	maker							
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	nt of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	x No							
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section J1? Yes Cash Personal Check										
If yes, list Event # Cash No Cash No Money Order Credit/Debit Card	12/	27/2016	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
Marcus	1 1100	Zachary]]	0136					
Residential Street Address	City	240.14.7		State	Zip Code					
41 Woodmere Rd		West Hartfor	d	СТ	06119					
Principal Occupation		Name of Employ	er							
Insurance Agent		Marcu	is Insurance							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution					
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?							
government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section J1? X No	12/	27/2016	\$100.00		\$100.00					
				<u> </u>						
Last Name	First			MI	Contribution ID #					
Marcus	- C:	Mitchell		S	0137					
Residential Street Address PO Box 290756	City	Wethersfield		State CT	Zip Code 06129					
Principal Occupation	<u> </u>	Name of Employ	er	СТ	00129					
Insurance Agent			us Insurance							
				Amou	nt of Contribution					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	O	dependent child of	-							
If yes, indicate which branch or branches of government the contract is with:			x _{No}							
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in section 31?										
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/2	28/2016	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
Tanski		Lilian		Α	0140					
Residential Street Address	City			State	Zip Code					
160 Southpond Rd		South Glasto	nbury	СТ	06073-2325					
Principal Occupation		Name of Employ	er							
Homemaker			maker							
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	nt of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section J1? Yes Cash Regresonal Check										
X No	12/3	28/2016	\$100.00		\$100.00					

I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Srinivasan For Governor January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Tanski		John		М	0141				
Residential Street Address	City			State	Zip Code				
160 Southpond Rd	L	South Glasto	· · · · · · · · · · · · · · · · · · ·	СТ	06073-2325				
Principal Occupation Attorney		Name of Employ	er , Veltrop & Harkrider LLP						
			obbyjet enouge or	Amou	unt of Contribution				
Yes X N	О	dependent child o	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31? Cash Regional Check									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	12/	28/2016	\$100.00		\$100.00				
	F: /				Louis Bu				
Last Name Parekh	First			MI R	Contribution ID # 0109				
Residential Street Address	City	Sagar		State	Zip Code				
32 Jeremy Dr		East Lyme		CT	06333				
Principal Occupation		Name of Employ	er						
Energy Consultant		Earthl	light Technologies						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
No X Cash Personal Check	12/	28/2016	\$100.00		\$100.00				
If yes, list Event # 12282016R	12/.	20/2010	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Caruso		John		J	0110				
Residential Street Address	City			State	Zip Code				
1686 Hebron Ave		Glastonbury		СТ	06033				
Principal Occupation		Name of Employe	er						
Counter worker			's place Inc.						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
U No I = =	12/	28/2016	\$30.00		\$30.00				
If yes, list Event # 12282016R									
Last Name	First			MI	Contribution ID #				
Verma		Shailesh		K	0111				
Residential Street Address	City	6 11 117 1		State	Zip Code				
70 Homestead Dr Principal Occupation	L	South Windson		СТ	06074-2213				
Technology		RPG G							
Is contributor a principal of a state contractor or prospective state contractor?			obbriet enouge or	Amou	ınt of Contribution				
Yes X N	О	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 12282016R No Assn Credit/Debit Card	12/	28/2016	\$100.00	1	\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Srinivasan For Governor January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dalsania		Amritlal		М	0112				
Residential Street Address	City			State	Zip Code				
55 Sterling Ridge Ct		Cheshire		СТ	06410				
Principal Occupation		Name of Employ							
Anesthesiologist Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37	7 tinou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 12282016R No Money Order Credit/Debit Card	12/	28/2016	\$100.00		\$100.00				
L AV	г				I c , i , i , m "				
Last Name Manohar	First	Volandy		MI	Contribution ID # 0113				
Residential Street Address	City	Velandy		State	Zip Code				
93 Meetinghouse Rd		Haddam		CT	06438				
Principal Occupation		Name of Employ	er						
Psychiatrist		Middle	esex Hospital						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check	12/	20/2016	±100.00		±100.00				
If yes, list Event # 12282016R No Money Order Credit/Debit Card	12/.	28/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Makkencherry		Suresh			0114				
Residential Street Address	City			State	Zip Code				
5 S Pond Cir		Cheshire		СТ	06410				
Principal Occupation		Name of Employ	er						
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 12282016R	12/	28/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Parekh	11130	Kiran		C	0115				
Residential Street Address	City			State	Zip Code				
19 Elton Ct		Uncasville		СТ	06382-2090				
Principal Occupation		Name of Employ	er		•				
Self-Emplyed		Self E	mployed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Method of contribution: Method of contribution:									
If yes, list Event # 12282016R No Cash X Personal Check Money Order Credit/Debit Card	12/	28/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Srinivasan For Governor January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Clark		Marianne		L	0116				
Residential Street Address	City			State	Zip Code				
PO Box 466	<u> </u>	Avon		СТ	06001				
Principal Occupation		Name of Employ							
Unemployed Is contributor a principal of a state contractor or prospective state contractor?			ployed obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	7111100	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 12282016R No Money Order Credit/Debit Card	12/	28/2016	\$100.00		\$100.00				
L AV	F: .				Louis B"				
Last Name Parekh	First	Rajesh		MI	Contribution ID # 0117				
Residential Street Address	City	Rajesii		State	Zip Code				
32 Jeremy Dr		East Lyme		СТ	06333-1544				
Principal Occupation		Name of Employ	er						
Physician		UCFS							
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	12/	20/2016	±100.00		±100.00				
If yes, list Event # 12282016R	12/.	28/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Aithal		Keshava		Н	0118				
Residential Street Address	City			State	Zip Code				
64 Ribera Ln		Middletown		СТ	06457				
Principal Occupation		Name of Employ	er						
Physician			esex Cardiology						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 12282016R	12/	28/2016	\$100.00		\$100.00				
	l								
Last Name	First			MI	Contribution ID #				
Aithal Project Address	City	Vranda		Ct-t-	0119				
Residential Street Address 64 Ribera Ln	City	Middletown		State CT	Zip Code 06457				
Principal Occupation	<u> </u>	Name of Employ	er	C1	1 00 137				
Homemaker			maker						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Legislative Legislative	-		x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	12/	28/2016	\$100.00		\$100.00				
If yes, list Event # 12282016R	12/	28/2016	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT						
Srinivasan For Governor			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
	First			MI	Contribution ID #				
Last Name	FIISt								
Kumar		Babu		S	0120				
Residential Street Address	City			State	Zip Code				
125 Scenic Ct		Cheshire		СТ	06410				
Principal Occupation		Name of Employ							
Physician		Famiy	& Internal Medicine						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a foodylst?						
government the contract is with:			x No						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
No Cash X Personal Check	12/	28/2016	\$100.00		\$100.00				
If yes, list Event # 12282016R		•			·				
Last Name	First			MI	Contribution ID #				
	1 1150								
Kumar	a:	Prathibha		N	0121				
Residential Street Address	City			State	Zip Code				
125 Scenic Ct		Cheshire		СТ	06410				
Principal Occupation		Name of Employ	er						
Physician		Branh	aven Medical	_					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
	Date	Received	Aggregate Contributions						
an event reported in Section J1? Method of contribution: Yes Method of contribution:									
No Cash X Personal Check	12/	28/2016	\$100.00		\$100.00				
If yes, list Event # 12282016R	12/	20,2010	Ψ100.00		Ψ100.00				
Lost Noma	First			MI	Contribution ID #				
Last Name	FIISt			IVII					
Thangaraj		Rajahraman			0122				
Residential Street Address	City			State	Zip Code				
98 Fox Holw		Avon		СТ	06001				
Principal Occupation		Name of Employ	er						
Program Manager		Unite	d Health Group						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a lobbyist:						
government the contract is with:			x No						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
No Cash X Personal Check	12/	28/2016	\$50.00		\$50.00				
If yes, list Event # 12282016R		•			·				
Last Name	First			MI	Contribution ID #				
Madhavan	1 1100	Ramesh		.,,,	0123				
Residential Street Address	City	Kaillesii		Ct-t-					
	City	6 11 147 1		State	Zip Code				
148 Homestead Dr		South Winds		СТ	06074-2215				
Principal Occupation		Name of Employ							
VP Global Procurement			in Group	•					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x No						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
No Cash X Personal Check	12/	28/2016	\$50.00		\$50.00				
If yes, list Event # 12282016R	I			1					

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I, MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Srinivasan For Governor			January 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ramesh		Sandhya			0124
Residential Street Address	City			State	Zip Code
148 Homestead Dr		South Winds		СТ	06074
Principal Occupation Homemaker		Name of Employ	er emaker		
				Amou	unt of Contribution
Yes X No	0	dependent child of	Vac	1 111100	an or control
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Cash Personal Check					
If yes, list Event # 12282016R No Money Order Credit/Debit Card	12/	28/2016	\$50.00		\$50.00
I av	F: .			L	Louis D#
Last Name Angamuthu	First	Gomathi		MI	Contribution ID # 0125
Residential Street Address	City	Gomatin		State	Zip Code
54 Sunnybrook Dr		Avon		СТ	06001
Principal Occupation		Name of Employ	er		
med. biller		Lakes	ide wome's health		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions		
No No Personal Check	12/	20/2016	#100.00		±100.00
If yes, list Event # 12282016R	12/.	28/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gurusamy		Vetrivel			0126
Residential Street Address	City			State	Zip Code
54 Sunnybrook Dr		Avon		СТ	06001
Principal Occupation		Name of Employ	er		
Software			e Innovative Solutions		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		i	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # 12282016R	12/	28/2016	\$100.00		\$100.00
				l	
Last Name	First			MI	Contribution ID #
Natarajan Residential Street Address	City	Loganathan		State	O127 Zip Code
72 Geraldine Dr	City	Naugatuck		CT	06770
Principal Occupation		Name of Employ	er	1	
Software			mployed		
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a robbyist?		
government the contract is with: Executive	F :	D : 1	x _{No}		
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	12/	28/2016	\$100.00		\$100.00
If yes, list Event # 12282016R	/.		Ψ100.00	l	T-30.00

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L MONETARY RECEIPT	'S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(TYPE OF REPORT		
Srinivasan For Governor			January 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Loganathan		Vidya			0128
Residential Street Address	City			State	Zip Code
72 Geraldine Dr		Naugatuck		СТ	06770
Principal Occupation		Name of Employ	er	-	•
Doctor		Famil	y Walkin		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child (x No		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	12/	28/2016	\$100.00		\$100.00
If yes, list Event # 12282016R					
Last Name	First			MI	Contribution ID #
Faldu		Vijaykumar			0143
Residential Street Address	City			State	Zip Code
11 Faldu Rd		Windsor		СТ	06095-4732
Principal Occupation		Name of Employ	er		
President		Accut	ron Inc.	-	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Executive Legislative			X No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	12/	20/2016	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	12/.	28/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gilbert		Mitchell		С	0138
Residential Street Address	City			State	Zip Code
396 Old Mountain Rd		Farmington		СТ	06032
Principal Occupation		Name of Employ	er	-	•
Physician		Consu	ulting opthalmologists		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child (or a roodyrst?		
government the contract is with: Executive Legislative			x No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	12/	29/2016	\$100.00		\$100.00
If yes, list Event #	12/	29/2010	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Honiss		Louise		w	0139
Residential Street Address	City			State	Zip Code
50 Wagon Rd		Glastonbury		СТ	06033
Principal Occupation		Name of Employ	er	-	•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
Is this contribution associated with Mathed of contribution	Data	Received	Aggregate Contributions		
an event reported in Section J1?	Date	ACCUIVEU	Aggregate Contributions		
X No Cash X Personal Check	12/	29/2016	\$50.00		\$50.00
If yes, list Event # Money Order	Ι ΄	· · ·	1	I	•

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L MONETARY RECEIPT	S (Se	ection A-D							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Srinivasan For Governor		January 10 Filing - Original							
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Honiss		James		w	0133				
Residential Street Address	City		State	Zip Code					
50 Wagon Rd		Glastonbury		СТ	06033				
Principal Occupation	-	Name of Employ	er	-	•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Of a lobbyist?	Amo	ount of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X No	12/	29/2016	\$100.00		\$100.00				
					I a vii a m'				
Last Name	First			MI	Contribution ID #				
Pillai Residential Street Address	City	Anupkumar		C State	0134				
11 Red Fox Ln	City	Doclar Hill		CT	Zip Code 06067-2861				
Principal Occupation		Rocky Hill Name of Employ	er	CI	00007-2001				
QA Manager			d Health Group						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a l	obbyist, spouse, or	Amo	ount of Contribution				
If yes, indicate which branch or branches of	O	dependent child of	of a lobbyist?						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1.00.10.10						
If yes, list Event # Cash No Credit/Debit Card	12/	29/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Anup	1 1150	Seema			0135				
Residential Street Address	City			State	Zip Code				
11 Red Fox Ln		Rocky Hill		СТ	06067				
Principal Occupation		Name of Employ	er	!					
Preschool teacher		First o	church of christ						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amo	ount of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent emid e	x _{No}						
Is this contribution associated with Method of contribution:	Aggregate Contributions	1							
X No Cash X Personal Check	12/	29/2016	\$100.00		\$100.00				
If yes, list Event #	<u> </u>			<u> </u>					
			Total of S	Section B	\$12,786.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	+ B)	(Total on Line	14, Column A of Summary Page)		\$12,786.00				

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	I. 1	MONE'	TARY	Y RECEI	PTS (S	ection A-I)				
NAME OF COMMITTEE (Prov.	ide Complete Name as R	.egistered	with C	ommission)					TYPE OF R	EPORT
Srinivasan For Governor								J	anuary 10 Filing - C	Priginal
	C1. Co	ntributi	ions fr	om Other	Commi	ttees				
Name of Committee						Name of Treasurer				
Address					Is this contr	ibution associated with	an	Υ	es No	Amount of Contribution
event reported in Section J1?										
	If yes, list Event # State Zip Code Date Received Aggregate Con						e Contribut	ions	-	
City								e Controut	Kolis	
								Tot	al of Section C1	
	I. MONE	TARV	RECI	EIPTS (Se	ection 4	1 _T)				
NAME OF COMMITTEE	II WIGHTE		· ·	311 15 (50		/				
NAME OF COMMITTEE									PE OF REPORT	
Srinivasan For Governor							Jar	nuary 10 F	iling - Original	
C	2. Reimbursements o	r Surpl	us Dist	tributions	from ot	her Committees	s			
Name of Committee						Name of Treasurer				
Address							Date 1	Received		A
										Amount of Receipt
City		State		Zip Code		Payment Type				
						Reimbursement	for shared 6	expense		
						Surplus distribut	tion from ex	xploratory o	committee	
Expenditure #	Description									
										T
								Tota	l of Section C2	

	I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE					TYPE	OF REPORT						
Srinivasan For Governor					January 10 I	Filing - Original						
	D. Loan	s Received this Peri	od									
Name of Lender			Source of Loan:				Date of Receipt					
Street Address		City	Bank Candie	date	Individua State	Zip Code	Is there a cosigner or Guarantor of this loan?					
							Yes No					
Name of Cosigner/Guarantor (if applica	able)						Amount Received					
Street Address		City			State	Zip Code						
						Total of Sectio	n D					
	I. MONE	TARY RECEIPT	S (Section A-I)									
NAME OF COMMITTEE						TYPE OF REPO	ORT					
Srinivasan For Governor					Janu	ıary 10 Filing - Orig	inal					
E. Personal l	Funds of the Candidate Reco	eived this Period (C	andidate Committee	es ONL	Y)							
Date of Receipt	Method of Payment Cash	Personal Check	Credit/Debi	it Card			Amount					
					Total of	Section E						
	I. Mo	netary Receipts (Section A-I)									
NAME OF COMMITTEE					Т	YPE OF REPO	RT					
Srinivasan For Governor					January	10 Filing - Original						
	G. Interest from	m Deposits in Auth	orized Accounts									
Name of Institution				Da	nte Received		Amount					
Street Address		City		State	Zip	Code						
		<u> </u>		<u> </u>	T	otal of Section G						

Total of Section I

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE			TYPE OF REPOR	Т							
Srinivasan For Governor		Jan	uary 10 Filing - Origina	I							
H. Public Grant Funds Received from the Citizens' Election Fund											
Purpose of Grant: Initial Grant Adjustment	Grant Cycle: Primary General Election Special	Election	Date Received	Amount							
Supplemental/Post Election Deficit											
			Total of Section H								
I. I	MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE			TYPE OF REPO	RT							
Srinivasan For Governor		Jan	uary 10 Filing - Origina	I							
I. Miscellaneou	is Monetary Receipts not Considered Contributi	ions									
Name		Date	of Transaction	Amount Received							
Street Address	City	State	Zip Code								
Description	· · ·		•								

	II. EVENT ACTIVITY	(Sect	ions J	1 - J4)						
NAME OF COMMITTEE (Provide Con	nplete Name as Registered with Com	mission)			TYPE OF REPORT				
Srinivasan For Governor						January 10 Filing	- Origii	nal		
	J1. Event Inform	nation								
Event # Date of Event	Description Dinner Event						Was t	this a fundra Yes	ising event?	
Location: Street Address 1300 S Main St					City Middletow	rn		State CT	Zip Code 06457	
Was this event hosted at a personal residence?	X	Yes No	if yes, go to Section J4 with a House Party and host(s) for food, beverage	complete requ	aired information for					
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	X	Yes No	complete required information.							
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	X	Yes No	(If yes, enter Total Reco	eipts here.)				\$0.00		
Event # Date of Event	Description Dinner Event						Was t	this a fundra Yes	ising event?	
Location: Street Address 1300 S Main St					City Middletow	/n		State CT	Zip Code 06457	
Was this event hosted at a personal residence?		X	Yes No	if yes, go to Section J4 with a House Party and host(s) for food, beverage	complete requ	aired information for				
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Donations not Considered Contribution complete required information.					utions and					
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Reco	eipts here.)				\$0.00	
					То	tal of Section J1			\$0.00	

	II.EV	ENT ACTIVITY (Sections	J1 - J	J4)						
NAME OF COMMITTEE (Provide	Complete Name as Reg	gistered with Commission)				TYPE OF REP	OR	ORT		
Srinivasan For Governor					Jar	January 10 Filing - Original				
	J3. In-Kind Donat	ions Not Considered Contrib	utions							
Name of the Donor										
Street Address			City					State	Zip Code	
Donation Given by: Description of Donation									arket Value of Donation	
Individual										
Business Entity	e value i	for this event								
Sole Proprietorship										
						Total of Section J3				
	II.	EVENT ACTIVITY (Section	ions J	1 - J4)						
NAME OF COMMITTEE (Provide	Complete Name as Reg	gistered with Commission)				TYPE OF RE	POI	RT		
Srinivasan For Governor						January 10 Filing - C	Drigir	nal		
J4. In-Ki	ind Donations Not Co	onsidered Contributions Asso	ciated	with a House	Par	ty				
Name of Host				Is th	nis even	t supporting more than on	e can	didate?		
					Yes	No If yes Adder		•	nization in	
Street Address			City	•				State	Zip Code	
Description of Donation									arket Value of conation	
Event # Aggregate value of this Event - all hosts Aggregate value of all Events - this host/candidate										
						Total of Section 14				

III. NONMONETARY RECEIPTS (Sections K - L)											
NAME OF COMMITTEE (Provide Complete Name as Registered w	ith C	Commiss	ion)		TYP	E OF REF	PORT				
Srinivasan For Governor					January 10 Filin	g - Original					
K. In-Kind	Cor	ıtributi	ons		l						
Name											
Street Address				City			State	Zip Code			
Is this contribution associated with an event reported in Section J1? If yes, list Event# Description of In-Kind Contribution											
Is Contributor a lobbyist, spouse, or dependent child Yes Is contributor a principal of a state contractor or prospective state Yes Fair Market							arket Value of this Contribution				
Type of Contributor:			Date Received		Aggregate contrib	utions					
Individual Committee Sole Propi	etors	ship									
					Total of S	ection K					
III. Non Mone	tar	y Recei	ipts (Sections K -	L)							
NAME OF COMMITTEE (Provide Complete Name as Registered w	ith C	Commiss	ion)		ТҮРЕ	OF REPO	ORT				
Srinivasan For Governor					January 10 Filii	ng - Original					
L. Refundable Deposit to	Tel	ephone	Company		•						
Last Name of Individual		First Nan	ne		MI	Date De	posit Made				
Residential Street Address	Cit	ty		State	Zip Code			mount of Deposit			
Name of Telephone company											
Street Address	City			State	Zip Code						
					Total of Se	ection L					

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission	on)		ТҮРЕ О	PE OF REPORT					
Srinivasan For Govern	or			January 10 Filinç	g - Original					
	N. Expenses Paid By Committee									
Name of Payee Haveli			Date of Payr 12/21/20		. =	neck # <u>98</u> ebit Card				
Street Address 1300 S Main St		City Middletown			State CT	Zip Code 06457				
Purpose of Expend FNDR *	Description Fundraising Event									
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure) 16R	\$1,563.26								
Name of Payee Madhu Reddy	Method of Payment X Check # 99 Debit Card EFT									
Street Address 10-3 Arthur Dr		City South Windso	r		State CT	Zip Code 06074				
Purpose of Expend OFFICE	Description Binders, Envelopes					Amount				
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		Expenditure # (if applicable)	Event #	ŧ		\$158.26				
Name of Payee Date of Payment Madhu Reddy 12/21/2016						rment neck # <u>99</u> ebit Card T				
Street Address 10-3 Arthur Dr		City South Windso	r		State CT	Zip Code 06074				
Purpose of Expend OFFICE	Description Custom Bank Deposit Slip					Amount				
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure		Expenditure # (if applicable)	Event #		\$25.51					

	IV	. EXPENDITUR	ES (Se	ctions N - S	5)					
NAME OF COMMITTE	E (Provide Complete Name as Ro	egistered with Commis	ssion)				TYPE OI	F REPORT		
Srinivasan For Govern	or					J	anuary 10 Filing	Filing - Original		
	N.	Expenses Paid By	Commit	tee		•				
Name of Payee MAdhu Reddy						Date of Paym			yment heck # <u>99</u> ebit Card FT	
Street Address 10-3 Arthur Dr								State CT	Zip Code 06074	
Purpose of Expend Misc * Description To Open a Mailbox at Post office									Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum										
							Total of S	ection N	\$1,97	75.03
	IV.	EXPENDITURE	ES (Sec	tions N - S)						
NAME OF COMMITTE	E (Provide Complete Name as Re	egistered with Commis	sion)				TYP	E OF REPO	ORT	
							January 10 Fil	ing - Original		
	O. Expe	enses Paid By Candi	idate							
Name of Payee (Name of vendor	who candidate paid directly)					Date of Payme	ent	Is Reimburse	ment Claimed? Yes	No
Street Address		City			State	Zip Coo	le		Amount	
Purpose of Expenditure (by code)	Description					Event #		_		
								-		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT			
Srinivasan For Governor				Ja	January 10 Filing - Original			
	P. Expenses Incurred of	n Committe	ee Cred	lit Card				
Name of Issuing Institution					Master Ca	ard Discove	er	American Express
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 Yes Expenditure # which reimbursement is sought? No (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum				Event #	ŧ			
Total of Section P								
IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O						F REPORT		
Srinivasan For Governor January 10 Filing -					Original			
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor							Date Incurr	red
Street Address			City				State	Zip Code
Purpose of Expenditure (by code)	scription							ount Incurred nate or Actual)
Is this expenditure coordinated with a reimbursement is sought?	another candidate for which	Yes		Expenditure # (if applicable)	Event #			
If yes, assign an Expenditure # and co	ompletes Itemization in Addendum Q							
					Tota	l of Section Q		

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT					
Srinivasan For Governor					January 10 Filing - Original					
R. Itemiza	ntion of Reimbur	sements and	l Secondary Pa	iyees						
Last Name of Worker/Consultant First			MI Date of Payment to Vendor			nt to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:			
									Chec	k #
								Debit	t Card	
Name of Vendor Paid by Committee Worker/Consultant									EFT	
Street Address of Vendor			City					Stat	e	Zip Code
Purpose of Expenditure (by code) Description										
Is this expenditure coordinated with another candidate for Yes which reimbursement is sought?			Expenditure # (if applicable)			Event # Amount		Amount		
No If yes, assign an Expenditure # and completes Itemization in Addendum R										
Total of Section R										
IV. EXPENDITURES (Sectuibs N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT										
Srinivasan For Governor January				January	10 Filing - Origin	al				
S. Surplus Distribution of Equipment and Furniture										
Name of Recipient										
Street Address City					State	e	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 Donati	J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum						
Event #							
Name of Candidate							
	Section N. ADDENDUM						
NAME OF COMMITTEE	NAME OF COMMITTEE						
	N. Expenses Paid By Committee - Ad	dendum					
Expenditure #			Amount of Expenditure				
Name of Candidate Office Sc			ice Sought				
Section P. ADDENDUM							
NAME OF COMMITTEE			TYPE OF REPORT				
P. Expenses Incurred on Committee Credit Card - Addendum							
Expend	liture #		Amount of Expenditure				
Name of Candidate C			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		ı			
NAME OF COMMITTEE		TYPE OF REPORT			
R. Itemization of Reimbursements and Secondary Payees - Addendum					
Expenditure #	Amount of Expenditure				
Name of Candidate		Office Sought			