SEEC FORM 30

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

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COVER PAGE

| 1.NAME OF COMMITTEE | | | | | | 2. TYPE OF COMMITTEE | | | |
|--|-----------------------------|-----------------|------------------|-------------|------------|----------------------|---|--|--|
| Connecticut Comeback Committee | | | | | | _ | Candidate Committee Exploratory Committee | | |
| 3. TREASURER NAME | | | 1 | T | | | | | |
| First | | I | MI | Last | | | Suffix | | |
| Michael | | | j j | Purcaro | | | | | |
| 4. TREASURER ADDRESS | | | | | _ | | | | |
| Street Address | | City | | | State | | Zip Code | | |
| 15 Foster Dr | | Elling | ton | | СТ | 0 | 06029 | | |
| 5. ELECTION DATE | 6. OFFICE SOUGHT (Con | mplete oi | nly if Candidate | Committee) | | 7. DISTRI | CT NUMBER (if applicable | | |
| 11/06/2018 | Undetermined | | | | | | | | |
| 8. CANDIDATE NAME (Complete only if C | Candidate or Exploratory Co | omm <u>itte</u> | e) | | | | | | |
| First | | | MI | Last | | | Suffix | | |
| Mark | | | D | Boughton | | | | | |
| 9. TYPE OF REPORT | | | | | | | | | |
| January 10 Filing - Original | | | | | | | | | |
| 10. PERIOD COVERED | | | | | | | | | |
| | | | | | | | | | |
| | Beginning Date | | | Ending Date | | | | | |
| | 11/12/2016 | thru | u | 12/31/2016 | | | | | |
| | | | | | | | | | |
| TI. CERTIFICATION | | | | | | | | | |
| I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | | | | | |
| | | | | | | | | | |
| Electronic Filing | Roger Palanzo | | | 01/1 | .0/2017 4: | 54:43PM | | | |
| SIGNATURE | PRINT NAME OF THE | 3 SIGNE | ∃R | DATE | CERTIFIED | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| A Person who is found to have knowir 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 | | | | | |
|---|------------------------------|--------------------|--|--|--|--|--|
| Connecticut Comeback Committee | January 10 Filing - Original | | | | | | |
| | COLUMN A This Period | COLUMN B 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) | \$26,360.00 | \$26,360.00 | | | | | |
| 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) | \$26,360.00 | \$26,360.00 | | | | | |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$26,360.00 | \$26,360.00 | | | | | |
| 20. Expenses Paid by Committee (Section N) | \$1,404.56 | \$1,404.56 | | | | | |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col | \$24,955.44 | \$24,955.44 | | | | | |
| 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 (Sc | ection A-I) | | | | | |
|---|---------------------------|---|-------------|------------------------|--------------|---------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | TYPE OF REPORT | | | |
| Connecticut Comeback Committee | | | January | / 10 Filing - Original | | | |
| A. Total Contributions from Small Contributors-Received this Period | od O | NLY | | For Nonpartic | ipating Cand | idates ONLY | |
| B. Itemized Contributions from | m Ind | lividuals | | | | | |
| Last Name | First | | | | MI | Contribution ID # | |
| Kleinhans | | John | | | w | 0001 | |
| Residential Street Address | City | | | | State | Zip Code | |
| 304 Main St Unit 2A | | Niantic | | | СТ | 06357 | |
| Principal Occupation | | Name of Employe | r | | | | |
| Executive VP | | | | tions, LLC | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | 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: | | | | x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate | Contributions | 1 | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 11/3 | 22/2016 | | \$100.00 | | \$100.00 | |
| If yes, list Event # | Event # Credit/Debit Card | | | | | | |
| Last Name | First | | | | MI | Contribution ID # | |
| Palanzo | <u> </u> | Roger | | | Α | 0002 | |
| Residential Street Address | City | | | | State | Zip Code | |
| 45 Briarwood Dr | Щ, | Danbury | | | СТ | 06810 | |
| Principal Occupation | | Name of Employer City of Danbury | | | | | |
| Director-Business Advocacy Is contributor a principal of a state contractor or prospective state contractor? | | City of Danbury Is contributor a lobbyist, spouse, or Amount of Contribution | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | o | dependent child of | | Se, of Yes | Amou | in 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 | | | 1 | | |
| an event reported in Section J1? Yes Cash Regresonal Check | | | | | | | |
| X No | 11/ | 22/2016 | | \$100.00 | | \$100.00 | |
| Last Name | First | | | | МІ | Contribution ID # | |
| Nocera | FIISt | Stephen | | | IVII | 0003 | |
| Residential Street Address | City | эсерпеп | | | State | Zip Code | |
| 37 Evans Dr | | Simsbury | | | CT | 06070 | |
| Principal Occupation | <u> </u> | Name of Employer | r | | | | |
| Director of Project Excellence | | | Danbury | , | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a lo dependent child of | - | se, or Yes | Amov | unt of Contribution | |
| If yes, indicate which branch or branches of | | acpendent child 01 | a 1000yist? | x _{No} | | | |
| government the contract is with: | I B : | nid | A : | | - | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate | Contributions | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 11/ | 22/2016 | | \$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 | | | | | | | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | | |
| B. Itemized Contributions from | n Inc | lividuals | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Goldfarb | | Michael | | | 0004 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 40 Westcliff Dr | | West Hartfor | d | СТ | 06117 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Attorney | | Cigna | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | D | 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? | Dute | Received | riggregate contributions | | | | | | |
| X No Cash Personal Check | 11/ | 22/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | / | | Ψ100.00 | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Samuelson | | Austin | | | 0005 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 61 N Mountain Rd | | Brookfield | | СТ | 06804 | | | | |
| Principal Occupation | | Name of Employ | er | | 1 | | | | |
| Special Assistant | | City o | f Danbury | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amount of Contribution | | | | | |
| | 3 | 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 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 22/2016 | \$100.00 | | \$100.00 | | | | |
| I Honey order | <u> </u> | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Munoz | | Elisa | | | 0006 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 547 Millville Ave # 1-2 | | Naugatuck | | СТ | 06770 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Admin Asst | | - | of Danbury | | | | | | |
| 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: 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 Personal Check | 11/ | 22/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 11/ | 22/2010 | Ψ100.00 | | ——— | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Gerhardt | | Veronica | | | 0007 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 20 Moody Ln | | Danbury | | СТ | 06811 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| 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 roodyrst? | | | | | | |
| 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 | | | | | | |
| | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 22/2016 | \$25.00 | | \$25.00 | | | | |

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| L MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|----------------|--|------------------------------------|-------------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Kleinhans | | Robert | | | 0008 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 64 Old Black Point Rd | | Niantic | | СТ | 06357 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Director of Public Works | | | of Vernon | A | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | obbyist, spouse, or of a lobbyist? | 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 Voc Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 11/ | 22/2016 | \$100.00 | | \$100.00 | | | | |
| | | | | l | 1 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Kleinhans | O. | Eleanor | | - C | 0009 | | | | |
| Residential Street Address | City | Niontio | | State | Zip Code | | | | |
| 64 Old Black Point Rd Principal Occupation | | Niantic Name of Employ | er | СТ | 06357 | | | | |
| Branch VP | | | uell Banker Residential Broke | rage | | | | | |
| | | | obbyist, spouse, or | | unt of Contribution | | | | |
| Yes X No |) | dependent child of | Vac | | | | | | |
| 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 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 22/2016 | \$100.00 | | \$100.00 | | | | |
| | | | | l | 1 | | | | |
| Last Name | First | No. 1 | | MI | Contribution ID # | | | | |
| McLachlan Residential Street Address | City | Michael | | Ct-t- | 0010 | | | | |
| 47 W Wooster St | City | Danbury | | State CT | Zip Code 06810 | | | | |
| Principal Occupation | | Name of Employ | er | Ci | 00010 | | | | |
| Broker | | | ity Real Estate | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | | | | |
| Yes 🔼 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 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card | 11/ | 22/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Moore | 11130 | Donna | | 1411 | 0011 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 37 Joes Hill Rd | | Danbury | | СТ | 06811 | | | | |
| Principal Occupation | | Name of Employ | er | | 1 | | | | |
| Drywall | | Capita | al Drywall Construction Inc. | | | | | | |
| 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 ennu (| x No | | | | | | |
| government the contract is with: Legislative Legislative Legislative Legislative | Dot- | Pagaiyad | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 11/ | 22/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | I/ | , | ¥200.00 | | , , | | | | |

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| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|----------------|--------------------|------------------------------|------------------------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Kiani | | Farzin | | | 0012 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 512 Glen Rd | | Weston | | MA | 02493 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Engineer | | Veolia | 1 | | | | | | |
| 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 roodyrst? | | | | | | |
| government the contract is with: | Dete | D | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 11/ | 22/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 11/. | 22/2010 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Carpino | | Nicholas | | | 0013 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 55 Trumbull St Apt 105 | | Hartford | | СТ | 06103 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Registered Nurse | | Hartfo | ord Hospital | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amount of Contribution | | | | | |
| If yes, indicate which branch or branches of | 5 | dependent child of | of a lobbyist? | | | | | | |
| 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 X Credit/Debit Card | 11/2 | 23/2016 | \$100.00 | | \$100.00 | | | | |
| | l | | | | | | | | |
| Last Name | First | D 1 | | MI | Contribution ID # | | | | |
| Burdette Miller Residential Street Address | City | Pamela | | State | 0014 | | | | |
| 28 Westville Dr | City | Danbury | | CT | Zip Code 06810 | | | | |
| Principal Occupation | <u> </u> | Name of Employ | er | Ci | 00010 | | | | |
| Manager | | | Rheinland of NA | | | | | | |
| | | | 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 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 X Credit/Debit Card | 11/2 | 23/2016 | \$100.00 | | \$100.00 | | | | |
| | - | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Beecher | G'i | Thomas | | G | 0015 | | | | |
| Residential Street Address | City | New Milford | | State CT | Zip Code | | | | |
| 11 Silver Birch Rd Principal Occupation | | Name of Employ | or | CI | 06776 | | | | |
| Attorney | | | ns Hannafin, P.C. | | | | | | |
| | | | -1.1 | Amou | unt of Contribution | | | | |
| Yes X No | 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 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 X Credit/Debit Card | 11/2 | 27/2016 | \$100.00 | | \$100.00 | | | | |

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| L MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|-------|--|--|-------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Nocera | | Amanda | | | 0016 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 37 Evans Dr | | Simsbury | | СТ | 06070 | | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | | |
| Strategy and Planning | | Prude | ntial | | | | | | |
| 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 | 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? | Duit | 10001100 | 1.66. egate controlations | | | | | | |
| X No Cash Personal Check | 11/ | 28/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | <u>, </u> | · | | · | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Seaman | | Jonathan | | | 0017 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 219 Jacob Rd | | Southbury | | СТ | 06488 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Contractor | | Seam | an Mechanical Services Inc. | | | | | | |
| 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 | ant of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent cinia (| | | | | | | |
| government the contract is with: Executive Legislative | | | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 11/ | 20/2016 | ¢100.00 | | ¢100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 11/. | 28/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Merrinan | | Liz | | | 0018 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 237 North St | | Watertown | | СТ | 06795 | | | | |
| Principal Occupation | | Name of Employ | er | | • | | | | |
| Homemaker | | Home | maker | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | | obbyist, spouse, or Yes | Amou | ant of Contribution | | | | |
| If yes, indicate which branch or branches of | - | dependent child of | or a robbyist? | | | | | | |
| government the contract is with: Executive | | | 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 | 11/ | 20/2016 | ¢2F.00 | | ¢25.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 11/. | 28/2016 | \$25.00 | | \$25.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| O'Brien | | Taylor | | | 0019 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 12 Summer Pasture Ln | | Brookfield | | СТ | 06804 | | | | |
| Principal Occupation | | Name of Employ | er | | • | | | | |
| Public Relations | | City o | f Danbury | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | 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 | | | x No | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Dot- | Pagaiyad | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 11/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | l/. | | Ψ100.00 | 1 | T = 00.00 | | | | |

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| I. MONETARY RECEIPT | S (S | ection A-I) | 1 | | | |
|---|----------|---|------------------------------------|------|-------|--------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | January 10 Filing - Origin | | | |
| Connecticut Comeback Committee | | | January 10 1 lilling - Origin | ııaı | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | |
| Last Name | First | | | | MI | Contribution ID # |
| Bingham | | Ryan | | | | 0020 |
| Residential Street Address | City | | | | State | Zip Code |
| 360 Upper Valley Rd Principal Occupation | <u> </u> | Torrington Name of Employe | | | СТ | 06790 |
| Lobbiest | | 1 7 | er an & Leshane | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a le dependent child of | obbyist, spouse, or | Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | dependent enna e | | 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 X Credit/Debit Card | 11/ | 30/2016 | \$100.00 | | | \$100.00 |
| Last Name | First | | | | MI | Contribution ID # |
| DeCilio | 1 1150 | Louis | | | | 0021 |
| Residential Street Address | City | | | | State | Zip Code |
| 160 Timber Ridge Rd | | Stratford | | | СТ | 06614 |
| Principal Occupation | • | Name of Employ | er | • | | |
| Registrar of Voters | | Town | of Stratford | | | |
| 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 o | x 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? | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 30/2016 | \$100.00 | | | \$100.00 |
| Last Name | First | | | | MI | Contribution ID # |
| Jeamel | | Adam | | | | 0022 |
| Residential Street Address | City | | | | State | Zip Code |
| 15 Stonegate Dr | | Wethersfield | | | CT | 06109 |
| Principal Occupation | - | Name of Employe | er | - | | - |
| Regional President | | United | d Bank | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a le dependent child of | obbyist, spouse, or | Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | dependent enna e | - | No | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in section 31? | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 01/2016 | \$100.00 | | | \$100.00 |
| Last Name | First | | | | MI | Contribution ID # |
| Smith | | Elizabeth | | | | 0023 |
| Residential Street Address | City | | | | State | Zip Code |
| 37 Holly Ln | | Darien | | | CT | 06820 |
| Principal Occupation | | Name of Employe | er | | , | • |
| Board Director | | PEDE | /CO Corp | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a le dependent child of | obbyist, spouse, or f a lobbyist? | Yes | Amou | nt 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 Personal Check No | 12/ | 01/2016 | \$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 | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Osgood | | Whit | | | 0024 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 283 Dayton Rd | | South Glasto | nbury | СТ | 06073 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Broker | | Osgo | od & Associates | | | | | | |
| 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 Executive Legislative | | dependent china (| 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? | | | 1.99.18 | | | | | | |
| X No | 12/ | 01/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Ferguson | | Scott | | | 0025 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 4 Old Hayrake Rd | | Danbury | | СТ | 06811 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Tax Collector | | | f Danbury | | | | | | |
| 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 | ant of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent enna (| | | | | | | |
| 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 | | | | | | |
| Cash Personal Check | 12/ | 01/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 01/2010 | \$100.00 | | Ţ100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Kersey | | Dallas | | | 0026 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 154 Steephill Rd | | Weston | | СТ | 06883 | | | | |
| Principal Occupation | | Name of Employ | er | - | • | | | | |
| Retired | | Retire | ed | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | | 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 | | | | | | |
| Cash Personal Check | 12/ | 01/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 01/2010 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Jachimczyk | | Michael | | | 0027 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 40 Wallacks Ln | | Stamford | | СТ | 06902 | | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | | |
| Attorney | | Micha | el C. Jachimczyk, Attorney a | t Law | | | | | |
| 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? | 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? | Date | | op-ogate continuations | | | | | | |
| X No | 12/ | 01/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # | I | | | 1 | | | | | |

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| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|-------|--------------------------|------------------------------|-------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Downey | | John | | | 0028 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 3 Guardhouse Dr | | Redding | | СТ | 06896 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Attorney Is contributor a principal of a state contractor or prospective state contractor? | | | McGuigan | A | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | dependent child of | obbyist, spouse, or | Amou | int of Contribution | | | | |
| 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 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 01/2016 | \$100.00 | | \$100.00 | | | | |
| I you is a very order. | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Cordisco | | Michael | | _ | 0029 | | | | |
| Residential Street Address | City | D 16.11 | | State | Zip Code | | | | |
| 19 Logging Trl Principal Occupation | | Brookfield | or. | СТ | 06804 | | | | |
| Cardiovascular Perfusionist | | Name of Employ | er ford Hospital | | | | | | |
| | | | 11 14 | Amou | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | 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 Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| X No | 12/ | 01/2016 | \$25.00 | | \$25.00 | | | | |
| in yes, list Event # I Money Order III Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Martone | | Michael | | | 0030 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 24 Pratt Ln | | Wolcott | | СТ | 06716 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Gov't Relations Consultant | | | ohhvist snouse or | Amou | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | Y V | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | □ No | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # | 12/ | 02/2016 | \$100.00 | | \$100.00 | | | | |
| | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Kiely | | Graves | | _ | 0031 | | | | |
| Residential Street Address | City | Mastan | | State | Zip Code | | | | |
| 37 Singing Oaks Dr Principal Occupation | | Weston Name of Employ | or | СТ | 06883 | | | | |
| Owner/Operator | | | rative Etching LLC | | | | | | |
| | | | -1.1 | Amou | unt of Contribution | | | | |
| Yes X No |) | 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 Voc 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 X Credit/Debit Card | 12/ | 02/2016 | \$100.00 | | \$100.00 | | | | |

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | | | | | |
|--|----------------|---|--|---------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Lanier | | Victoria | | | 0032 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 24-2 Short Hills Rd | L., | Old Lyme | | СТ | 06371 | | | | |
| Principal Occupation | | Name of Employ | er olz & Lanier, LLC | | | | | | |
| Attorney 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 o | Voc | 7 tinot | ant of Controlation | | | | |
| 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? Cash Personal Check | | | | | | | | | |
| If yes, list Event # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 12/0 | 02/2016 | \$50.00 | | \$50.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Waldron | | Tim | | | 0033 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 505 Harwinton Ave Unit 15 | | Torrington | | СТ | 06790 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Mayoral Aide | | | f Torrington | | | | | | |
| 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 government the contract is with: | | dependent enna e | 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 X Credit/Debit Card | 12/0 | 03/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Mazzotta | | Janet | | | 0034 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 25 Smith Rd | | Avon | | СТ | 06001 | | | | |
| 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? Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | | | | |
| Is this contribution associated with Yes Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in section 11: | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/0 | 04/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Herald | | Geoffrey | | | 0035 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 18 Foster St | | Danbury | | СТ | 06810 | | | | |
| Principal Occupation | | Name of Employ | er | - | | | | | |
| Consultant | | | gency Services Preparation | | | | | | |
| 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 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 31? | | | | | | | | | |
| If yes list Event # Cash Credit/Debit Card | 12/0 | 04/2016 | \$100.00 | | \$100.00 | | | | |

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| L MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|--------|--|-----------------------------------|------------------------|---------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Fuller | | David | | | 0036 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 48 Sunnybank Ave | | Stratford | | СТ | 06614 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| Advertising Is contributor a principal of a state contractor or prospective state contractor? | | | International obbyist, spouse, or | Amou | unt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Vac | 7 tinou | 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 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/ | 05/2016 | \$100.00 | | \$100.00 | | | |
| | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| DeRisio Residential Street Address | City | Margaret | | J State | 0037 Zip Code | | | |
| 35 Mile Creek Rd | City | Old Lyme | | CT | 06371 | | | |
| Principal Occupation | | Name of Employ | er | CI | 1 003/1 | | | |
| Realtor | | | m Pitt RE | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amount 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 On except reported in Section 112. Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? X No Cash Personal Check | | | | | | | | |
| If yes, list Event # No Money Order Credit/Debit Card | 12/ | 05/2016 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Kelsey | 1 1100 | J. David | | | 0038 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 74 Sill Ln | | Old Lyme | | СТ | 06371 | | | |
| Principal Occupation | | Name of Employ | er | = | • | | | |
| Investment Manager | | Hamil | ton Point Investments | | | | | |
| 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 ennu (| 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 | | | | | |
| X No Cash Personal Check | 12/ | 06/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | , | | , | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Cidri | | Gabriel | | | 0039 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 10 Pembroke Ter | | Danbury | | СТ | 06811 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| Program Management Consultant Is contributor a principal of a state contractor or prospective state contractor? | | | Partners, LLC obbyist, spouse, or | Amou | unt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | dependent child of | | Amou | int 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 | 12/ | 06/2016 | \$100.00 | | \$100.00 | | | |

| NAME OF COMMITTEE (Provide Compiler Name as Registered with Commission) Data Water 1 Data | I. MONETARY RECEIPT | S (Se | ection A-I) | | | | | | | |
|--|--|------------|--------------------|-------------------------|-------|-------------------------|--|--|--|--|
| Sectional Section Sect | NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | | |
| Cheekeman | Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | | |
| Cheeseman | B. Itemized Contributions from Individuals | | | | | | | | | |
| Residential Sincer Address | Last Name | First | | | MI | Contribution ID # | | | | |
| Thirticipal Cooperation | Cheeseman | | Holly | | | 0040 | | | | |
| Name of Employs | | City | | | | 1 | | | | |
| Security Director | | Ļ., | | | СТ | 06357 | | | | |
| S. contributor a principal of a state contractor or prospective state | | | | | ı CT | | | | | |
| | | | | | | ınt of Contribution | | | | |
| | | 0 | dependent child of | of a foodyist? | | | | | | |
| Last Name Function In Section | Evanutiva Lagislativa | | | | | | | | | |
| Tyes, list Event # Security | Vac | Date | Received | Aggregate Contributions | | | | | | |
| Last Name | 11 1 | 42.0 | 25 (2015 | +400.00 | | +400 00 | | | | |
| Residential Street Address | | 12/0 | J6/2016 | \$100.00 | | \$100.00 | | | | |
| Second | Last Name | First | | | MI | Contribution ID # | | | | |
| 27 Dorchester Rd Principal Occupation Communications/Policy Coordinator Contributor a principal of a state contractor or prospective state or Legislative If yes, indicate which branch or branches of seventher ported in Section 1.7? If yes, list Event # Seabury Residential Street Address Ad Moody Ln Principal Occupation Retired Is contributor a principal of a state contractor or prospective state or Legislative Principal Occupation Retired Is contributor a principal of a state contractor or prospective state or Legislative Principal Occupation Retired Is contributor a principal of a state contractor or prospective state or large or larg | Healy | | Christopher | | | 0041 | | | | |
| Name of Employer State of Connecticut State of State of Connecticut State of State of Connecticut State of | Residential Street Address | City | | | State | Zip Code | | | | |
| Scontributor a principal of a state contractor or prospective state contractor? | 27 Dorchester Rd | | Wethersfield | | СТ | 06109 | | | | |
| Is contributor a principal of a state contractor or prospective start contractor? Yes X No Security Yes X No Security Yes X No Security Yes X No Security Yes X No Yes X No Yes X No X No Yes Xes X No Xes | Principal Occupation | | Name of Employ | er | | | | | | |
| Yes K No dependent child of a lobbyist? Yes Yes No dependent child of a lobbyist? Yes Ye | Communications/Policy Coordinator | | | | | | | | | |
| Five Security Legislative Legislativ | Is contributor a principal of a state contractor or prospective state contractor? | 0 | | Vac | Amou | int of Contribution | | | | |
| Residential Street Address If yes, list Event # Seabury Residential Street Address Retired Southwoot or prospective star contribution or prospective star contribution or prospective star contribution or prospective star contribution is with: If yes, list Event # Seabury Residential Street Address Retired Southwoot or prospective star contractor or prospective star contribution sta | If yes, indicate which branch or branches of | | dependent enna e | <u></u> | | | | | | |
| an event reported in Section J1? | government the contract is with: | Date | Received | | | | | | | |
| Last Name | Vac | Date | Received | Aggregate Contributions | | | | | | |
| Last Name Seabury Residential Street Address 40 Moody Ln Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Mil Contribution ID # 0042 City Danbury CT 06811 Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor? Yes X No Serional Check If yes, list Event # Method of contribution: Is contribution associated with an event reported in Section J1? Yes X No Method of contribution: If yes, list Event # Mil Amony Toda Aggregate Contributions Aggregate Contributions \$ 100.00 \$ \$1 | Ŭ No l□ □ | 12/0 | 06/2016 | \$100.00 | | \$100.00 | | | | |
| Seabury State St | If yes, list Event # Money Order X Credit/Debit Card | , | ., | , | | | | | | |
| Residential Street Address 40 Moody Ln Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Yes X No No No No No No N | Last Name | First | | | MI | Contribution ID # | | | | |
| Principal Occupation Retired South Substitution a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: See the substitution associated with an event reported in Section J1? If yes, list Event # Legislative Date Received Aggregate Contributions Aggregate Contributions Aggregate Contributions Aggregate Contributions First MI Contribution ID # Odd3 Residential Street Address City Ellington Fingt State CT 068811 Amount of Contribution Amo | Seabury | | Gregg | | | 0042 | | | | |
| Principal Occupation Retired Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Date Received Aggregate Contributions Personal Check Aggregate Contributions First MI Contribution ID # Stupinski Residential Street Address 23 Steple View Dr Amount of Contribution First Michael City Ellington Name of Employer Retired Aggregate Solview I yes Amount of Contribution Is contributor a lobbyist; spouse, or dependent child of a lobbyist? If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: Executive Legislative Date Received Aggregate Contributions \$100.00 \$100.00 | Residential Street Address | City | | | State | Zip Code | | | | |
| Retired Is contributor a principal of a state contractor or prospective state contractor? | · | <u>L</u> , | - | | СТ | 06811 | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Yes X No Yes X No Yes X No Yes X No Yes Yes X No Yes Yes X No Yes Yes X No Yes | | | | | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name Stupinski Residential Street Address 23 Steple View Dr Executive Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contributions \$\text{X} \ No \$\text{No}\$ \$\text{\$No}\$ \$\te | | | | | Amou | unt of Contribution | | | | |
| Is this contribution associated with an event reported in Section J1? Last Name Stupinski Residential Street Address 23 Steple View Dr Executive Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contributions \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 | Yes X No | о | | | Amou | int of Contribution | | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name Stupinski Residential Street Address 23 Steple View Dr Method of contribution: Method of contribution: Yes Method of contribution: X Personal Check 12/06/2016 \$100.00 \$100.00 \$100.00 12/06/2016 \$100.00 \$100.00 12/06/2016 \$100.00 \$100.00 12/06/2016 \$100.00 \$100.00 12/06/2016 \$100.00 \$100.00 12/06/2016 \$100.00 \$100.00 12/06/2016 \$100.00 \$100.00 12/06/2016 \$100.00 \$100.00 12/06/2016 \$100.00 \$100.00 12/06/2016 \$100 | Evacutiva | | | x _{No} | | | | | | |
| Last Name Stupinski Residential Street Address 23 Steple View Dr Eash No Cash Money Order Credit/Debit Card Eash Name First Michael Cash Name Personal Check Credit/Debit Card First Michael City State Zip Code Ellington CT 06029 | To delice consideration according to the design of the Market of Constitutions | Date | Received | Aggregate Contributions | | | | | | |
| Last Name First MI Contribution ID # | an event reported in Section 31? | | | | | | | | | |
| StupinskiMichael0043Residential Street AddressCityStateZip Code23 Steple View DrEllingtonCT06029 | X No The case of t | 12/0 | 06/2016 | \$100.00 | | \$100.00 | | | | |
| StupinskiMichael0043Residential Street AddressCityStateZip Code23 Steple View DrEllingtonCT06029 | | | | | | [a . a . b . m . m . m | | | | |
| Residential Street Address City State Zip Code 23 Steple View Dr Ellington CT 06029 | | First | Michael | | MI | | | | | |
| 23 Steple View Dr Ellington CT 06029 | · | City | riiciaei | | State | | | | | |
| Principal Occupation Name of Employer | | | Ellington | | | 1 | | | | |
| | · | | _ | er | | • | | | | |
| Retired Retired | Retired | | Retire | ed | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution | Is contributor a principal of a state contractor or prospective state contractor? | o | | Vac | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | If yes, indicate which branch or branches of | | асрениен спиа с | or a robbyist? | | | | | | |
| government me contract is with. Data Described in Agreement Contributions | Is this contribution associated with | Dete | Pagaiya4 | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions | Vas | Date | Necesveu | Aggregate Contributions | | | | | | |
| If yes, list Event # Personal Check 12/06/2016 \$100.00 \$100.00 | Ŭ No I□ □ | 12/0 | 06/2016 | \$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 | | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Davis | | Linda | | | 0044 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 91 Inchcliffe Dr | <u> </u> | Gales Ferry | | СТ | 06335 | | | | |
| Principal Occupation Real Estate Broker | | Name of Employ | | | | | | | |
| | | Rema | obbyist, spouse, or | Amou | ant of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | Vac | 7 tinou | 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 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/0 | 07/2016 | \$100.00 | | \$100.00 | | | | |
| LadNess | First | | | M | Contribution ID # | | | | |
| Last Name Deckman | First | Alan | | MI | Contribution ID # 0045 | | | | |
| Residential Street Address | City | Aldii | | State | Zip Code | | | | |
| 57 Fox Mdw | City | Marlborough | | CT | 06447 | | | | |
| Principal Occupation | | Name of Employ | er | <u> </u> | | | | | |
| Lobbiest | | TCOR | S Capitol Group, LLC | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes Yes | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of | , | dependent child of | of a lobbyist? | | | | | | |
| government the contract is with: Executive Legislative | | | □ No | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| Cash Personal Check | | | | | | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/0 | 07/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Mohr | | Sally | | | 0046 | | | | |
| Residential Street Address | City | <u> </u> | | State | Zip Code | | | | |
| 44 Glenville Rd | | Greenwich | | СТ | 06831 | | | | |
| Principal Occupation | | Name of Employ | er | - | - | | | | |
| Retired | | Retire | ed | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent cinia c | x No | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | D-4- | D i d | | | | | | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 12/0 | 07/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Ψ100.00 | | 4100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Maloney | | Kevin | | | 0047 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 4016 Mountain Rd | | West Suffield | I | СТ | 06093 | | | | |
| Principal Occupation | | Name of Employ | | _ | | | | | |
| Transportation Executive | | | east Express Transportation, | | ent of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | obbyist, spouse, or Yes of a lobbyist? | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | · - - | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/0 | 07/2016 | \$100.00 | | \$100.00 | | | | |

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| Y MONETARY DECEME | G (G | | | | |
|--|--------|--|--|--------|--------------------|
| I. MONETARY RECEIPT | 5 (5) | ection A-I) | I | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| McGarrigal | | Ray | | | 0048 |
| Residential Street Address | City | | | State | Zip Code |
| 41 E Gate Rd | | Danbury | | СТ | 06811 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | Retire | | | |
| | | | abbriet enauge or | Amou | nt of Contribution |
| is contributor a principal of a state contractor or prospective state contractor? |) | dependent child of | 37 | 711104 | in or commonion |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Tat (3.6 1.4 M — Mail 6 (3.6 | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| X No Cash Personal Check | 12/ | 07/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 07,2010 | Ψ100.00 | | φ100.00 |
| Last Name | First | | | MI | Contribution ID # |
| | 1 1130 | Edward | | 1411 | 0049 |
| Weinberg Residential Street Address | City | Euwaru | | State | |
| | City | \\\ | | | Zip Code |
| 24 Ranch Rd | | Woodbridge | | СТ | 06525 |
| Principal Occupation | | Name of Employ | | | |
| Investment | | | roperty Solutions, Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | 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 | | dependent cinia (| <u> </u> | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # | 12/ | 07/2016 | \$25.00 | | \$25.00 |
| Noney order | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Pearlman | | Stephen | | | 0050 |
| Residential Street Address | City | | | State | Zip Code |
| 14 Marion St | | Danbury | | СТ | 06810 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | Retire | ed | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | 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 | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| X No Cash Personal Check | 12/ | 09/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | 7 | | |
| Last Name | First | | | MI | Contribution ID # |
| Mardis | 1 1150 | Allen | | 1411 | 0051 |
| Residential Street Address | City | Alleli | | State | Zip Code |
| | City | Now Foirfield | | | - |
| 12 Ball Pond Rd | | New Fairfield | | СТ | 06812 |
| Principal Occupation | | Name of Employ | | | |
| 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? | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | | , | x No | | |
| government the contract is with: Executive Legislative | - | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | |
| _ | | | | | |
| If yes, list Event # | 12/ | 09/2016 | \$100.00 | | \$100.00 |

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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 | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | |
| B. Itemized Contributions from | na Turd | lividuala | | | |
| | | iividuais | | T | La cara pu |
| Last Name | First | Matthau | | MI | Contribution ID # 0052 |
| Sharp Residential Street Address | City | Matthew | | State | |
| 67 Bill Hill Rd | City | Lymo | | CT | Zip Code 06371 |
| Principal Occupation | <u> </u> | Name of Employ | er | Ci | 00371 |
| Private Equity Investor | | 1 , | ton Point Investments | | |
| | | | obbyist, spouse, or | Amou | ınt of Contribution |
| Yes X N | 0 | 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 Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/0 | 09/2016 | \$100.00 | | \$100.00 |
| If yes, list Event# Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Langston | | Margaret | | | 0053 |
| Residential Street Address | City | | | State | Zip Code |
| 390 Farmington River Tpke | | New Hartford | d | СТ | 06057 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | Retire | ed | | |
| 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 lobbyist? | | |
| government the contract is with: Executive Legislative | | | x No | | |
| Is this contribution associated with an avent reported in Section 112 | Date | Received | Aggregate Contributions | | |
| an event reported in section 71: | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/0 | 09/2016 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Jacobs | | Lindsay | | | 0054 |
| Residential Street Address | City | | | State | Zip Code |
| 1214 Chastain Dr NE | <u> </u> | Atlanta | | GA | 30342 |
| Principal Occupation | | Name of Employ | | | |
| Finance Director | | | ecticut Comeback Committee | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | 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: 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 | 12/0 | 09/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 35,2010 | Ψ100.00 | | 4100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Zordan | 1 1150 | Gerald | | | 0055 |
| Residential Street Address | City | | | State | Zip Code |
| 1550 Oak Grove Rd | | Landrum | | SC | 29356 |
| Principal Occupation | <u> </u> | Name of Employ | er | | |
| President | | Borge | | | |
| | | | obbvist, spouse, or | Amou | ınt of Contribution |
| Yes X N | 0 | dependent child of | Vac | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| government the contract is with. | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check No | 12/0 | 09/2016 | \$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 | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Rodolico | | John | | | 0056 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 40 Long Pont Rd S | | Ledyard | | СТ | 06339 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| 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 | ant of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent enna (| 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? | | | 1.66.48 | | | | | |
| X No Cash Personal Check | 12/ | 09/2016 | \$25.00 | | \$25.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | · | | · | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Esposito | | Dean | | | 0057 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 1 Carlins Way | | Brookfield | | СТ | 06804 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Chief of Staff | | City o | f Danbury | _ | | | | |
| 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 lobbyist? | | | | | |
| 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 | | | | | |
| l II I | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 09/2016 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Noble | FIISt | Lois | | IVII | 0058 | | | |
| Residential Street Address | City | LOIS | | State | Zip Code | | | |
| 180 Wells Rd | City | East Windsor | | CT | 06088 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| Administrator | | JR Ru | sso & Associates, LLC | | | | | |
| 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 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 09/2016 | \$100.00 | | \$100.00 | | | |
| LadVana | Eit | | | M | Contribution ID# | | | |
| Last Name Esposito | First | Sharon | | MI | Contribution ID # 0059 | | | |
| Residential Street Address | City | Silaton | | State | Zip Code | | | |
| 1 Carlins Way | City | Brookfield | | CT | 06804 | | | |
| Principal Occupation | | Name of Employ | er | <u> </u> | 1 00001 | | | |
| Homemaker | | | maker | | | | | |
| 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 | or a roobyist? | | | | | |
| government the contract is with: | | | 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 11? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 09/2016 | \$100.00 | | \$100.00 | | | |

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| I, MONETARY RECEIP | TS (S | ection A-I) | | | |
|--|---|---------------------------|------------------------------|-------------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | |
| B. Itemized Contributions fro | om Inc | lividuals | • | | |
| Last Name | First | | | MI | Contribution ID # |
| Peluso | | William | | | 0060 |
| Residential Street Address | City | | | State | Zip Code |
| 542 Hill St | | Suffield | | СТ | 06078 |
| Principal Occupation | | Name of Employ VPS | er | | |
| Facilities Supervisor 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? | No | dependent child of | Voc | 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 Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 09/2016 | \$100.00 | | \$100.00 |
| | <u> </u> | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Carver Residential Street Address | City | Paul | | State | 0061 |
| 100 Old Post Rd | City | Old Saybrool | , | CT | Zip Code 06475 |
| Principal Occupation | | Name of Employ | | CI | 00473 |
| Rates Specialist | | | of Connecticut | | |
| | | | obbyist, spouse, or | Amou | nt of Contribution |
| | 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 Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 11? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 09/2016 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Rotiroti | a: | Paul | | a | 0062 |
| Residential Street Address 36 Dartmouth Pl | City | Nowington | | State CT | Zip Code 06111 |
| Principal Occupation | | Newington Name of Employ | or | CI | 00111 |
| Prosecutor | | 1 ' | of Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | int of Contribution |
| | No | 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 Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 09/2016 | \$100.00 | | \$100.00 |
| | <u> </u> | | | | |
| Last Name | First | | | MI | Contribution ID # |
| DiGillio Residential Street Address | City | Jacqueline | | State | 0065 Zip Code |
| 6 Wixon Rd | City | Danbury | | CT | 06811 |
| Principal Occupation | | Name of Employ | er | CI | 00011 |
| Admin. Assistant | | | nthony's Church | | |
| Is contributor a principal of a state contractor or prospective state contractor? | No | Is contributor a l | obbyist, spouse, or | Amou | ant of Contribution |
| If yes, indicate which branch or branches of | NO | dependent child of | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 09/2016 | \$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 | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| DiGillio | | Vincent | | | 0066 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 6 Wixon Rd | | Danbury | | СТ | 06811 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Business Banking | | Union | Savings Bank | | | | | |
| 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 roodyrst? | | | | | |
| government the contract is with: | | p : 1 | | | | | | |
| 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/ | 00/2016 | ¢100.00 | | ¢100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 09/2016 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Harding | 1 1100 | Stephen | | | 0067 | | | |
| Residential Street Address | City | - Сторион | | State | Zip Code | | | |
| 21 Brookfield Mdws | ا ا | Brookfield | | СТ | 06804 | | | |
| Principal Occupation | | Name of Employ | er | | ! | | | |
| Legislator | | State | of CT | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | ant of Contribution | | | |
| | 0 | 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 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/ | 09/2016 | \$100.00 | | \$100.00 | | | |
| | <u> </u> | | | <u> </u> | • | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Simmons | | Rob | | | 0068 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 268 North St | <u> </u> | Stonington | | СТ | 06378 | | | |
| Principal Occupation First Selectman | | Name of Employ | of Stonington | | | | | |
| | | | 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 | | Amot | 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 | | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No | 12/ | 09/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Safranek | | Michael | | | 0069 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 24 Jackson Dr | | Danbury | | СТ | 06811 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| Aviation | | | of Danbury | | | | | |
| 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 | | | | | |
| Is this contribution associated with Method of contribution: | Doto | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | Date | TCCCIVCI | 15510gate Contributions | | | | | |
| X No Cash X Personal Check | 12/ | 10/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # | I - | | , | I | • | | | |

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| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|---|--------|--|------------------------------|-------------|---------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Rusate | | David | | | 0070 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 196 Little Fox Ln | | Southbury | | СТ | 06488 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| Finance | | | obbyist, spouse, or | A | ant 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 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/ | 10/2016 | \$100.00 | | \$100.00 | | | |
| I you, is a treat of the control of | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Vanswearinger | | Andrea | | L | 0071 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 10 Saint Andrews Close Principal Occupation | | Torrington | on. | СТ | 06790 | | | |
| Executive Asst | | Name of Employ | nark Community Theater | | | | | |
| | | | obbyist, spouse, or | Amou | ant of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | 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 X Cash Personal Check | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 10/2016 | \$20.00 | | \$20.00 | | | |
| | | | | | • | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Bingham | O. | Dustin | | R | 0072 | | | |
| Residential Street Address 10 Saint Andrews Close | City | Torrington | | State CT | Zip Code 06790 | | | |
| Principal Occupation | | Name of Employ | er | Ci | 00790 | | | |
| Project Manager | | | sky Aircraft | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | ant of Contribution | | | |
| Yes 🔼 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 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/ | 10/2016 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Pyne III | 1 1130 | Warner | | C | 0073 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 162 Center Rd | | Woodbridge | | СТ | 06525 | | | |
| Principal Occupation | | Name of Employ | er | | • | | | |
| Sales | | NTT D | Oata Services | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | ant of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent ennu (| x No | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Dot- | Pagaiyad | | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| X No Cash X Personal Check | 12/ | 10/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order | I/ | ., | ¥200.00 | | , | | | |

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| I, MONETARY RECEIPT | S (Se | ection A-I) | | | | | | | |
|--|----------|---|---|---------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Marpe | | Jim | | | 0074 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 57 Morningside Dr S | <u> </u> | Westport | | СТ | 06880 | | | | |
| Principal Occupation First Selectman | | Name of Employ | | | | | | | |
| | | | of Westport | Amou | ent of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No. | О | dependent child of | Vac | 7 tinou | 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 Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Cash Personal Check Cash Cash | 12/1 | 10/2016 | \$25.00 | | \$25.00 | | | | |
| <u> </u> | l . | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Yamin Residential Street Address | City | Raymond | | State | 0075 Zip Code | | | | |
| 29 Fanton Rd | City | Danbury | | CT | 06811 | | | | |
| Principal Occupation | ш | Name of Employ | er | Ci | 00011 | | | | |
| Attorney | | | n & Yamin, LLP | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| | 0 | 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? Cash Personal Check | | | | | | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/1 | 10/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Deckman | That | Allyson | | IVII | 0076 | | | | |
| Residential Street Address | City | , | | State | Zip Code | | | | |
| 57 Fox Mdw | | Marlborough | | СТ | 06447 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Association Executive | | TCOR | S Capitol Group, LLC | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent child c | x No | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Dete | D | | | | | | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 12/1 | 10/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | 10, 2010 | 4100.00 | | 4100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Seaman | | Diana | | | 0077 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 219 Jacob Rd | L | Southbury | | СТ | 06488 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Sec/Treasurer | | | an Mechanical Services Inc. | A | ent of Contribution | | | | |
| 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? Yes | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| In this contribution associated with | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/1 | 10/2016 | \$100.00 | | \$100.00 | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|----------|---------------------------------------|------------------------------|------------|------------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | (| | TYPE OF REPORT | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Festa | | Ralph | | | 0063 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 76 Judith Dr | | Danbury | | СТ | 06811 | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | |
| Insurance Sales | | Churc | h Mutual Insurance | | | | | |
| 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 | 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 Personal Check | 12/ | 10/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 10/2010 | Ψ100.00 | | Ψ100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Sistrunk | | Mary | | | 0064 | | | |
| Residential Street Address | City | · · · · · · · · · · · · · · · · · · · | | State | Zip Code | | | |
| 114 Long Ridge Rd | | Danbury | | СТ | 06810 | | | |
| Principal Occupation | • | Name of Employ | er | | • | | | |
| Executive Director | | Danb | ury Housing Authority | | | | | |
| 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: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? Cash Personal Check | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 10/2016 | \$100.00 | | \$100.00 | | | |
| T. AV | F: . | | | \ <i>a</i> | Louis B" | | | |
| Last Name Griswold | First | | | MI | Contribution ID # | | | |
| Residential Street Address | City | Timothy | | State | Zip Code | | | |
| 13 Griswold Pt | City | Old Lyme | | CT | 06371 | | | |
| Principal Occupation | <u> </u> | Name of Employ | er | <u>.</u> | 1 000/1 | | | |
| 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 | | | |
| | 0 | dependent child of | - | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | | | |
| Is this contribution associated with A populate reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 11? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 10/2016 | \$100.00 | | \$100.00 | | | |
| Lad Name | Einst | | | \/I | Contribution ID # | | | |
| Last Name Wood | First | Terrie | | MI | Contribution ID # 0078 | | | |
| Residential Street Address | City | Terrie | | State | Zip Code | | | |
| 50 St Nicholas Rd | City | Darien | | CT | 06820 | | | |
| Principal Occupation | | Name of Employ | er | <u> </u> | 1 00020 | | | |
| Legislator | | State | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution | | | |
| | υ | 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 Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 11/2016 | \$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 | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Wood | | Andrew | | | 0079 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 50 St Nicholas Rd | | Darien | | СТ | 06820 | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | |
| Student | | Stude | ent | | | | | |
| 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: | В. | D : 1 | | | | | | |
| 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/ | 11/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 11/2010 | \$100.00 | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Francis | | Laura | | | 0080 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 65 Larelbrook Rd | | Durham | | СТ | 06422 | | | |
| Principal Occupation | • | Name of Employ | er | | • | | | |
| First Selectman | | Town | of Durham | | | | | |
| 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 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? Cash Personal Check | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 12/2016 | \$100.00 | | \$100.00 | | | |
| T. AV | Б | | | \ <i>a</i> | Louis B" | | | |
| Last Name Yamin | First | Robert | | MI | Contribution ID # | | | |
| Residential Street Address | City | Robert | | State | Zip Code | | | |
| 66 Barnum Rd | City | Danbury | | CT | 06811 | | | |
| Principal Occupation | | Name of Employ | er | <u>.</u> | 1 00011 | | | |
| Attorney | | | n & Yamin, LLP | | | | | |
| 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 A populate reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 11? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 12/2016 | \$100.00 | | \$100.00 | | | |
| T. O. | Б | | |) d | | | | |
| Last Name Yamin | First | Dianne | | MI | Contribution ID # 0082 | | | |
| Residential Street Address | City | Diamile | | State | Zip Code | | | |
| 66 Barnum Rd | City | Danbury | | CT | 06811 | | | |
| Principal Occupation | | Name of Employ | er | <u> </u> | 1 00011 | | | |
| Judge | | State | | | | | | |
| 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 | or a roobyist? | | | | | |
| 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 | | | | | |
| | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 12/2016 | \$100.00 | | \$100.00 | | | |

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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 Connecticut Comeback Committee January 10 Filing - Original | | | | | |
| | | | | | |
| B. Itemized Contributions from | m Inc | lividuals | | | |
| Last Name Dillon | First | Marc | | MI | Contribution ID # 0083 |
| Residential Street Address | City | Maic | | State | Zip Code |
| 19 Park Ave | City | North Canaa | n | CT | 06018 |
| Principal Occupation | <u> </u> | Name of Employ | | C1 | 00010 |
| Chief of Staff | | Town | of Stratford | | |
| 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 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 | | |
| Cash Personal Check | 12/ | 12/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 12,2010 | Ψ100.00 | | 4100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Dillon | | Jennifer | | | 0084 |
| Residential Street Address | City | | | State | Zip Code |
| 19 Park Ave | | North Canaa | | СТ | 06018 |
| Principal Occupation | | Name of Employ | | | |
| Owner/Operator | | | e Jumpers Daycare Center | | |
| 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 | | 1 | 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 | 12/ | 12/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Kennerson | | Alesia | | | 0085 |
| Residential Street Address | City | | | State | Zip Code |
| 198 Gillette Rd | | New Hartford | | СТ | 06057 |
| Principal Occupation | | Name of Employ | | | |
| Tax Auditor | | | of CT obbyist, spouse, or | A may | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | o | dependent child of | | Amou | int 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? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 13/2016 | \$50.00 | | \$50.00 |
| Last Name | First | | | MI | Contribution ID # |
| Monsky | | Brooke | | | 0086 |
| Residential Street Address | City | | | State | Zip Code |
| 12 Arden Ave | | New Fairfield | 1 | СТ | 06812 |
| Principal Occupation | - | Name of Employ | er | | |
| Admin. Asst. | | Terex | Corporation | | |
| 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 government the contract is with: Executive Legislative | | - | x _{No} | | |
| government the contract is with. | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| X No | 12/ | 13/2016 | \$25.00 | | \$25.00 |

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| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|---|----------|--------------------------|---|----------|--------------------|--|--|--|
| | 5 (50 | ection A-I) | I | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Torrano | | Peter | | | 0087 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 5 Beauford Rd | | Norwalk | | СТ | 06854 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Retired | | Retire | ed | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist spanse or | Amou | nt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Vac | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Table 19 at 10 to | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No Cash Personal Check | 12/: | 13/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | • | | | · | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Fish | | Daniel | | | 0088 | | | |
| Residential Street Address | City | Daniel | | State | Zip Code | | | |
| 400 North St | City | Ridgefield | | CT | 06877 | | | |
| Principal Occupation | | Name of Employ | or. | CI | 00077 | | | |
| | | | | | | | | |
| Physician | | | pedic Specialists | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No. |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | | | | | | | |
| government the contract is with: | | | | | | | | |
| Is this contribution associated with A second 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/ | 14/2016 | \$100.00 | | \$100.00 | | | |
| | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Fish | | Geraldine | | | 0089 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 400 North St | | Ridgefield | | СТ | 06877 | | | |
| Principal Occupation | | Name of Employ | er | - | • | | | |
| Homemaker | | Home | maker | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | 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? | | | | | | | | |
| X No Cash Personal Check | 12/: | 14/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | • | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Cooper | | Mark | | | 0090 | | | |
| Residential Street Address | City | riank | | State | Zip Code | | | |
| 250 Roxbury Rd | City | Southbury | | CT | 06488 | | | |
| Principal Occupation | <u> </u> | Southbury Name of Employ | or | <u> </u> | 30-100 | | | |
| Director of Health | | | | | | | | |
| | | | port Weston Health District | A | nt of Contribution | | | |
| 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 | | | x _{No} | | | | | |
| government the contract is with: Executive Legislative | Б. | D : 1 | | 1 | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| | | | | | 1100.05 | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 14/2016 | \$100.00 | | \$100.00 | | | |

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| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|---|----------|--|---------------------------------------|----------|------------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Nickerson | | Marlene | | | 0091 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 15 Jean Dr | | East Lyme | | СТ | 06333 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Therapist | | Marle | ne Nickerson Marriage and F | | | | | | |
| 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 | | dependent cinia c | | | | | | | |
| government the contract is with: | Б. | 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/ | 14/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order Credit/Debit Card | 12/ | 14/2010 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Nickerson | | Mark | | | 0092 | | | | |
| Residential Street Address | City | - | | State | Zip Code | | | | |
| 15 Jean Dr | | East Lyme | | СТ | 06333 | | | | |
| Principal Occupation | • | Name of Employ | er | ! | ! | | | | |
| First Selectman | | Town | of East Lyme | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | ant of Contribution | | | | |
| If yes, indicate which branch or branches of | 5 | dependent child of | of a lobbyist? | | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 14/2016 | \$100.00 | | \$100.00 | | | | |
| T. W | F: . | | | | C C C D | | | | |
| Last Name Cohen | First | | | MI | Contribution ID # 0093 | | | | |
| Residential Street Address | City | Jeffrey | | State | Zip Code | | | | |
| 27 Valleyview Ln | City | Vernon | | CT | 06066 | | | | |
| Principal Occupation | <u> </u> | Name of Employ | er | <u> </u> | | | | | |
| Web Design | | Image | eWorks, LLC | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | ant of Contribution | | | | |
| | 0 | dependent child of | · · · · · · · · · · · · · · · · · · · | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | 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 11? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 14/2016 | \$100.00 | | \$100.00 | | | | |
| I w | F: . | | | \ | C C C D | | | | |
| Last Name Williams | First | Barbara | | MI | Contribution ID # 0094 | | | | |
| Residential Street Address | City | Daibara | | State | Zip Code | | | | |
| 22 Rudansky Ln | City | Tolland | | CT | 06084 | | | | |
| Principal Occupation | | Name of Employ | er | <u> </u> | | | | | |
| Teacher | | | nd BOE | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution | | | | |
| | υ | dependent child of | of a foodyist? | | | | | | |
| 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 | 1 | | | | | |
| an event reported in Section 31: | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 14/2016 | \$100.00 | | \$100.00 | | | | |

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| L MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|-------|--|---|-------------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Hurd | | Robert | | | 0095 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 7 Rheel St | | Vernon | | СТ | 06066 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Architect | | | rchitects | A | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | 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/ | 14/2016 | \$100.00 | | \$100.00 | | | | |
| | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Breslau Residential Street Address | C't | William | | Ct-t- | 0096 Zip Code | | | | |
| 60 Haylin Dr | City | Vernon | | State CT | 06066 | | | | |
| Principal Occupation | | Name of Employ | er | CI | 00000 | | | | |
| Attorney | | | n Kerensky & Capossela | | | | | | |
| | | | obbyist, spouse, or | Amou | ınt 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 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/ | 14/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Last Name Macauley | FIISt | Dennis | | IVII | 0097 | | | | |
| Residential Street Address | City | Dennis | | State | Zip Code | | | | |
| 59 Judith Dr | | Danbury | | СТ | 06811 | | | | |
| 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 | ant 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 | | 45/2046 | +400.00 | | +100.00 | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 12/ | 15/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Macauley | | Sheila | | | 0098 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 59 Judith Dr | | Danbury | | СТ | 06811 | | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | | |
| Retired | | Retire | ed | | | | | | |
| 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 | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Date | | op-ogate continuations | | | | | | |
| X No | 12/ | 15/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # | 1 | | | i | | | | | |

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| L MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|----------|-----------------------------|---|----------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Varricchio | | Cynthia | | | 0099 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 25 Riverside St | | Portland | | СТ | 06480 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Finance Director | | | of East Haddam | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | 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 Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card Cash Cash | 12/ | 15/2016 | \$50.00 | | \$50.00 | | | | |
| in yes, list Event # | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Torino | | Christopher | | | 0100 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 17 Wiltshire Ln | | West Hartfor | | СТ | 06117 | | | | |
| Principal Occupation Account Management | | Name of Employ | | | | | | | |
| | | Cigna Is contributor a l | 11 14 | Amou | ant of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | dependent child of | Vac | 111100 | an of controunon | | | | |
| 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? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 15/2016 | \$100.00 | | \$100.00 | | | | |
| in yes, list Event # | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| DaSilva | | Richard | | | 0101 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 37 E Pembroke Rd | <u> </u> | Danbury | | СТ | 06811 | | | | |
| Principal Occupation President | | Name of Employ | er leaning Srevice | | | | | | |
| | | | 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 | | 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 Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 18/2016 | \$100.00 | | \$100.00 | | | | |
| | | | | <u> </u> | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Jasinski | | Matthew | | | 0102 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 206 Beacon St Principal Occupation | L | Hartford Name of Employ | or | СТ | 06105 | | | | |
| Attorney | | | y Rice LLC | | | | | | |
| | | | | Amou | unt of Contribution | | | | |
| Yes X N | 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 Voc Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 19/2016 | \$100.00 | | \$100.00 | | | | |

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| I. MONETARY RECEIPT | S (Se | ection A-D | | | |
|---|-------|--------------------|-------------------------|-------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | |
| Connecticut Comeback Committee | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Burr | | Bonnie | | | 0103 |
| Residential Street Address | City | | | State | Zip Code |
| 27 Dingle Brook Rd | | Brookfield | | СТ | 06804 |
| Principal Occupation | | Name of Employ | er | - | • |
| Assistant Director | | UCON | IN | | |
| 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 | | | |
| government the contract is with: Executive Legislative | | | | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| X No Cash Personal Check | 12/ | 19/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 19/2010 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Michael | | Pamela | | | 0104 |
| Residential Street Address | City | | | State | Zip Code |
| 52 Deer Hill Ave | | Danbury | | СТ | 06810 |
| Principal Occupation | | Name of Employ | er | | • |
| 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 | of a foodyist? | | |
| government the contract is with: | | | X No | ļ | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| X No Cash Personal Check | 12/ | 10/2016 | #100.00 | | ±100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 19/2016 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Ramey | | Dennis | | | 0105 |
| Residential Street Address | City | | | State | Zip Code |
| 1 Topfield Rd | | Danbury | | СТ | 06811 |
| Principal Occupation | | Name of Employ | er | - | • |
| СРА | | DJ Ra | mey & Assoc, pc | | |
| 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 | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | 12/ | 19/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 19/2010 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Badillo | | Ernest | | | 0106 |
| Residential Street Address | City | | | State | Zip Code |
| 55 Hillandale Rd | | Danbury | | СТ | 06811 |
| Principal Occupation | • | Name of Employ | er | • | • |
| Commercial RE Agent | | Goods | fellow Real Estate | | |
| 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 | 1 a 1000yist? | | |
| 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 | 13/ | 10/2016 | #100.00 | | ¢100.00 |
| If yes list Event # No Money Order X Credit/Debit Card | 1 12/ | 19/2016 | \$100.00 | | \$100.00 |

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| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|---------------|--|---|--------|--------------------|--|--|--|
| | 5 (5) | ection A-1) | TYPE OF REPORT | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | |
| Connecticut Comeback Committee | | | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Llodra | | Pat | | | 0107 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 90 Riverside Rd | | Sandy Hook | | СТ | 06482 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| First Selectman | | Newto | own | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | abbriet enauge or | Amou | nt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Vac | 711100 | nt of continuation | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Table 19 at 10 to | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No Cash Personal Check | 12/ | 19/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | / | 13, 2010 | Ψ100.00 | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| | 1 1130 | Pam | | 1411 | 0108 | | | |
| Gleason Residential Street Address | City | Palli | | State | | | | |
| | City | Manatana | | | Zip Code | | | |
| 16 Lake Rd | | Newtown | | СТ | 06470 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| Real Estate Broker | | | on Group Real Estate, LLC | 1 | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child (| <u> </u> | | | | | |
| government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 19/2016 | \$100.00 | | \$100.00 | | | |
| in yes, list Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Gleason | | Bob | | | 0109 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 16 Lake Rd | | Newtown | | СТ | 06470 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Real Estate Develpoment | | Gleas | on Group Real Estate, LLC | | | | | |
| · | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | | | | | | |
| If yes, indicate which branch or branches of GOVERNMENT THE CONTROL IS NOT THE CONTROL IN THE C | | | 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/ | 19/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | / | 13, 2010 | Ψ100.00 | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Michael | riist | Cary | | IVII | 0110 | | | |
| Residential Street Address | City | Gary | | Ct-t- | | | | |
| | City | 5 1 | | State | Zip Code | | | |
| 52 Deer Hill Ave | | Danbury | | СТ | 06810 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| 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 | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | | x No | | | | | |
| government the contract is with: Executive Legislative | - | D : 1 | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| _ | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 19/2016 | \$100.00 | | \$100.00 | | | |

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| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|-------|--|---|-------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Michael | | Gary | | R | 0111 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 1 Rooster Ridge Rd | | Newtown | | СТ | 06470 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Attorney | | - | R. Michael Jr. | • | | | | | |
| 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 Executive Legislative | | dependent enna (| 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/ | 19/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Michael | | Katherine | | | 0112 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 1 Rooster Ridge Rd | | Newtown | | СТ | 06470 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Homemaker | | | maker | • | | | | | |
| 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: Executive | Б. | D : 1 | | | | | | | |
| 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/ | 10/2016 | ¢100.00 | | ¢100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 19/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Seaman | | Stephanie | | | 0113 | | | | |
| Residential Street Address | City | • | | State | Zip Code | | | | |
| 101 Washington Blvd Unit 510 | | Stamford | | СТ | 06902 | | | | |
| Principal Occupation | • | Name of Employ | er | • | | | | | |
| Marketing | | Steph | anie Seaman Marketing | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | 2 | | 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: 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 | 420 | 20/2016 | +400.00 | | +100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 20/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Harkins | | John | | | 0114 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 631A Onondaga Ln | | Stratford | | СТ | 06614 | | | | |
| Principal Occupation | | Name of Employ | er | | • | | | | |
| Mayor | | Town | of Stratford | | | | | | |
| 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 | | acpendent cinia (| or a robbyist? | | | | | | |
| government the contract is with: Executive Legislative | | <u> </u> | 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 X Credit/Debit Card | 12/. | 20/2016 | \$100.00 | | \$100.00 | | | | |

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| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|---|-------|--|---|-------|---------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Mitchell | | Scott | | | 0115 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 3 Gallows Rd | | Brookfield | | СТ | 06804 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| CPA | | | 8 Mitchell | A | unt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | 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: | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No | 12/ | 21/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Short | | Frank | | | 0116 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 1 Ledge Ln | | New Milford | | СТ | 06776 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| Retired | | Retire | 11 14 | A | unt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | 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 Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | 1.99.18 | | | | | |
| X No Cash Personal Check | 12/ | 21/2016 | \$50.00 | | \$50.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | , | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Chieffalo | | Dom | | | 0117 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 15 Stone St | | Danbury | | СТ | 06810 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Attorney | | | Office of Dom Chieffalo | | | | | |
| 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 | ant of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent enna (| 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 | | | | | |
| X No Cash Personal Check | 12/ | 21/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | 7 | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Chieffalo | | Sal | | | 0118 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 1307 Briar Woods Ln | | Danbury | | СТ | 06811 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| CPA | | Profes | ssional CFO Services | | | | | |
| 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 | ant of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | | | | | | |
| 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 Personal Check | 12/ | 21/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | I ' | | | 1 | • | | | |

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| I. MONETARY RECEIPT | S (Se | ection A-I) | | | |
|--|-------|---------------------------|---|-------------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Flynn | | Marty | | | 0119 |
| Residential Street Address | City | | | State | Zip Code |
| 18 Farview Rd | L | Brookfield | | СТ | 06804 |
| Principal Occupation | | Name of Employ | | | |
| Plumber | | | n Flynn Plumbing | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | 0 | 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 Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 21/2016 | \$50.00 | | \$50.00 |
| ii yes, iist Event # | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Murphy | ļ | Jerome | | Т | 0173 |
| Residential Street Address | City | 5 1011 | | State | Zip Code |
| 12 Cottontail Ln | Щ. | Brookfield Name of Employ | | СТ | 06804 |
| Principal Occupation Realtor | | 1 7 | er vell Banker | | |
| | | | 11 14 | Amoi | unt of Contribution |
| Yes X N | o | 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 an event concreted in Section 112 | Date | Received | Aggregate Contributions | 1 | |
| X Coch Personal Check | | | | | |
| If yes, list Event # 12212016A No Money Order Credit/Debit Card | 12/2 | 21/2016 | \$100.00 | | \$100.00 |
| | | | | <u> </u> | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Cleveland | G'i | Brian | | Gr. i | 0174 |
| Residential Street Address 62 Mountainview Dr | City | Brookfield | | State CT | Zip Code 06804 |
| Principal Occupation | | Name of Employ | er | <u> </u> | 00004 |
| Construction | | | Contractor | | |
| | | Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution |
| Yes 🔼 N | 0 | 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 | Date | Received | Aggregate Contributions | | |
| all event reported in Section 31? | | | | | |
| If yes, list Event # 12212016A No Cash Credit/Debit Card | 12/2 | 21/2016 | \$100.00 | | \$100.00 |
| | Б | | | | Louis B" |
| Last Name | First | Robert | | MI D | Contribution ID # 0168 |
| Belden, Jr. Residential Street Address | City | Robert | | State | Zip Code |
| 7 Red Barn Ln | City | Brookfield | | CT | 06804 |
| Principal Occupation | - | Name of Employ | er | | 1 0000 |
| Sales | | IBM | | | |
| 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 | ٠ | 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 31: | | | | | |
| If yes, list Event # 12212016A | 12/2 | 21/2016 | \$100.00 | | \$100.00 |

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| I. MONETARY RECEIPT | S (Se | ection A-I) | | | |
|--|------------------------------|---|---|----------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | |
| Connecticut Comeback Committee | January 10 Filing - Original | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Belden | | Janice | | W | 0169 |
| Residential Street Address | City | | | State | Zip Code |
| 7 Red Barn Ln | L, | Brookfield | | СТ | 06804 |
| Principal Occupation | | Name of Employ | | | |
| Retired | | Retire | · | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | 0 | Is contributor a li 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 X Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| all event reported in Section 31? | | | | | |
| If yes, list Event # 12212016A No Cash Credit/Debit Card | 12/2 | 21/2016 | \$100.00 | | \$100.00 |
| in yes, list Event # 12212010A Nioney Order | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Malwitz | | Margarite | | | 0176 |
| Residential Street Address | City | | | State | Zip Code |
| 1 Great Heron Ln | Ь | Brookfield | | СТ | 06804 |
| Principal Occupation | | Name of Employ | | | |
| Retired Is contributor a principal of a state contractor or prospective state contractor? | | Retire | 11 1 · | Amoi | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | 0 | dependent child of | Vac | 711100 | 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 an expert concreted in Section 112 | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # 12212016A | 12/2 | 21/2016 | \$50.00 | | \$50.00 |
| in yes, list Event # 12212010A Infoncy Order Infoncy Order | | | | <u> </u> | |
| Last Name | First | | | MI | Contribution ID # |
| Malwitz | | Nelson | | | 0177 |
| Residential Street Address | City | 5 1011 | | State | Zip Code |
| 1 Great Heron Ln | | Brookfield | | СТ | 06804 |
| Principal Occupation Retired | | Name of Employ Retire | | | |
| | | | obbyist, spouse, or | Amoi | ant of Contribution |
| is contributor a principal of a state contractor or prospective state contractor? Yes N | o | dependent child of | | 7 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 concreted in Section 112 | Date | Received | Aggregate Contributions | 1 | |
| all event reported in Section 31? | | | | | |
| If yes, list Event # 12212016A No Cash Credit/Debit Card | 12/2 | 21/2016 | \$50.00 | | \$50.00 |
| | | | | <u> </u> | |
| Last Name | First | | | MI | Contribution ID # |
| Kerley | | Art | | | 0178 |
| Residential Street Address 13 Obtuse Rocks Rd | City | Dunalefiald | | State | Zip Code |
| Principal Occupation | | Brookfield Name of Employ | er | СТ | 06804 |
| Marketing | | | airfield Factor, Inc | | |
| | | | abbrief analysis of | Amou | unt of Contribution |
| Yes X N | 0 | 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 | 1 | |
| an event reported in section 31: | | | | | |
| If yes, list Event # 12212016A | 12/2 | 21/2016 | \$50.00 | | \$50.00 |

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| L MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|-------|--|------------------------------------|-------------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | | | | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Connor | | William | | R | 0179 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 47 Pocono Ridge Rd | | Brookfield | | СТ | 06804 | | | | |
| Principal Occupation GM | | Name of Employ | | | | | | | |
| | | | obbyist, spouse, or | Amou | unt of Contribution | | | | |
| Yes X No |) | dependent child of | Vac | | | | | | |
| 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? | | | | | | | | | |
| If yes, list Event # 12212016A No Money Order Credit/Debit Card | 12/ | 21/2016 | \$10.00 | | \$10.00 | | | | |
| | | | | l | | | | | |
| Last Name | First | Michael | | MI | Contribution ID # | | | | |
| Devalle Residential Street Address | City | Michael | | J State | 0180 Zip Code | | | | |
| 6 Apache Dr | City | Brookfield | | CT | 06804 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| | | | | | | | | | |
| 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 | | | | | | |
| No No Personal Check | 12/ | 21/2016 | #10.00 | | ±10.00 | | | | |
| If yes, list Event # 12212016A Money Order Credit/Debit Card | 12/. | 21/2016 | \$10.00 | | \$10.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Stoll | | Frederick | | Е | 0181 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 96 Obtuse Hill Rd | | Brookfield | | СТ | 06804 | | | | |
| 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? | 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 # 12212016A No Cash X Personal Check Money Order Credit/Debit Card | 12/ | 21/2016 | \$100.00 | | \$100.00 | | | | |
| in yes, list Event # 12212010A Infonction Canal | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Foncello, Jr. | | Martin | | J | 0182 | | | | |
| Residential Street Address | City | Brookfield | | State CT | Zip Code 06804 | | | | |
| 11 Drover Rd Principal Occupation | | Name of Employ | er | CI | 00804 | | | | |
| Government Official | | | overnment | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | .1.1 | 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 X Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| all event reported in Section 31? | | | | | | | | | |
| If yes, list Event # 12212016A No Money Order Credit/Debit Card | 12/ | 21/2016 | \$50.00 | | \$50.00 | | | | |

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| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|----------|-----------------------------|-------------------------|----------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Braun | | Willaim | | J | 0183 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 18 Parker Hill Rd | <u> </u> | Brookfield | | СТ | 06804 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Retired Is contributor a principal of a state contractor or prospective state contractor? | | Retire | 11.14 | Amor | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | dependent child of | Vac | Amot | ant 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 | 1 | | | | | |
| an event reported in Section J1? Cash Personal Check | | | | | | | | | |
| If yes, list Event # 12212016A No Money Order Credit/Debit Card | 12/ | 21/2016 | \$100.00 | | \$100.00 | | | | |
| I Honey order I credit book card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Rogg | | Marcus | | W | 0184 | | | | |
| Residential Street Address | City | NI NATIO I | | State | Zip Code | | | | |
| 12 Grett Ln Principal Occupation | <u> </u> | New Milford Name of Employ | or. | СТ | 06776 | | | | |
| Owner/Operator | | | Bay Marina | | | | | | |
| | | | 11.11 | Amou | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? 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? Cash Personal Check | | | | | | | | | |
| If yes, list Event # 12212016A | 12/ | 21/2016 | \$100.00 | | \$100.00 | | | | |
| in yes, list Event # 12212010A Infoncy Order Infoncy Order | | | | <u> </u> | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Flood | | Daniel | | D | 0185 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 13 Belden Hill Rd | <u> </u> | Brookfield | | СТ | 06804 | | | | |
| Principal Occupation Senior Director of Supply Chain | | Name of Employ Pepsion | | | | | | | |
| | | | 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 an expert seperated in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| All event reported in Section 71? | | | | | | | | | |
| If yes, list Event # 12212016A No Money Order Credit/Debit Card | 12/ | 21/2016 | \$100.00 | | \$100.00 | | | | |
| | | | | l | | | | | |
| Last Name | First | | | MI F | Contribution ID # | | | | |
| Walker Residential Street Address | City | George | | State | 0186 Zip Code | | | | |
| 24 Lillinonah Dr | City | Brookfield | | CT | 06804 | | | | |
| Principal Occupation | | Name of Employ | er | | 1 0000 | | | | |
| Real Estate | | | ntage Realty | | | | | | |
| 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 roodyrst? | | | | | | |
| 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 Personal Check | 12" | 21/2016 | 4100.00 | | ¢100.00 | | | | |
| If yes, list Event # 12212016A No 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) | | , | TYPE OF REPORT | | | | | | |
| Connecticut Comeback Committee | January 10 Filing - Original | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Berg | | Michelle | | R | 0187 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 8 Stony Farm Ln | <u> </u> | Brookfield | | СТ | 06804 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Actress 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 X No | o | dependent child of | Vac | Amot | 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 | 1 | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # 12212016A No Money Order Credit/Debit Card | 12/ | 21/2016 | \$40.00 | | \$40.00 | | | | |
| | | | | l | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Landgrebe Residential Street Address | City | Virginia | | State | 0188 Zip Code | | | | |
| 35 Meeting House Rd | City | New Milford | | CT | 06776 | | | | |
| Principal Occupation | | Name of Employ | er | Ci | 00770 | | | | |
| Teacher | | | Milford Public Schools | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | | | | |
| | 0 | dependent child of | <u></u> | | | | | | |
| 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 | 1 | | | | | |
| an event reported in Section J1? Cash Personal Check | | | | | | | | | |
| If yes, list Event # 12212016A No Money Order Credit/Debit Card | 12/ | 21/2016 | \$20.00 | | \$20.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Delia | FIISt | Chris | | IVII | 0189 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 85 Prange Rd | | Brookfield | | СТ | 06804 | | | | |
| Principal Occupation | • | Name of Employ | er | | | | | | |
| Director of Security | | AOL | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | | obbyist, spouse, or Yes | Amou | ant 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? X Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| No Cash X Personal Check | 12/ | 21/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # 12212016A | 12/. | 21/2010 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Duff | | William | | | 0190 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 33 Long Meadow Ln | | Bethel | | СТ | 06801 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Retired | | Retire | | 1 | | | | | |
| 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: Is this contribution associated with Method of contribution: | Data | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | Date | 10001700 | 1.5510gate Contributions | | | | | | |
| X No Cash X Personal Check | 12/ | 21/2016 | \$50.00 | | \$50.00 | | | | |
| If yes, list Event # | Ī | | | I | | | | | |

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| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|-------|--------------------|------------------------------|-------------|------------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | (| | TYPE OF REPORT | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| McCaffrey McCaffrey | | Kevin | | | 0191 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 52 Tower Rd | | Brookfield | | СТ | 06804 | | | |
| Principal Occupation | | Name of Employ | er | - | | | | |
| Broker | | Coldw | vell Banker | | | | | |
| 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 | | | | | | |
| government the contract is with: | D-4- | D i 4 | | | | | | |
| Is this contribution associated with an event reported in Section J1? X Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| No Rash Personal Check | 12/ | 21/2016 | \$25.00 | | \$25.00 | | | |
| If yes, list Event # 12212016A | 12/ | 21/2010 | \$25.00 | | \$25.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| O'Reilly | | Steve | | | 0192 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 6 Flax Hill Rd | | Brookfield | | СТ | 06804 | | | |
| Principal Occupation | • | Name of Employ | er | • | • | | | |
| Payroll Benefits | | 12sys | tems, Inc | | | | | |
| 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 lobbyist? | | | | | |
| 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 # 12212016A No Money Order Credit/Debit Card | 12/ | 21/2016 | \$50.00 | | \$50.00 | | | |
| T. AV | F: . | | | . , , | Louis Du | | | |
| Last Name | First | Thomas | | MI | Contribution ID # 0193 | | | |
| McInerney Residential Street Address | City | THOMAS | | State | Zip Code | | | |
| 22 Lisa Ln | City | Ridgefield | | CT | 06877 | | | |
| Principal Occupation | ! | Name of Employ | er | | | | | |
| Retired | | Retire | ed | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | ant 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 an event reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| All event reported in Section 71? | | | | | | | | |
| If yes, list Event # 12212016A No Money Order Credit/Debit Card | 12/ | 21/2016 | \$100.00 | | \$100.00 | | | |
| Lad Name | Einst | | | Lva | Contribution ID# | | | |
| Last Name Alhage | First | Louis | | MI | Contribution ID # 0120 | | | |
| Residential Street Address | City | Louis | | State | Zip Code | | | |
| 10 Stephanie Dr | City | New Milford | | CT | 06776 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Pharmaceutical Rep | | | ringer Ingelheim | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution | | | |
| | υ | dependent child of | or a roodyrst? | | | | | |
| 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 X Credit/Debit Card | 12/ | 22/2016 | \$50.00 | | \$50.00 | | | |

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| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|--------|--------------------|------------------------------|-------|---------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Chapman | | Susan | | | 0121 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 6 Old Bridge Rd W | | New Fairfield | | СТ | 06812 | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | |
| First Selectman | | Town | of New Fairfield | | | | | |
| 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 | 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 Personal Check | 12/ | 22/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | 7 | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Chapman | | Ken | | | 0122 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 6 Old Bridge Rd W | | New Fairfield | | СТ | 06812 | | | |
| Principal Occupation | | Name of Employ | er | | • | | | |
| Managing Director | | Bank | of New York | | | | | |
| 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? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 22/2016 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Shah | riist | Ajay | | IVII | 0123 | | | |
| Residential Street Address | City | ,,,,,, | | State | Zip Code | | | |
| 110 Coalpit Hill Rd Unit B10 | | Danbury | | СТ | 06810 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Realtor | | Natio | nwide Homes | | | | | |
| 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: 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 X Credit/Debit Card | 12/2 | 22/2016 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Heagney | 1 1150 | Robert | | | 0124 | | | |
| Residential Street Address | City | 1105011 | | State | Zip Code | | | |
| 8 Fawnbrook Ln | ĺ | Simsbury | | СТ | 06070 | | | |
| Principal Occupation | | Name of Employ | er | | 1 | | | |
| Attorney | | Ark U | nderwriting/Hassett & Georg | e | | | | |
| 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: 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 | 13. | 22/2016 | 4100.00 | | ¢100.00 | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 12/3 | 22/2016 | \$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 | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Grover | | Deborah | | | 0125 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 42 Main St | | Danbury | | СТ | 06783 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| Attorney | | | ney Deborah L Grover | | | | | |
| 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 | | dependent enna (| 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 | 10001100 | 1.66.06ate continuations | | | | | |
| X No Cash Personal Check | 12/ | 22/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | 7 | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Burke | | Terrence | | | 0126 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 4 Twin Maple Dr | | Bethel | | CT | 06801 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| VP | | Seam | an Mechanical Services 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 | 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 | | | | | |
| x No Cash Personal Check | | | | | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 12/ | 22/2016 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Atkins | FIISt | Celeste | | IVII | 0127 | | | |
| Residential Street Address | City | CCICSCC | | State | Zip Code | | | |
| 115 Wellers Bridge Rd | , | Roxbury | | CT | 06783 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Receptionist | | Soam | s Dental Care | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | ant 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 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 22/2016 | \$100.00 | | \$100.00 | | | |
| T. M | F: / | | |) d | G (3 (B) | | | |
| Last Name Dembrowski | First | Greg | | MI | Contribution ID # 0128 | | | |
| Residential Street Address | City | Greg | | State | Zip Code | | | |
| 28 Greenknoll Dr | City | Brookfield | | CT | 06804 | | | |
| Principal Occupation | <u> </u> | Name of Employ | er | <u>.</u> | | | | |
| Project Manager | | | of Brookfield | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 2 | Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution | | | |
| | υ | dependent child of | or a robbyist? | | | | | |
| 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? | | | | | | | | |
| If yes, list Event # Cash Personal Check No | 12/ | 24/2016 | \$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 | | | | | | | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Ruenzel | | Neil | | D | 0170 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 68 Old Black Poiint Rd | | Niantic | | СТ | 06357 | | | |
| Principal Occupation Retired | | Name of Employ Retire | | | | | | |
| | | | 11 1 · | Amou | unt of Contribution | | | |
| Yes X No | 0 | dependent child of | Vac | 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 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/ | 25/2016 | \$100.00 | | \$100.00 | | | |
| L AV | F: . | | | L | I c . i . i . i . ii . ii . | | | |
| Last Name | First | Richard | | MI P | Contribution ID # 0171 | | | |
| Hayes, Jr. Residential Street Address | City | Ricilalu | | State | Zip Code | | | |
| 1471 Pleasant Valley Rd | | Manchester | | СТ | 06042 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Real Estate Developer | | Hayes | s Developers | | | | | |
| 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 lobbyist? | | | | | |
| 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 X Personal Check | 12/ | 25/2016 | ±100.00 | | +100.00 | | | |
| If yes, list Event # Money Order Credit/Debit Card | 12/. | 25/2016 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Ward | | Edward | | R | 0172 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 37 Wooster Heights Rd | | Danbury | | СТ | 06810 | | | |
| 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? | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | 1 | 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? | | | | | | | | |
| If yes, list Event # | 12/ | 25/2016 | \$100.00 | | \$100.00 | | | |
| in yes, list Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Bennett | | Bruce | | | 0129 | | | |
| Residential Street Address | City | Dankuni | | State | Zip Code | | | |
| 49 Middle River Rd Principal Occupation | | Danbury Name of Employ | or | СТ | 06811 | | | |
| Administrator | | | ury Titans LLC | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | -1.1 | Amou | unt of Contribution | | | |
| | 0 | 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 X Credit/Debit Card | 12/ | 26/2016 | \$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 | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Krystopa | | Roger | | | 0130 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 21 Lakeside Rd | | Danbury | | СТ | 06811 | | | |
| 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 | unt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | or a robbyrst? | | | | | |
| government the contract is with: | | | | | | | | |
| 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/ | 27/2016 | ±100.00 | | ±100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 27/2016 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Krystopa | 1 1130 | Denise | | 1411 | 0131 | | | |
| Residential Street Address | City | Demise | | State | Zip Code | | | |
| 21 Lakeside Rd | | Danbury | | СТ | 06811 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Retired | | Retire | ed | | | | | |
| 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 |) | dependent child of | of a lobbyist? | | | | | |
| 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/ | 27/2016 | \$100.00 | | \$100.00 | | | |
| T. AV | Б | | | \ <i>a</i> | Louis B" | | | |
| Last Name Cappiello | First | Frank | | MI | Contribution ID # 0132 | | | |
| Residential Street Address | City | TIGHK | | State | Zip Code | | | |
| 3 Richter Dr | City | Danbury | | CT | 06811 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Jeweler | | Frank | lin Enterprise Inc. | | | | | |
| 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: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? Cash Personal Check | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 27/2016 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Giustina | 1 1130 | Bart | | 1411 | 0133 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 1052 Enfield St | | Enfield | | СТ | 06082 | | | |
| Principal Occupation | | Name of Employ | er | | 1 | | | |
| Accountant | | Conne | ecticut CPA Associates PC | | | | | |
| 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: 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/ | 27/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 14/ | 27/2016 | \$100.00 | | \$100.00 | | | |

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| I, MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|----------|---------------------------|---|---------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | • | TYPE OF REPORT | | | | | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Levy | | Warren | | | 0134 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 124 West St | | Danbury | | СТ | 06810 | | | | |
| Principal Occupation | - | Name of Employ | er | • | • | | | | |
| Metal Finisher | | Danb | ury Metal Finishing | | | | | | |
| 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 Executive Legislative | 0 | dependent child of | of a lobbyist? | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | ł | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 12/ | 27/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 27/2010 | Ψ100.00 | | Ψ100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Gehan | | Brian | | | 0135 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 44 Abbey Ln | | Danbury | | СТ | 06810 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Golf Professional | | Richte | er Park Golf Course | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | ant of Contribution | | | | |
| | 0 | dependent child of | of a foodyist? | | | | | | |
| 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 Personal Check Money Order X Credit/Debit Card | 12/ | 27/2016 | \$100.00 | | \$100.00 | | | | |
| | | | | | 1 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Cavo | | Joseph | | | 0136 | | | | |
| Residential Street Address | City | Dankana | | State | Zip Code | | | | |
| 2 Candlewood Dr | <u> </u> | Danbury Name of Employ | or . | СТ | 06811 | | | | |
| Principal Occupation Mechanic | | Name of Employ | f Danbury | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | Amou | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | o | dependent child of | V | 111104 | 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 | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | | | | | |
| X No | 12/ | 27/2016 | \$100.00 | | \$100.00 | | | | |
| in yes, list Event # | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Arconti | | James | | | 0137 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 13 Fernbrook Dr | | Brookfield | | СТ | 06804 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Insurance | | | & Kiernan, Inc. | A.m.o.v | unt of Contribution | | | | |
| 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? Yes | 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 | 1 | | | | | |
| an event reported in Section J1? | Date | 20001700 | | | | | | | |
| X No Cash Personal Check | 12/ | 27/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 1/ | | 4100.00 | 1 | T = 20.00 | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|----------|--|---|---------|------------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Estefan | | Sally | | | 0138 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 2111 Avalon Valley Dr | | Danbury | | СТ | 06810 | | | | |
| Principal Occupation Cashier | | Name of Employ LL Be | | | | | | | |
| | | | obbyist, spouse, or | Amou | ant of Contribution | | | | |
| Yes X No |) | dependent child of | Vac | 7111100 | 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 Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Cash Personal Check Cash Cash | 12/2 | 28/2016 | \$100.00 | | \$100.00 | | | | |
| Lov | E: / | | | | [0 . 7 . 6 . ID. # | | | | |
| Last Name Stevenson | First | lauma | | MI | Contribution ID # 0139 | | | | |
| Residential Street Address | City | Jayme | | State | Zip Code | | | | |
| 65 St Nicholas Rd | | Darien | | СТ | 06820 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| First Selectman | | Town | of Darien | | | | | | |
| 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 lobbyist? | | | | | | |
| Is this contribution associated with 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 | 12/2 | 28/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Lewis | | Gerri | | | 0140 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 519 Main St | | Old Saybrook | < | СТ | 06475 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Paralegal | | Eichh | olz @ Lanier | | | | | | |
| 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 | nt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent ennu e | x No | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card Cash Credit/Debit Card | 12/2 | 28/2016 | \$25.00 | | \$25.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Ferguson | | Michael | | | 0141 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 4 Old Hayrake Rd | <u> </u> | Danbury | | СТ | 06811 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Information Desk | | | ury Hospital | A | int of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | - | Amou | ant of Contribution | | | | |
| 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 31? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/2 | 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) | | | | | | | | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Short | | Frank | | | 0142 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 1 Ledge Ln | L., | New Milford | | СТ | 06776 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Retired | | Retire | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | io | dependent child of | obbyist, spouse, or of a lobbyist? | Amou | 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 Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/2 | 28/2016 | \$100.00 | | \$50.00 | | | | |
| | I | | | | [a . z . z . m // | | | | |
| Last Name | First | Classilas | | MI | Contribution ID # | | | | |
| Trombetta Residential Street Address | City | Charles | | State | 0143 Zip Code | | | | |
| 291 Chestnut Hill Rd | City | Stamford | | CT | 06903 | | | | |
| Principal Occupation | _ | Name of Employ | er | Ci | 00903 | | | | |
| Insurance Agent | | | te Insurance | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | Amou | nt of Contribution | | | | | | | |
| If yes, indicate which branch or branches of | 0 | dependent child of | <u></u> | | | | | | |
| government the contract is with: | | | x No | | | | | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| Cash Personal Check | | | | | | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 12/2 | 28/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Kezer | | Pauline | | | 0144 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 47 Owaneco Trl | | Old Saybrool | < | СТ | 06475 | | | | |
| Principal Occupation | - | Name of Employ | er | - | - | | | | |
| Retired | | Retire | ed | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | lo | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent cinia (| x No | | | | | | |
| government the contract is with: Executive Legislative | l D. | D : 1 | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 12/2 | 28/2016 | \$25.00 | | \$25.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | 20, 2010 | Ψ25.00 | | 423.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Jowdy | | Jeffrey | | | 0145 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 14 Flintlock Dr | L | Danbury | | СТ | 06811 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Attorney | | | / & Jowdy | | ent of Contailersi- | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes | lo | 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 | | | x _{No} | | | | | | |
| Is this contribution accounted with Mathed of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Personal Check No | 12/2 | 28/2016 | \$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 | | | | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Chmielewski | | Edward | | | 0146 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 75 Beckwith Hill Dr | | Salem | | СТ | 06420 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| Chief Probate Officer | | | dicial Branch | | | | | |
| 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 | unt of Contribution | | | |
| 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 | | | | | | | | |
| X No | 12/ | 28/2016 | \$100.00 | | \$100.00 | | | |
| ii yes, iist Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Bennett | | Joanne | | | 0147 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 49 Middle River Rd | | Danbury | | СТ | 06811 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| Retired Is contributor a principal of a state contractor or prospective state contractor? | | Retire | 11 1 · | Amou | unt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | 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? | | | | | | | | |
| X No | 12/ | 28/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Greenberg | | Steven | | | 0148 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 11 Welington Ct | | Danbury | | СТ | 06811 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Banker | | NSB | obbyist spouse or | A | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No. |) | dependent child o | V | Alliou | 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 | 12/ | 28/2016 | \$100.00 | | \$100.00 | | | |
| | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Bautista | C'i | Luis | | Gr. i | 0149 | | | |
| Residential Street Address 1 Dogwood Dr | City | Danhuni | | State CT | Zip Code 06811 | | | |
| Principal Occupation | | Danbury Name of Employ | er | CI | 00011 | | | |
| Owner/Operator | | | ennio Restaurnt | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | | | |
| | , | 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 Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X 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 January 10 Filing - Original | | | | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Robertson | | Mary | | | 0150 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 28 Jewett Hill Rd | | Sharon | | СТ | 06069 | | | |
| Principal Occupation Retired | | Name of Employ Retire | | | | | | |
| | | | obbyist, spouse, or | Amou | unt of Contribution | | | |
| Yes X N | o | 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 Yes Yes Yes | Date | Received | Aggregate Contributions | | | | | |
| Cash Personal Check | | | | | | | | |
| If yes, list Event # \times \text{No} \tag{Noney Order} \tag{X} \tag{Credit/Debit Card} | 12/ | 28/2016 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Sullivan | 1 1130 | John | | N | 0151 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 24 Deer Run Rd | | Brookfield | | СТ | 06804 | | | |
| Principal Occupation | • | Name of Employ | er | • | • | | | |
| Sales | | Danbı | ury Hyundai | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | int of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | 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 X Credit/Debit Card | 12/ | 28/2016 | \$10.00 | | \$10.00 | | | |
| If yes, list Event # | | | | | - | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Kurfehs | | Harold | | | 0152 | | | |
| Residential Street Address | City | D 1.6 - 1.4 | | State | Zip Code | | | |
| 42 Obtuse Rd N Principal Occupation | | Brookfield Name of Employ | or | СТ | 06804 | | | |
| Commercial RE Broker | | | vell Banker Commercial | | | | | |
| | | | | Amou | ınt of Contribution | | | |
| Yes 🔼 N | o | 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 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 11? | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 28/2016 | \$50.00 | | \$50.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Lin | 1 1130 | Liquing | | | 0153 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 29 Great Plain Rd | | Danbury | | СТ | 06811 | | | |
| Principal Occupation | | Name of Employ | er | - | • | | | |
| Owner/Operator | | Koo R | lestaurant | | | | | |
| 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 | int of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | ar _p and on think (| x No | | | | | |
| government the contract is with: In this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | - | | | | |
| an event reported in Section J1? | Date | | | | | | | |
| If yes list Event # | 12/ | 28/2016 | \$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) Connecticut Comeback Committee | | | | | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | | |
| B. Itemized Contributions from | m Inc | lividuals | | | | |
| Last Name Xu | First | Changling | | MI | Contribution ID # 0154 | |
| Residential Street Address | City | | | State | Zip Code | |
| 46 Great Plain Rd | | Danbury | | СТ | 06811 | |
| Principal Occupation | • | Name of Employ | er | | • | |
| Sushi Chef | | | an Restaurant | | 20 11 1 | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | О | ls contributor a l dependent child of | obbyist, spouse, or of a lobbyist? | 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? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | |
| If yes, list Event # | 12/ | 28/2016 | \$100.00 | | \$100.00 | |
| | l | | | l | I a | |
| Last Name | First | | | MI | Contribution ID # | |
| Jiang Residential Street Address | City | Chang Ting | | State | O155 Zip Code | |
| 29 Great Plain Rd | City | Danbury | | CT | 06811 | |
| Principal Occupation | | Name of Employ | er | Ci | 00011 | |
| Sushi Chef | | | ood Inn | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | ant of Contribution | |
| | 0 | 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 J1? X Cash Personal Check If yes, list Event # Money Order Credit/Debit Card | 12/ | 28/2016 | \$100.00 | | \$100.00 | |
| I you, list Event in | <u> </u> | | | | | |
| Last Name Chen | First | Xiaopinng | | MI | Contribution ID # 0156 | |
| Residential Street Address | City | , , | | State | Zip Code | |
| 29 E Pembroke Rd Apt 2 | | Danbury | | СТ | 06811 | |
| Principal Occupation | • | Name of Employ | er | • | • | |
| Cashier | | Fuchi | , Inc | | | |
| 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 | 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 31: | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 28/2016 | \$100.00 | | \$100.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| Chen | | Duonning | | | 0157 | |
| Residential Street Address | City | | | State | Zip Code | |
| 29 E Pembroke Rd Apt 3 | | Danbury | | СТ | 06811 | |
| Principal Occupation | - | Name of Employ | er | - | • | |
| Waiter | | Fuchi | , Inc | | | |
| 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? | Amou | 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 X Cash Personal Check | | | | | | |
| X No X Cash Personal Check If yes, list Event # | 12/ | 28/2016 | \$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 | | | | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Jiang | | Jing Jing | | | 0158 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 727 57th St # 1FL | <u> </u> | Brooklyn | | NY | 11220 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| Hostess Is contributor a principal of a state contractor or prospective state contractor? | | | ood Inn obbyist, spouse, or | Amou | unt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | dependent child of | Vac | Aillot | ant of Contribution | | | |
| 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/ | 28/2016 | \$100.00 | | \$100.00 | | | |
| | I | | | | | | | |
| Last Name | First | 01 | | MI | Contribution ID # | | | |
| Lin Residential Street Address | City | Qijah | | State | 0159 Zip Code | | | |
| 29 E Pembroke Rd Apt 2 | City | Danbury | | CT | 06811 | | | |
| Principal Occupation | | Name of Employ | er | CI | 1 00011 | | | |
| Manager | | | ood Inn | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | | Is contributor a l | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | 0 | 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? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| x No Cash Personal Check | | | | | | | | |
| If yes, list Event # No Money Order Credit/Debit Card | 12/. | 28/2016 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Xu | 1 1150 | Chanlong | | | 0160 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 46 Great Plain Rd | | Danbury | | СТ | 06811 | | | |
| Principal Occupation | | Name of Employ | er | = | • | | | |
| Manager | | En Di | an Development, LLC | | | | | |
| 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 cinia (| 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 Personal Check | 12/ | 28/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # | | , | | | · | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Liu | | Chang Zheng | J | | 0161 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 957 55th St | | Brooklyn | | NY | 11219 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| Chef Is contributor a principal of a state contractor or prospective state contractor? | | | estaurant obbyist, spouse, or | Amou | unt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | о | dependent child of | Vac | Amou | int 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 X Cash Personal Check | | | | | | | | |
| If yes, list Event # | 12/ | 28/2016 | \$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 | | | | | | |
| Connecticut Comeback Committee | January 10 Filing - Original | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Yuz | | Lee | | | 0162 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 8425 Elmhurst Ave | | Elmhurst | | NY | 11373 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Waiter | | | estaurant | | | | | | |
| 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 Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| X No Cash Personal Check | 12/ | 28/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Nurhasanah | | Ningshi | | | 0163 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 8425 Elmhurst Ave | <u> </u> | Elmhurst | | NY | 11373 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Waiter | | | estaurant | | | | | | |
| 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 | 10001100 | 1.66.06ate continuations | | | | | | |
| X No Cash Personal Check | 12/ | 28/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # | | , | · | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Florio | | Michael | | Т | 0164 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 136 Pembroke Rd # 89 | | Danbury | | СТ | 06811 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Supervisor | | | estaurant | | | | | | |
| 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: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Dute | 10001100 | 1.66. egate controlations | | | | | | |
| X No Cash Personal Check | 12/ | 28/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # | ĺ | , | · | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Sihaui | | Zheng | | | 0165 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 863 50th St | | Brooklyn | | NY | 11220 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Chef | | Fuchi | | | | | | | |
| 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 | ant of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | | | 55 -5 | | | | | | |
| X No Cash Personal Check | 12/ | 28/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # | 1 | | | ı | | | | | |

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| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|----------|--|---|---------|------------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | | |
| Connecticut Comeback Committee | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Cipriani | | Joe | | L | 0166 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 16 Sweetcake Mountain Rd | <u> </u> | New Fairfield | | СТ | 06812 | | | | |
| Principal Occupation Name of Employer | | | | | | | | | |
| Delivery Driver Is contributor a principal of a state contractor or prospective state contractor? | | | destaurant obbyist, spouse, or | Amou | unt of Contribution | | | | |
| Yes X No | 0 | dependent child of | Vac | 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 Voc Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 28/2016 | \$100.00 | | \$100.00 | | | | |
| L AV | F: . | | | L | Louis D# | | | | |
| Last Name Ross | First | Joseph | | MI | Contribution ID # 0167 | | | | |
| Residential Street Address | City | лоѕерп | | State | Zip Code | | | | |
| 58 Sleepy Hollow Dr | | Danbury | | СТ | 06810 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Bartender | | Koo R | lestaurant | | | | | | |
| 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? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| X No Z 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 # | | | | |
| Curran | | Philip | | D | 0175 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 25 Belmont Cir | | Danbury | | СТ | 06810 | | | | |
| 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 | unt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | 1 | 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? | | | | | | | | | |
| If yes, list Event # | 12/ | 28/2016 | \$100.00 | | \$100.00 | | | | |
| in yes, list Event # | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Ron-Priola | | Veronica | | | 0194 | | | | |
| Residential Street Address | City | Dankuni | | State | Zip Code | | | | |
| 27 Heritage Dr . Principal Occupation | | Danbury Name of Employ | er | СТ | 06811 | | | | |
| Pediatrician | | | ury Hospital | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | -1.1 | Amou | unt of Contribution | | | | |
| | 0 | dependent child of | | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | <u> </u> | x _{No} | | | | | | |
| Is this contribution associated with Voc 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/ | 29/2016 | \$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 | | | | | | |
| Connecticut Comeback Committee | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Priola | | John | | | 0195 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 27 Heritage Dr . | | Danbury | | СТ | 06811 | | | | |
| Principal Occupation Name of Employer | | | | | | | | | |
| Accountant Is contributor a principal of a state contractor or prospective state contractor? | | | ds & Rowella obbyist, spouse, or | Amou | ant of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Vac | 7 tinot | ant of Controlation | | | | |
| 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/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| | | | | | I | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Scozzafava Residential Street Address | City | Joseph | | State | 0196 Zip Code | | | | |
| 68 Driftway Rd | City | Danbury | | CT | 06811 | | | | |
| Principal Occupation | | Name of Employ | er | Ci | 00011 | | | | |
| Retired | | Retire | | | | | | | |
| 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: | | | 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/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| | | | | | La cari mu | | | | |
| Last Name Mazzucco | First | Ward | | MI | Contribution ID # 0197 | | | | |
| Residential Street Address | City | waiu | | State | Zip Code | | | | |
| PO Box 511 | City | Redding Rido | ie | CT | 06876 | | | | |
| Principal Occupation | | Name of Employ | | | 1 | | | | |
| Lawyer | | Chipn | nan Mazzucco | | | | | | |
| 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 | or a robbyist? | | | | | | |
| 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 | | | | | | | | | |
| If yes, list Event # No Money Order Credit/Debit Card | 12/. | 29/2016 | \$50.00 | | \$50.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Grimes | | Matthew | | | 0198 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 11 Orchard St | | Brookfield | | СТ | 06804 | | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | | |
| Attorney | | Matth | ew Grimes Attorney at Law | | | | | | |
| 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 | ant of Contribution | | | | |
| If yes, indicate which branch or branches of | | acpendent ennu (| x No | | | | | | |
| government the contract is with: Legislative Legislative Legislative | Dot- | Pagaiyad | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | | |
| No Cash Personal Check | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # 12212016A Money Order X Credit/Debit Card | I/ | -, | ¥200.00 | | , | | | | |

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| I, MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|-------|--------------------|--|----------|--------------------|--|--|--|
| | 5 (50 | ection A-1) | TYPE OF DEPONT | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT January 10 Filing - Original | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Carbone | | Elinor | | | 0199 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 300 Pumping Station Rd | | Litchfield | | СТ | 06759 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Mayor | | City o | f Torrington | | | | | |
| | | | obbyict chance or | Amou | nt of Contribution | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes No |) | 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 Yes Yes Yes | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| X No Cash Personal Check | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | • | | | · | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Lafleur | | Roger | | | 0200 | | | |
| Residential Street Address | City | Roger | | State | Zip Code | | | |
| 58 Bunker Hill Rd | City | Canton | | CT | 06019 | | | |
| Principal Occupation | | Name of Employ | on. | CI | 00019 | | | |
| | | | | | | | | |
| Project Manager | | | esources, LLC | | | | | |
| 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 A 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 | 12/2 | 29/2016 | \$100.00 | | \$100.00 | | | |
| | | | | <u> </u> | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| O'Mahony | | Michael | | | 0201 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 20 Shadowlake Rd | | Ridgefield | | CT | 06877 | | | |
| Principal Occupation | | Name of Employ | er | - | | | | |
| Motorcycle Dealer | | Motof | ît | | | | | |
| 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? | | | | | | | | |
| If yes list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/2 | 29/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Mengacci | | Jimmy | | | 0202 | | | |
| Residential Street Address | City | , | | State | Zip Code | | | |
| 197 Webb Rd | | Naugatuck | | СТ | 06770 | | | |
| Principal Occupation | | Name of Employ | er | <u> </u> | | | | |
| Account Executive | | | ans Financial Services | | | | | |
| | | | obbyist, spouse, or | Amou | nt of Contribution | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | Vac | | | | | |
| 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: | Deta | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 13. | 20/2016 | 4100.00 | | ¢100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 29/2016 | \$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 | | | | | | |
| Connecticut Comeback Committee | January 10 Filing - Original | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Delucia | | Alexander | | | 0203 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 675A Lakeview Dr | | Southbury | | СТ | 06488 | | | | |
| Principal Occupation | | Name of Employ | er | - | • | | | | |
| Pawnbroker A Yankee Peddler & Loan, LLC | | | | | | | | | |
| 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 | | | | | | |
| | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| · | · | | | l | T | | | | |
| Last Name | First | 1-66 | | MI | Contribution ID # | | | | |
| Muthersbaugh Residential Street Address | City | Jeffry | | State | 0204 Zip Code | | | | |
| | City | Haddam | | CT | 06438 | | | | |
| 988 Saybrook Rd Principal Occupation | | Haddam Name of Employ | or | CI | 06438 | | | | |
| Executive Recruiter | | | | | | | | | |
| | | | 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 | Aimot | 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 | | | | | | |
| an event reported in Section J1? | | | 86 .8 | | | | | | |
| X No Cash Personal Check | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | ., | , | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Ney | | Patrick | | | 0205 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 25 Ridgewood Dr | | Middlebury | | СТ | 06762 | | | | |
| Principal Occupation | - | Name of Employ | er | - | • | | | | |
| Consulting | | Propa | gate Consulting | | | | | | |
| 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 | or a robbyist? | | | | | | |
| government the contract is with: Executive | | | x _{No} | | | | | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 40.0 | 20/2016 | | | 1100.00 | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 12/. | 29/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Wainwright | 11130 | Andy | | IVII | 0206 | | | | |
| Residential Street Address | City | 711107 | | State | Zip Code | | | | |
| 38 Van Rensselaer Ave | City | Stamford | | CT | 06902 | | | | |
| Principal Occupation | | Name of Employ | er | <u> </u> | | | | | |
| Sales | | | litors International | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | | | | |
| | 0 | dependent child 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 Voc Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check No | 12/ | 29/2016 | \$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 Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | | |
| Connecticut Comeback Committee | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Metro | | Bill | | | 0207 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 5 Rolling Hill Rd | <u>. </u> | Skillman | | NJ | 08558 | | | | |
| Principal Occupation Chairman & CEO | | Name of Employ | ^{er} orporation | | | | | | |
| | | | obbyist, spouse, or | Amou | ant of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? | o | dependent child of | Vac | 7111100 | 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 Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Cash Personal Check Cash Cash | 12/2 | 29/2016 | \$100.00 | | \$100.00 | | | | |
| | I . | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Cerreta Residential Street Address | City | Anthony | | State | 0208 Zip Code | | | | |
| 91A Clapboard Ridge Rd | City | Danbury | | CT | 06811 | | | | |
| Principal Occupation | _ | Name of Employ | er | Ci | 00011 | | | | |
| Manager | | | rs Brothers Waste Systems | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| - - | D | 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 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Value Cash Personal Check Cash Cash Personal Check Cash Cash Cash Personal Check Cash Cash | 12/2 | 29/2016 | \$100.00 | | \$100.00 | | | | |
| LadNama | First | - | | MI | Contribution ID # | | | | |
| Last Name Bingham | FIISt | Jennifer | | MII | 0209 | | | | |
| Residential Street Address | City | Jennier | | State | Zip Code | | | | |
| 360 Upper Valley Rd | | Torrington | | СТ | 06790 | | | | |
| Principal Occupation | <u>'</u> | Name of Employ | er | | ! | | | | |
| Hair Stylist | | Hair b | y Design | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 1 | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | , | dependent child of | or a roodyrst: | | | | | | |
| 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 | | | | | | |
| Cash Personal Check | 12/ | 20/2016 | ¢100.00 | | ¢100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/2 | 29/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Keane | | Dennis | | | 0210 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 133B Heritage Vlg | | Southbury | | СТ | 06488 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| State Trooper | | Sate | of CT | | | | | | |
| 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 | int of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x No | | | | | | |
| In this contribution associated with Mathed of contribution | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Date | 1.0001700 | 1.5510gute Contributions | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card Cash Credit/Debit Card Cash Credit/Debit Card Cash Credit/Debit Card Cash Ca | 12/2 | 29/2016 | \$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 | | | | | | |
| Connecticut Comeback Committee | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Winters | | Harry | | | 0211 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 30 Brookside Ct | | Newtown | | CT | 00006-8470 | | | | |
| Principal Occupation | - | Name of Employ | er | • | • | | | | |
| Manager Winters Brothers Waste Systems | | | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | No | I | 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? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 1.57 | 00/0046 | | | | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| | FIISt | Jim | | IVII | 0212 | | | | |
| Spencer Residential Street Address | City | JIIII | | State | Zip Code | | | | |
| | City | Danbuny | | CT | 06811 | | | | |
| 33 Nancy Dr Principal Occupation | | Danbury Name of Employ | or | Ci | 00811 | | | | |
| Golf Professional | | | rmance Clubworks | | | | | | |
| | | | obbyjet enouge or | Amor | ant of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X | No | dependent child of | Vac | | | | | | |
| 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? | | | | | | | | | |
| X No Cash Personal Check | 12/ | 29/2016 | \$25.00 | | \$25.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | -, | , | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Cutsumpas | | Ted | | | 0213 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 145 Dewey St | | Bennington | | VT | 05201 | | | | |
| Principal Occupation | • | Name of Employ | er | | • | | | | |
| Owner/Operator | | Elm S | treet Market | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X | No | I | obbyist, spouse, or Yes | Amou | ant 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 Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| [| I | | | | la di pu | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Consalvos Residential Street Address | City | Lawrence | | State | 0214 Zip Code | | | | |
| 80 New Rd | City | Lambertville | | NJ | 08530 | | | | |
| Principal Occupation | | Name of Employ | er | 143 | 00330 | | | | |
| President | | | orporation | | | | | | |
| | | | 11 | Amou | unt of Contribution | | | | |
| Yes X | No | 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: | | | | | | | | | |
| an event reported in Section 112 | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? X No | Date | Received | Aggregate Contributions | | | | | | |

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| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|-------|---|---|-------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | | | | | |
| Connecticut Comeback Committee | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Ney | | Christina | | | 0215 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 25 Ridgebury Dr | | Middlebury | | СТ | 06762 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Paralegal | | Flood | 44 1 4 | A | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | 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/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| ii yes, iist Event # | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Chaleski | | Carl | | | 0216 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 15 Centennial Dr | | Danbury | | СТ | 06811 | | | | |
| Principal Occupation Real Estate | | Name of Employ | | | | | | | |
| | | - | Co, Inc obbyist, spouse, or | Amou | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | Vac | Amou | 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? | | | | | | | | | |
| X No | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Greenfield | | Jonathan | | | 0217 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 6 Jacobs Ln | | Bethel | | СТ | 06801 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| CFO | | | p. Inc | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | 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 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? | Bute | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | , | · | | · | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Pinter | | Laszlo | | | 0218 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 40 Hut Hill Rd | | Bridgewater | | СТ | 06752 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| Attorney | | · · | f Danbury | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | 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 Executive Legislative | | • | x No | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Date | | op-ogate continuations | | | | | | |
| X No | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # | I | | | 1 | | | | | |

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| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|--------|--|---|-------|---------------------|--|--|--|
| | 5 (5) | ection A-I) | I | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Szymanski | | Paul | | | 0219 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 31 Beach Dr | | New Milford | | СТ | 06776 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Owner/Operator | | Arthu | r Howland and Associate | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | int of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Vac | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| T41 (3.6 1/1.34 — M4.1.6 (3.6 | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No Cash Personal Check | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | 4 | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| | 1 1130 | Martin | | .,,, | 0220 | | | |
| Lynch Residential Street Address | City | Martin | | State | Zip Code | | | |
| | City | Contain | | | | | | |
| 839 Eastern Point Rd | | Groton | | СТ | 06340 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| Medical Salesperson | | | erstone Medical | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent cinia (| <u> </u> | | | | | |
| 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 J1? | | | | | | | | |
| Ŭ No ☐ | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| Becker | | Josh | | | 0221 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 1 Gallows Hill Rd | | Brookfield | | СТ | 06804 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Sales | | Guard | lian | | | | | |
| | | | obbyist, spouse, or | Amou | int of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | | | | | | |
| 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? | Date | Received | riggregate contributions | | | | | |
| X No Cash Personal Check | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 29/2010 | \$100.00 | | \$100.00 | | | |
| Last Name | Firmt | | | MI | Contribution ID# | | | |
| | First | | | IVII | Contribution ID # | | | |
| Lynch | | Jennifer | | | 0222 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 839 Eastern Point Rd | L | Groton | | СТ | 06340 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| 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 | int of Contribution | | | |
| If yes, indicate which branch or branches of | | acpendent cinid (| · | | | | | |
| government the contract is with: | | | x _{No} | 1 | | | | |
| Is this contribution associated with Method of contribution: Yes Yes | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 29/2016 | \$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 | | | | | | |
| Connecticut Comeback Committee | January 10 Filing - Original | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Lynch | | Kieran | | | 0223 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 839 Eastern Point Rd | | Groton | | СТ | 06340 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Student | | Stude | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | 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 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? | | | | | | | | | |
| X No | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Marceau | | David | | | 0224 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 17 Bantry Rd | | Simsbury | | СТ | 06070 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Retired Is contributor a principal of a state contractor or prospective state contractor? | | Retire | 11 14 | Amou | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | dependent child of | Vac | Amou | int 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 # Personal Check Money Order X Credit/Debit Card | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Ramey | | Michelle | | | 0225 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 1 Topfield Rd | | Danbury | | СТ | 06811 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| Secretary | | WCSU | | A | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | obby ist, spouse, or | 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 # | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| Gillanders | | Paul | | | 0226 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 91 A Clapboard Ridge Rd | | Danbury | | СТ | 06811 | | | | |
| Principal Occupation Sales | | Name of Employ | rs Brothers Waste Systems | | | | | | |
| | | | -1.1 | Amou | unt of Contribution | | | | |
| Yes X No |) | dependent child of | Vac | 1 | | | | | |
| 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 X Credit/Debit Card | 12/ | 29/2016 | \$100.00 | | \$100.00 | | | | |

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| L MONETARY RECEIPT | S (Se | ection A-I) | | | |
|--|----------------|---|---|-------------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | |
| Connecticut Comeback Committee | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Roger | | Guertin | | | 0227 |
| Residential Street Address | City | | | State | Zip Code |
| 87 Golden Hill Rd | L | Danbury | | СТ | 06811 |
| Principal Occupation | | Name of Employ | | | |
| Retired | | Retire | | | |
| 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 | 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 Cash Personal Check | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/2 | 29/2016 | \$100.00 | | \$100.00 |
| In you, in 2 teams of the case | | | | <u> </u> | |
| Last Name | First | | | MI | Contribution ID # |
| Pinter | a: | Denise | | a | 0228 |
| Residential Street Address 40 Hut Hill Rd | City | Duideouetes | | State CT | Zip Code 06752 |
| Principal Occupation | ! _ | Bridgewater Name of Employ | er | CI | 06752 |
| Assessor | | | of Bridgewater | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | ant of Contribution |
| | 0 | 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 | | |
| an event reported in Section 31: | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/2 | 29/2016 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Svanda | FIISt | Mark | | IVII | 0229 |
| Residential Street Address | City | Hark | | State | Zip Code |
| 7 Evergreen Rd | | Sandy Hook | | СТ | 06482 |
| Principal Occupation | <u> </u> | Name of Employ | er | ! | |
| Painting/ GC | | Svano | da Painting, LLC | | |
| 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 | a loodyist: | | |
| government the contract is with: Executive Legislative | | D 1 1 | x _{No} | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | 12/2 | 29/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # No Money Order X Credit/Debit Card | 12,2 | 25,2010 | \$100.00 | | 4100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Vazquez | | Selly | | | 0230 |
| Residential Street Address | City | | | State | Zip Code |
| 30 Pocono Ridge Rd | <u> </u> | Brookfield | | СТ | 06804 |
| Principal Occupation | | Name of Employ | | | |
| Financial Advisor | | | endent | | |
| 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? 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 | 1 | |
| an event reported in Section J1? | | | 55-56 | | |
| X No | 12/2 | 29/2016 | \$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 | | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | | |
| B. Itemized Contributions fr | om Inc | lividuals | • | | | | |
| Last Name | First | | | MI | Contribution ID # | | |
| Melillo | _ | Donald | | | 0231 | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 399 Oronoke Rd | | Waterbury | | СТ | 06708 | | |
| Principal Occupation | | Name of Employ Retire | | | | | |
| Retired Is contributor a principal of a state contractor or prospective state contractor? | | | | Amou | ant of Contribution | | |
| Is contributor a principal of a state contractor or prospective state contractor? | No | dependent child of | 37 | 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 Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | |
| an event reported in Section 31: | | | | | | | |
| If yes, list Event # | 12/ | 29/2016 | \$100.00 | | \$100.00 | | |
| | <u> </u> | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | |
| Estefan Residential Street Address | City | Paul | | State | 0232 | | |
| | City | Danbuny | | CT | Zip Code 06810 | | |
| 2111 Avalon Valley Dr Principal Occupation | | Danbury Name of Employ | er | Ci | 00010 | | |
| Airport Administrator | | | of Danbury | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | nt of Contribution | | |
| If yes, indicate which branch or branches of | No | dependent child of | of a lobbyist? | | | | |
| 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 # | 12/ | 30/2016 | \$100.00 | | \$100.00 | | |
| Last Name | First | | | MI | Contribution ID # | | |
| Pardee | | Darrin | | | 0233 | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 871 Ethan Allen Hwy | | Ridgefield | | СТ | 06877 | | |
| Principal Occupation | - | Name of Employ | er | , | - | | |
| Chiropractor | | Parde | e Chiropractic Center | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | No | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | nt of Contribution | | |
| If yes, indicate which branch or branches of | | dependent cinia (| a lobbyist: | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | - D / | Received | | | | | |
| 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/ | 30/2016 | \$100.00 | | \$100.00 | | |
| If yes, list Event # Money Order X Credit/Debit Card | / | | Ψ100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | |
| Boynton | | Kenneth | | | 0234 | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 100-25 Dobson Rd | | Vernon | | СТ | 06066-2319 | | |
| Principal Occupation | | Name of Employ | | | | | |
| Developer/builder | | | ton Construction Inc. | A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X | No | dependent child of | obbyist, spouse, or Yes of a lobbyist? | Amou | int 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 # | 12/ | 30/2016 | \$100.00 | | \$100.00 | | |

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| Securious Secu | I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | | |
|--|---|----------|--------------------|---------------------------|-----------------|-------|----------------------|
| Last Name Secondarian Strong Last Name Fige Secondarian Strong Last Name Project Company Secondaria Strong Last Name Project Company Secondaria Strong Last Name Project Company Secondaria Strong Last Name Project | NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | |
| International Day Notice | Connecticut Comeback Committee | | | January 101 lilling - Ong | IIIai | | |
| Boynton | B. Itemized Contributions from | m Ind | lividuals | | | | |
| Easternial Search Address | Last Name | First | | | | MI | Contribution ID # |
| Name of Equation Name of Equ | · · · · · · · · · · · · · · · · · · · | | Jonathan | | | | |
| Name of Employer Name of Employer South-Name of Employer Name of Employer | | City | | | | | - |
| Developer/Builder So contributes a proceiper of a state contractor or prospective state contr | | L | | | | СТ | 06066 |
| If yes, indicate which branch or branches of secondary is with. It sites contribution associated with an event reported in Section 17? If yes, fair Event 8 If yes, fair Even | | | | | | | |
| If you, first Front which Nameho or Front which Strate how or Namehous or Strategy (and the Strate of Strategy) You Strategy (and the Strategy) You | Is contributor a principal of a state contractor or prospective state contractor? | _ | Is contributor a l | obbyist, spouse, or | 1 | Amou | nt of Contribution |
| The contribution approached in Section 17? Yes Cacil b Presented Check 12/30/2016 \$100.00 \$10 | If yes, indicate which branch or branches of | 0 | dependent child of | | _ | | |
| an event reported in Section J1? If yes, list Event d Last Name For bes Cavo Residential Street Address 2 Candlewood Dr Principal Occupation Registered Nurse Registered Nurse Registered Nurse Registered Nurse Registered Nurse Residential Street Address Securithibute a principal of a state contractor or prospective state contractor? Yes No Money Order Personal Clock If yes, indicate which branch or branches of government the contract or prospective state contractor? Yes No Money Order Personal Clock 1 Cloy Danbury Surgical Center Danbury Surgical Center Securithibute a principal of a state contractor or prospective state contractor? Yes No Method of contributions: Luis South Market of Employer Danbury MI Contribution ID 8 Contributed Security No O237 Residential Street Address Clay Residential Street Address Clay Residential Street Address Clay Residential Street Address Clay Danbury MI Contribution ID 8 Contribution Street Address Clay Danbury MI Contribution ID 8 Contribution ID 9 Contribution | government the contract is with: | | | | No | | |
| Last Name Forbes Cavo Residential Street Address Cardiewood Dr Principal Occupation Registered Murse State contractor or prospective state contractor? Last Name First Elizabeth State Bautista Residential Street Address Cardiewood Dr Principal Occupation Registered Murse State contractor or prospective state contractor? Last Name First Dan Durry Surgical Center Dan Du | Voc | Date | Received | Aggregate Contributions | | | |
| Lack Name | Cash Personal Check | 12/ | 30/2016 | ¢100.00 | | | ¢100 00 |
| For head Cavo | | 12/. | 30/2010 | \$100.00 | | | \$ 100.00 |
| Real Candiduoted Note 1 | Last Name | First | | | | MI | Contribution ID # |
| Candlewood Dr Principal Occupation Registered Nurse Registered | Forbes Cavo | | Elizabeth | | | | 0236 |
| Principal Occupation | Residential Street Address | City | | | | State | Zip Code |
| Registered Nurse Surficial Center Surficial | 2 Candlewood Dr | L | Danbury | | | СТ | 06811 |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No No No No No No No No No No No No No No No No No No No No No No No No No No No No No | Principal Occupation | | | | | | |
| Yes 1/2 No Secontinuo No No Secontinuo No No Secontinuo No No No Secontinuo No No No No No No No | | | | | | | |
| Second the which branche of branches of convenant the contract is with: Second the contra | Is contributor a principal of a state contractor or prospective state contractor? Yes X N | o | | | Yes | Amou | nt of Contribution |
| Sometiment the contract is wint | Evanutiva Lagislativa | | | | 1 _{No} | | |
| It yes, list Event # Personal Check But is to contribution a societical with an event reported in Section J1? Last Name Last Name Bautista Boutista Ciry Danbury Boutista Boutista Contribution ID # Ocontribution ID # Ocontributi | Is this contribution associated with Method of contribution: | Date | Received | | 110 | | |
| It yes, list Event # | an event reported in Section J1? | | | 1.66.46 | | | |
| Last Name Residential Street Address City Danbury Chef 1 Dogwood Street Address Chef 1 Scontribution a principal of a state contractor or prospective state contractor? Street Address Street Address Street Address Street Address If yes, indicate which branch or branches of contractor or prospective state contractor? Street Address Aggregate Contributions Aggregate Contributions First Gianny Aggregate Contributions Aggregate Contributions State Aggregate | Ľ No I□ □ | 12/3 | 30/2016 | \$100.00 | | | \$100.00 |
| Bautista Luis State Danbury CT D6811 | If yes, list Event # Money Order | | | | | | |
| State Sta | Last Name | First | | | | MI | Contribution ID # |
| Principal Occupation Chef Is contributor a principal of a state contractor or prospective starce in the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branches of government the contract is with: If yes, indicate which branches of government the contract is with: If yes, indicate which branches of government the contract is with: If yes, indicate which branches of government the contract is with: If yes, indicate which branches of government the contract is with: If yes, indicate which branches of government the contractor is with: If yes, indicate which branches of government the contractor is year. If yes, indicate which branches of government the contractor is year. If yes, indicate which branches of government the contractor is year. If yes, indicate which branch | Bautista | | Luis | | | | 0237 |
| Principal Occupation Chef Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branches of government the contract is with: If yes, indicate which branches of government the | | City | | | | | - |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Date Received Aggregate Contributions Personal Check Iz/30/2016 \$100.00 | | <u> </u> | - | | | СТ | 06811 |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Yes X No Xes Yes Xes | | | | er | | | |
| If yes, indicate which branch or branches of government the contract is with: Security Legislative Legislat | | | | obbyist spouse or | , 1 | A mou | nt of Contribution |
| Solution associated with an event reported in Section J1? If yes, list Event # Bautista Residential Street Address 1 Dogwood Principal Occupation Cashier First Cashier Cashier First City Cash Date Received City Contributions First City Cash Date Received City Contributions State City Cash Date Received Aggregate Contributions \$100.00 \$100 | Yes X N | o | | | Yes | Amou | in of Contribution |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name Bautista Residential Street Address I Danbury Cash Personal Check Credit/Debit Card First Gianny City Danbury Cash Personal Check Credit/Debit Card First Contribution ID # Danbury Cash Principal Occupation Cashier I Scontributor a principal of a state contractor or prospective state contractor? Yes Yes No Date Received Aggregate Contributions First Credit/Debit Card First Credit/ | Evacutiva | | | x | No | | |
| If yes, list Event # Personal Check I 12/30/2016 \$100.00 \$100.00 Last Name Bautista Residential Street Address 1 Dogwood Principal Occupation Cashier State Contributor a principal of a state contractor or prospective state contractor? Tyes X No Personal Check I 12/30/2016 \$100.00 | Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | |
| If yes, list Event # | an event reported in Section 31? | | | | | | |
| Bautista Residential Street Address 1 Dogwood Principal Occupation Cashier Cashie | | 12/3 | 30/2016 | \$100.00 | | | \$100.00 |
| Bautista Residential Street Address 1 Dogwood Principal Occupation Cashier Cashie | Last Namo | Firet | | | 1 | MI | Contribution ID # |
| Residential Street Address 1 Dogwood Danbury Or 06811 Principal Occupation Cashier Residential Street Address Or 06811 Name of Employer Milenios State Zip Code CT 06811 Name of Employer Milenios State Zip Code CT 06811 Name of Employer Milenios | | 1 1130 | Gianny | | | 1411 | |
| Principal Occupation Cashier Is contributor a principal of a state contractor or prospective state contractor? Principal Occupation Yes X No Sume of Employer Milenios Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Occupation Yes Occupation Yes Occupation Yes Occupation Name of Employer Milenios Yes Occupation | | City | | | | State | |
| Cashier Milenios Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution | 1 Dogwood | | Danbury | | | СТ | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution | Principal Occupation | • | Name of Employ | er | • | | |
| Yes No dependent child of a lobbyist? | Cashier | | Mileni | os | | | |
| | Is contributor a principal of a state contractor or prospective state contractor? | 0 | | | Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative Legislative | If yes, indicate which branch or branches of | | sependent ennu (| • | ا ۱ | | |
| government are contract is with. | government the contract is with: In this contribution associated with Method of contribution: | Date | Received | | INO | | |
| an event reported in Section J1? Yes Aggregate Contributions Aggregate Contributions | Vac | Date | received | Aggregate Contributions | | | |
| X No | If yes list Event # Cash Personal Check No Money Order X Credit/Debit Card | 12/3 | 30/2016 | \$100.00 | | | \$100.00 |

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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 | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Duva | | Joseph | | | 0239 |
| Residential Street Address | City | | | State | Zip Code |
| 200 Curtiss Ln | <u> </u> | Watertown | | СТ | 06795 |
| Principal Occupation | | Name of Employ | | | |
| State Police | | State | 11 1 · | A | |
| 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 | Amot | 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 Yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 30/2016 | \$100.00 | | \$100.00 |
| I Holly olds | | | | <u> </u> | |
| Last Name | First | | | MI | Contribution ID # |
| Heagney | | Barbara | | | 0240 |
| Residential Street Address | City | C: 1 | | State | Zip Code |
| 8 Fawnbrook Ln Principal Occupation | <u> </u> | Simsbury | ou. | СТ | 06070 |
| Retired | | Name of Employ Retire | | | |
| | | | 11 14 | Amor | 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: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| X No | 12/ | 30/2016 | \$100.00 | | \$100.00 |
| ii yes, iist Event # | | | | <u> </u> | |
| Last Name | First | | | MI | Contribution ID # |
| Stalvey | | Dave | | | 0241 |
| Residential Street Address | City | | | State | Zip Code |
| 18 Everwood Dr | <u> </u> | New Milford | | СТ | 06776 |
| Principal Occupation | | Name of Employ GAE L | | | |
| Manager 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 | 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 Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | |
| X No | 12/ | 30/2016 | \$25.00 | | \$25.00 |
| | L . | | | l | |
| Last Name | First | | | MI | Contribution ID # |
| Mead Residential Street Address | City | Albert | | State | O242 Zip Code |
| 23 Jefferson Ave | City | Danbury | | CT | 06810 |
| Principal Occupation | <u> </u> | Name of Employ | er | <u> </u> | 1 00010 |
| Retired | | Retire | | | |
| 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: | | | x _{No} | | |
| Is this contribution associated with an event reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | 00/00: - | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 30/2016 | \$100.00 | | \$100.00 |

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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 | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Mead | | Joan | | | 0243 |
| Residential Street Address | City | | | State | Zip Code |
| 23 Jefferson Ave | | Danbury | | СТ | 06810 |
| Principal Occupation | | Name of Employ | | | |
| Retired Is contributor a principal of a state contractor or prospective state contractor? | | Retire | 11 : | A | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? |) | 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 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/ | 30/2016 | \$100.00 | | \$100.00 |
| I you, is a treat of the control of | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Vazquez | | Ozzie | | | 0244 |
| Residential Street Address | City | D 16.11 | | State | Zip Code |
| 30 Pocono Ridge Rd Principal Occupation | | Brookfield Name of Employ | on. | СТ | 06804 |
| Automotive | | Name of Employ | | | |
| | | | 11 14 | Amou | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | 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 X Credit/Debit Card | 12/ | 30/2016 | \$100.00 | | \$100.00 |
| in yes, list Event # | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| D'Amico | | Steven | | | 0245 |
| Residential Street Address | City | | | State | Zip Code |
| 38 Wood Crest Ln | | Danbury | | СТ | 06810 |
| Principal Occupation Painting Contractor | | Name of Employ | er ico Painting | | |
| | | | obbyist snouse or | Amou | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | 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 X Credit/Debit Card | 12/ | 30/2016 | \$100.00 | | \$100.00 |
| Lav | г | | | \n_ | |
| Last Name Holden | First | Alicia | | MI | Contribution ID # 0246 |
| Residential Street Address | City | Alicia | | State | Zip Code |
| 145 Dewey St | City | Bennington | | VT | 05201 |
| Principal Occupation | | Name of Employ | er | | , |
| Database Adinistrator | | Sprin | gfield School District | | |
| 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 | a loodyist? | | |
| 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 | 127 | 30/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 30/2016 | \$100.00 | | φ100.00 |

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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 | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Holden | | Isabelle | | | 0247 |
| Residential Street Address | City | | | State | Zip Code |
| 145 Dewey St | | Bennington | | VT | 05201 |
| Principal Occupation | | Name of Employ | er | • | • |
| Student | | Russe | ll Sage College | | |
| 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 robbyrst? | | |
| 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 Personal Check | 12/ | 30/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 30/2016 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Mannion | 1 1150 | Arthur | | | 0248 |
| Residential Street Address | City | 7.1.0.1.0.1 | | State | Zip Code |
| 132 Main Stret Apt 304 | , | Danbury | | СТ | 06810 |
| Principal Occupation | | Name of Employ | er | | |
| Attorney | | AJ Ma | nnion Law Office, LLC | | |
| 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 | , | dependent child of | of a foodyist? | | |
| 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/ | 30/2016 | \$100.00 | | \$100.00 |
| | | | | L | |
| Last Name | First | 1 | | MI | Contribution ID # |
| Greenberg Residential Street Address | City | Lauren | | State | 0249 Zip Code |
| 11 Welington Ct | City | Danbury | | CT | 06811 |
| Principal Occupation | | Name of Employ | er | Ci | 00011 |
| Realtor | | | Realty | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | ant of Contribution |
| Yes 🔼 No |) | dependent child of | - | | |
| 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 | | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 30/2016 | \$100.00 | | \$100.00 |
| | | | | L | |
| Last Name | First | Ddd | | MI | Contribution ID # |
| Montini Residential Street Address | City | David | | State | 0250 Zip Code |
| 151 Hinman Ln | City | Southbury | | CT | 06488 |
| Principal Occupation | | Name of Employ | er | C. | 1 00 100 |
| State Police Lieutenant | | State | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution |
| |) | 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 Voc Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 11? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 30/2016 | \$100.00 | | \$100.00 |

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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 | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | lividuals | • | | |
| Last Name | First | | | MI | Contribution ID # |
| Keller | | Bob | | | 0251 |
| Residential Street Address | City | | | State | Zip Code |
| 50 Benson Dr | ļ., | Danbury | | СТ | 06810 |
| Principal Occupation | | Name of Employ | | | |
| Marketing Is contributor a principal of a state contractor or prospective state contractor? | | | square Media obbyist, spouse, or | Amou | nt of Contribution |
| is contributor a principal of a state contractor or prospective state contractor? |) | dependent child of | Vac | 7111100 | 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 Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/3 | 31/2016 | \$100.00 | | \$100.00 |
| | l | | | | |
| Last Name | First | 0 1 | | MI | Contribution ID # |
| Vaz Residential Street Address | City | Sandra | | State | 0252 Zip Code |
| 129 Georgetown Dr | City | Waterbury | | CT | 06795 |
| Principal Occupation | | Name of Employ | er | Ci | 00793 |
| Banker | | 1 7 | y Bank | | |
| | | | obbyist, spouse, or | 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 | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/3 | 31/2016 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Vaz | a: | John | | G | 0253 |
| Residential Street Address | City | Waterbury | | State CT | Zip Code 06795 |
| 129 Georgetown Dr Principal Occupation | | Waterbury Name of Employ | er | CI | 00793 |
| Investigator | | | Insurance | | |
| | | | obbyist, spouse, or | Amou | nt of Contribution |
| Yes 🔼 No |) | 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 Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/3 | 31/2016 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name Miller | First | Kurt | | MI | Contribution ID # 0254 |
| Residential Street Address | City | Kuit | | State | Zip Code |
| 18 Swan Ave | City | Seymour | | CT | 06483 |
| Principal Occupation | | Name of Employ | er | | |
| First Selectman | | Town | of Seymor | | |
| 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 | or a roodyrst? | | |
| 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. | 21/2016 | #100.00 | | ¢100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/3 | 31/2016 | \$100.00 | | \$100.00 |

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| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Advanay 10 Filing - Outgral B. Itemized Contributions from Individuals Ferr Tara MI Contribution 10 # Stat Name Miller Say Apr Cash Say Apr Cash Say May Are Say May Apr Cash Say Apr Cash Say Apr Cas |
|--|
| Last Nume First Tara Countributions from Individuals |
| Leat Name Miller Residential Street Adeless 18 Swan Ave Principal Occupations Admin. Asst. Name of Employer Same Agreegate Contributions Separation Se |
| Miller Residential Storect Address Residenti |
| Residential Succes Address 18 Swan Ave Principal Occupation 18 Swan Ave Principal Contribution principal relation to branches of survementable the contract is with. 18 Swan Ave Principal Contribution principal relationship of a state contractor or prospective state contractor? 19 Yes No 10 No 11 Yes, institute which branch or branches of survementable the contract is with. 18 Swan Ave 19 No 19 No 10 Method of contribution 19 No 10 Meney Order 10 Ceath 11 Meney Order 11 Yes, is a Event # 12 /31/2016 13 Swan Ave 14 Swan Ave 15 Swan Ave 15 Swan Ave 16 Secontributes a loddysist, speake, or dependent child of a lothysist? 18 Swan Ave 18 Swan Ave 19 Seymour 10 Aggregate Contributions 10 O255 18 Swan Ave 19 Seymour 10 Geth 10 Ceath Meney Order 10 Geth 11 Yes, indicate which branch or branches of survementable with the most or branches of survementable with branch or branches of survementable with branch or branches of survementable contracts in with. 18 Swan Ave 19 No 19 No 10 Seymour 10 Amount of Contribution 10 Amount of Contribution 10 Amount of Contribution 10 Amount of Contribution 11 Yes, indicate which branch or branches of survementable with branch or branches of survementable which branch or branches of survementable with branch or branches o |
| Principal Occupation Admin. Asst. Seymour |
| Principal Occupation Admin. Asst. Is contributes a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of with a state contractor of prospective state contractor. If yes, list Event # Is who when the principal of a state contractor or prospective state contractor. It yes, list Event # Is who when your dependent child of a lobbyjat? Is who when your dependent child of a lobbyjat? Is who when your dependent child of a lobbyjat? Is who when your dependent child of a lobbyjat? Is who when your dependent child of a lobbyjat? Is when your dependent child of a lobbyjat. spouse, or dep |
| Les contributor a principal of a state contractor or prospective state contractor? Yes No Security No No No No No No No N |
| To contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of Executive Legislative Date Received Aggregate Contributions an event experted in Section 11? No Method of contribution are event experted in Section 12? No Method of contribution No No Method of contribution No No Method of contribution No No No No No No No |
| Yes, indicate which branch or branches of Decentive Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative No comment the contract is writt. No Method of contributions: Date Received Aggregate Contributions Aggregate Contributions No Method of contribution: Date Received Aggregate Contributions No Date Received No Date Received Aggregate Contributions No Date Received Date Received No Date Received Date Receive |
| Executive Legislative Le |
| Is this contribution associated with an event reported in Section J1? Last Name Miller Last Name Miller Carl |
| Last Name Miller Residential Street Address 18 Swan Ave Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Method of contribution Last Name Miller Residential Street Address 18 Swan Ave Principal Occupation Retired Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Method of contribution Residential Street Address Carl Octobe Seymour CT 06483 Amount of Contribution If yes, indicate which branch or branches of whomey Order West of Cash Method of contributors In Security Cash Method of contribution Carl Date Received Aggregate Contributions MI Contribution ID # Octobe Aggregate Contributions Is contributor a principal of a state contractor or prospective state contractor? Cash Miller Personal Check If yes, list Event # MI Contribution ID # Octobe Aggregate Contributions Is contributor a principal of a state contractor or prospective state contractor? Carl Carl Date Received Aggregate Contributions Name of Employer Retired State Zip Code City Seymour Carl Octobelity Space, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist? No If yes, indicate which branches of government the contract is with: Sometiment of State contractor or prospective state contractor? Aggregate Contributions Date Received Aggregate Contributions Aggregate Contributions Date Received Aggregate Contributions Aggregate Contributions Date Received Aggregate Contributions Amount of Contribution Date Received Aggregate Contributions Date Received Aggregate Contributions Amount of Contribution Date Received Aggregate Contributions Date Received Aggregate Contributions Date Received Aggregate Contributions Date Received Aggregate Contributions Date Received Aggregate Contribu |
| Last Name Miller First Miller Carl Money Order Miller Carl Miller Mille |
| Last Name Miller Residential Street Address 18 Swan Ave Principal Occupation Retired Retrout Security |
| Residential Street Address |
| Residential Street Address 18 Swan Ave Seymour Seymour Name of Employer Retired Seymour Retired Seymour Seymour Name of Employer Retired Seymour Seymour Seymour Seymour Seymour Seymour Seymour Seymour Retired Seymour S |
| Seymour CT 06483 |
| Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? Yes X No If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract or pr |
| Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contributor associated with an event reported in Section J1? It yes If yes, indicate which branch or branches of government the contract is with: Yes |
| Is contributor a principal of a state contractor or prospective state contractor? |
| Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative X No |
| Severnment the contract is with: Executive Legislative Legislati |
| State Contribution associated with an event reported in Section J1? Yes No Method of contribution: Date Received Aggregate Contributions \$100.00 \$10 |
| Last Name Last Name First MI Contribution ID # 0257 |
| If yes, list Event # Last Name |
| Last Name MIller Patricia Patricia MI Contribution ID # 0257 Residential Street Address City Seymour Seymour Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # MI Contribution ID # 0257 State Zip Code To 06483 Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Amount of Contribution Amount of Contribution Apgregate Contributions \$\frac{1}{2}\frac{3}{2}\frac{1} |
| MIller Residential Street Address City Seymour CT 06483 Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Personal Check 12/31/2016 \$100.00 \$100.00 |
| Residential Street Address 7 Swan Ave Seymour Seymour Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? We show the personal Check If yes, list Event # Personal Check To de CT 06483 No Date Received Retired Amount of Contribution State Zip Code CT 06483 Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Amount of Contribution State CTP 06483 |
| Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Seymour Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Yes Amount of Contribution Aggregate Contributions \$\text{\$\text{\$\text{\$\text{No}\$}}\$} \text{\$\text{\$\text{\$\text{\$No}\$}\$}\$} \text{\$\text{\$\text{\$\text{\$\text{\$No}\$}\$}} \text{\$\text{\$\text{\$\text{\$\text{\$No}\$}\$}} \text{\$\text{\$\text{\$\text{\$\text{\$No}\$}\$}} \text{\$\text{\$\text{\$\text{\$\text{\$No}\$}\$}} \text{\$\text{\$\text{\$\text{\$\text{\$No}\$}\$}} \$\text{\$\tex |
| Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: If yes, list Event # Method of contribution: Date Received Aggregate Contributions \$12/31/2016\$ \$100.00\$ |
| Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Is contribution associated with an event reported in Section J1? Personal Check If yes, list Event # Retired Amount of Contribution Amount of Contribution Aggregate Contributions \$\text{\$12}\$ No \$\text{\$12}\$ 12016 \$\text{\$100.00}\$ \$\text{\$100.00}\$ |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Method of contribution: Cash Money Order Personal Check X Credit/Debit Card Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Aggregate Contributions \$\begin{array}{c} \times \ |
| If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Yes No |
| government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Executive Legislative Date Received Aggregate Contributions Personal Check X No Money Order X Credit/Debit Card \$100.00 |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # Method of contribution: Cash Personal Check Tyes No Method of contribution: Date Received Aggregate Contributions \$100.00\$ |
| an event reported in Section J1? If yes, list Event # Personal Check X No Money Order X Credit/Debit Card 12/31/2016 \$100.00 |
| If yes, list Event # |
| |
| Last Name First MI Contribution ID # |
| List value |
| Muthersbaugh Maryan 0258 |
| Residential Street Address City State Zip Code |
| 988 Saybrook Rd Haddam CT 06438 |
| Principal Occupation Name of Employer Name of Employer |
| Innkeeper Nehemiah Brainerd House B&B Is contributor a principal of a data contractor or progressive state contractor? Is contributor a labeliant respective graph of a data contractor or progressive state contractor. |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution |
| If yes, indicate which branch or branches of |
| Is this contribution associated with Method of contribution: Date Received Aggregate Contributions |
| an event reported in Section J1? |
| Cash Personal Check 12/31/2016 \$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 | | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| Dallinga | | Jenna | | | 0259 | |
| Residential Street Address | City | | | State | Zip Code | |
| 180 Lake PI S | | Danbury | | СТ | 06810 | |
| Principal Occupation | | Name of Employ | | _ | | |
| Massage Therapist/Owner Is contributor a principal of a state contractor or prospective state contractor? | | | peutic Massage and Wellness obbyist, spouse, or | | 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 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 Personal Check Money Order X Credit/Debit Card | 12/ | 31/2016 | \$100.00 | | \$100.00 | |
| | | | | | 1 | |
| Last Name | First | | | MI | Contribution ID # | |
| Chory Residential Street Address | City | Mark | | State | 0260 Zip Code | |
| 23 Judith Dr | City | Danbury | | CT | 06811 | |
| Principal Occupation | | Name of Employ | er | Ci | 00011 | |
| Banker | | | Savings Bank | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | 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 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section J1? X No Cash Personal Check | | | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 31/2016 | \$100.00 | | \$100.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| Moran | 11130 | Donna | | IVII | 0261 | |
| Residential Street Address | City | | | State | Zip Code | |
| 75 Deer Hill Ave | | Danbury | | СТ | 06810 | |
| Principal Occupation | | Name of Employ | er | | • | |
| Retired | | Retire | ed | | | |
| 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 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 | | | |
| X No Cash Personal Check | 12/ | 31/2016 | \$100.00 | | \$100.00 | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| Palanzo Jr. | | Roger | | | 0262 | |
| Residential Street Address | City | | | State | Zip Code | |
| 45 Briarwood Dr | | Danbury | | СТ | 06810 | |
| Principal Occupation | | Name of Employ | | | | |
| Financial Advisor Is contributor a principal of a state contractor or prospective state contractor? | | Holog | .1.1 | Amor | unt of Contribution | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Vac | Ailiou | an or 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 | 12/ | 31/2016 | \$100.00 | | \$100.00 | |

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| L MONETARY RECEIPT | 'S (Sc | ection A-D | | | |
|--|----------|--------------------|------------------------------|----------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Behling | | Roger | | | 0263 |
| Residential Street Address | City | | | State | Zip Code |
| 15 Gereg Glen Rd | | Brookfield | | СТ | 06804 |
| Principal Occupation | | Name of Employ | er | | |
| VP | | SSC | | | |
| 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 robbyrst? | | |
| 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 Personal Check | 12/ | 31/2016 | ¢25.00 | | \$25.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 31/2010 | \$25.00 | | \$25.00 |
| Last Name | First | | | MI | Contribution ID # |
| Masi | 1 1100 | Jill | | | 0264 |
| Residential Street Address | City | J | | State | Zip Code |
| 22 King St | | Danbury | | СТ | 06811 |
| Principal Occupation | • | Name of Employ | er | ! | |
| Office Manager | | Soam | s Dental Care | | |
| 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 | 3 | 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 Personal Check Money Order X Credit/Debit Card | 12/ | 31/2016 | \$100.00 | | \$100.00 |
| | I . | | | l | |
| Last Name | First | - . | | MI | Contribution ID # |
| Holub Residential Street Address | City | Eric | | State | 0265 |
| 137 Route 37 S | City | Sherman | | CT | Zip Code 06784 |
| Principal Occupation | <u> </u> | Name of Employ | er | <u> </u> | 00704 |
| Director of Operations | | IBM | • | | |
| · | | | obbyist, spouse, or | Amou | ant of Contribution |
| | 0 | dependent child of | * | | |
| 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 | | |
| an event reported in Section 11? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 31/2016 | \$100.00 | | \$100.00 |
| | | | | l | |
| Last Name | First | M: -ll | | MI | Contribution ID # |
| Masi Residential Street Address | City | Michael | | State | 0266 Zip Code |
| 22 King St | City | Danbury | | CT | 06811 |
| Principal Occupation | | Name of Employ | er | <u> </u> | 1 00011 |
| Electrician | | | Electric | | |
| 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 | U | 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 | | |
| an event reported in Section 31: | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 31/2016 | \$100.00 | | \$100.00 |

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| L MONETARY RECEIPT | 'S (Sc | ection A-D | | | |
|--|----------|--------------------|------------------------------|----------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| McKenna | | Sharon | | | 0267 |
| Residential Street Address | City | | | State | Zip Code |
| 17 Birch Rd | | Danbury | | СТ | 06811 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | Retire | ed | | |
| 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 robbyrst? | | |
| government the contract is with: | | p : 1 | | | |
| 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/ | 31/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 31/2016 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Forte | 1 1100 | Neal | | | 0268 |
| Residential Street Address | City | | | State | Zip Code |
| 123 Church St | | Newington | | СТ | 06111 |
| Principal Occupation | • | Name of Employ | er | | ! |
| Remodeling Contractor | | Home | pros | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of | 3 | 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 Personal Check Money Order X Credit/Debit Card | 12/ | 31/2016 | \$100.00 | | \$100.00 |
| | I . | | | | I |
| Last Name | First | | | MI | Contribution ID # |
| Masi Residential Street Address | City | Sean | | State | 0269 |
| 47 Glen Dr | City | Ansonia | | CT | Zip Code 06401 |
| Principal Occupation | <u> </u> | Name of Employ | er | Ci | 00401 |
| Electrician | | | lectrical Service | | |
| | | | obbyist, spouse, or | Amou | ınt of Contribution |
| Yes 🔼 No | 0 | 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 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 X Credit/Debit Card | 12/ | 31/2016 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Cronin | | Mary | | | 0270 |
| Residential Street Address | City | 5 1 | | State | Zip Code |
| 83 Purcell Dr | <u> </u> | Danbury | | СТ | 06810 |
| Principal Occupation Principal | | Name of Employ | ury BOE | | |
| | | | -11 | Amou | unt of Contribution |
| Yes X No | 0 | dependent child of | | 1 111100 | |
| 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 | 12/ | 31/2016 | \$100.00 | | \$100.00 |

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| L MONETARY RECEIPT | 'S (Sc | ection A-D | | | |
|--|--------|--------------------|------------------------------|-------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Masi | | Matthew | | | 0271 |
| Residential Street Address | City | | | State | Zip Code |
| 125 Bagley Rd | | Southbury | | СТ | 06488 |
| Principal Occupation | | Name of Employ | er | | |
| Electrician | | Acorn | Electric | | |
| 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 robbyrst? | | |
| government the contract is with: | | p : 1 | | | |
| 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 | ¢100.00 | | ¢100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 31/2016 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Tedone | 1 1100 | Lydia | | | 0272 |
| Residential Street Address | City | | | State | Zip Code |
| 32 Lincoln Ave | | Weatogue | | СТ | 06089 |
| Principal Occupation | • | Name of Employ | er | | 1 |
| Retired | | Retire | ed | | |
| 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 | 5 | dependent child of | of a lobbyist? | | |
| 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/ | 31/2016 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Piech | FIISt | John | | IVII | 0273 |
| Residential Street Address | City | 301111 | | State | Zip Code |
| 8 Rose Ln # 26-17 | | Danbury | | СТ | 06811 |
| Principal Occupation | ! | Name of Employ | er | | |
| Teacher | | Danb | ury BOE | | |
| 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 | 5 | dependent child of | or a robbyist? | | |
| 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? Cash Personal Check | | | | | |
| If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card | 12/ | 31/2016 | \$25.00 | | \$25.00 |
| Last Name | First | | | MI | Contribution ID # |
| Moore | 1 1130 | Nelson | | 1411 | 0274 |
| Residential Street Address | City | | | State | Zip Code |
| 31 Joes Hill Rd | | Danbury | | СТ | 06811 |
| Principal Occupation | | Name of Employ | er | | 1 |
| Framer | | Capita | al Drywall Construction Inc. | | |
| 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 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 | 12.0 | 21/2016 | #100.00 | | ¢100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 31/2016 | \$100.00 | | \$100.00 |

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| I. MONETARY RECEIPT | S (Se | ection A-I) | TWIE OF REPORT | | |
|--|-------|--|---|----------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Connecticut Comeback Committee January 10 Filing - Original | | | | | |
| | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name Kelly | First | Thomas | | MI | Contribution ID # 0275 |
| Residential Street Address | City | THOMAS | | State | Zip Code |
| 7 Watson Dr | City | West Simsbu | ırv | CT | 06092 |
| Principal Occupation | | Name of Employ | - | <u> </u> | 00032 |
| Owner/Operator | | | Jrgent Care | | |
| 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 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 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? Cash Personal Check | | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/3 | 31/2016 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Luban | | Peter | | | 0276 |
| Residential Street Address | City | | | State | Zip Code |
| 86 Taunton Lake Rd | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | er | | |
| Mangement | | Bride | water Associates | | |
| 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 | 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? | | | 1.00.18 | | |
| If yes list Event # Cash Personal Check Cash Personal Check | 12/3 | 31/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Moore | | Julianne | | | 0277 |
| Residential Street Address | City | | | State | Zip Code |
| 37 Joes Hill Rd | | Danbury | | СТ | 06811 |
| Principal Occupation | | Name of Employ | er | | |
| Unemployed | | | ployed | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? | 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 | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/3 | 31/2016 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Coelho | | Katie | | | 0278 |
| Residential Street Address | City | | | State | Zip Code |
| 52 Aunt Hack Rd | | Danbury | | СТ | 06811 |
| Principal Occupation | | Name of Employ | er | | |
| Sales | | Craigs | s Fine Jewelry | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | 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 government the contract is with: | | · F · · · · · · · · · · · · · · · · · · | x _{No} | | |
| Is this contribution associated with | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Cash Personal Check Credit/Debit Card Credit/Debit Card Cash Credit/Debit Card Cash Credit/Debit Card Cash Cas | 12/3 | 31/2016 | \$50.00 | | \$50.00 |

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| I MONETADY DECEIDT | 0 (0. | action A D | | | |
|--|---------------|--|--|-------|---------------------|
| I. MONETARY RECEIPT | <u>s (s</u> i | ection A-1) | TYPE OF DEPORT | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT January 10 Filing - Original | | |
| Connecticut Comeback Committee | | | January 10 1 ming - Original | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Oliveira | | Christopher | | | 0279 |
| Residential Street Address | City | | | State | Zip Code |
| 7 Hefflon Farm Rd | | Old Lyme | | СТ | 06371 |
| Principal Occupation | | Name of Employ | er | | ! |
| Manager | | State | of Massechusettes | | |
| | | Is contributor a l | obbyist, spouse, or | Amou | int 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} | | |
| T41 (3.6 1/1.14 — M4.16 (3.6 | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? | | | | | |
| X No Cash Personal Check | 12/ | 31/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | , | | | |
| Last Name | First | | | MI | Contribution ID # |
| Agranoff | 1 1150 | Michael | | | 0280 |
| Residential Street Address | City | Michael | | State | Zip Code |
| | City | EU: | | | _ |
| 101 W Shore Rd | | Ellington | | СТ | 06029 |
| Principal Occupation | | Name of Employ | | | |
| Attorney | | | Office of M.H. Agranoff | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or of a labbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of | | dependent cinia (| <u> </u> | | |
| government the contract is with: | | | X No | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| × No | 12/3 | 31/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Pinter | | Andrew | | | 0281 |
| Residential Street Address | City | | | State | Zip Code |
| 40 Hut Hill Rd | | Bridgewater | | СТ | 06752 |
| Principal Occupation | | Name of Employ | er | • | |
| Electrician | | | ch Electric | | |
| | | | obbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | | | |
| 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? | Date | Received | Aggregate Contributions | | |
| X No Cash X Personal Check | 12/ | 21/2016 | \$100.00 | | ¢100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 12/. | 31/2016 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Kaiser | | Joe | | | 0282 |
| Residential Street Address | City | | | State | Zip Code |
| 142 Chestnut Hill Rd | | Litchfield | | СТ | 06759 |
| Principal Occupation | | Name of Employ | er | | |
| Owner/Operator | | Kaise | rs Truck Shop | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of | | acpendent cinia (| or a roodyrst? | | |
| government the contract is with: | | | x _{No} |] | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | 1 | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/3 | 31/2016 | \$100.00 | | \$100.00 |

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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 | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | • | | |
| Last Name | First | | | MI | Contribution ID # |
| Bereznak | | Mary Beth | | | 0283 |
| Residential Street Address | City | 6 1 | | State | Zip Code |
| 41 Kelly Ridge Rd | <u> </u> | Carmel | | NY | 10512 |
| Principal Occupation Admin Asst | | Name of Employ | er iney Mechanical | | |
| | | | 11.14 | Amou | unt of Contribution |
| Yes X No | 0 | 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 J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| x No Cash X Personal Check | | | | | |
| If yes, list Event # No Money Order Credit/Debit Card | 12/ | 31/2016 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Libonate | 1 1100 | Catherine | | | 0284 |
| Residential Street Address | City | | | State | Zip Code |
| 130 Deer Hill Ave | | Danbury | | СТ | 06810 |
| Principal Occupation | • | Name of Employ | er | | • |
| Retired | | Retire | ed | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | int 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 X Personal Check | 12/ | 21/2016 | #100.00 | | +100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 12/. | 31/2016 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Sproviero | | Olivia | | | 0285 |
| Residential Street Address | City | | | State | Zip Code |
| 115 Wellers Bridge Rd | | Roxbury | | СТ | 06783 |
| Principal Occupation | | Name of Employ | er | | |
| Student | | Stude | | | |
| 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 | | | 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? | | | 1.66.48 | | |
| X No Personal Check | 12/3 | 31/2016 | \$100.00 | | \$100.00 |
| If yes, list Event # | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Anderson | | John | | | 0286 |
| Residential Street Address | City | | | State | Zip Code |
| 105 Maple Ave # 40 | <u> </u> | Vernon | | СТ | 06066 |
| Principal Occupation | | Name of Employ | | | |
| Registrar of Voters Is contributor a principal of a state contractor or prospective state contractor? | | | of Vernon obbyist, spouse, or | Amou | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | dependent child of | Vac | Amou | an or controution |
| 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? | | | | | |
| X No Cash X Personal Check | 12/3 | 31/2016 | \$100.00 | | \$100.00 |

| | | | | | | | Page 75 of 86 |
|---|-----------|-----------------|------------------------|----------------------|-----------------|------------------------|-------------------|
| | | | | | | Total of Section E | \$26,360.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVID | UALS | (Section | s A + B) | (Total on Line 14, (| Column A of Si | ummary Page) | \$26,360.00 |
| I. 1 | MONE | TARY RECE | CIPTS (S | Section A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as R | egistered | with Commissio | n) | | | TYPE OF RI | EPORT |
| Connecticut Comeback Committee | | | | | | January 10 Filing - Or | iginal |
| C1. Co | ntribut | ions from Othe | r Comm | ittees | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | an | Yes No | Amount of Contribution | | | | |
| City | State | Zip Code | Date 1 | Received | Aggregate Conti | ributions | |
| | | | • | | , | Γotal of Section C1 | |
| I. MONE | ΓARY | RECEIPTS (S | Section | A-I) | | | |
| NAME OF COMMITTEE | | | | | | TYPE OF REPORT | |
| Connecticut Comeback Committee | | | | | January | 10 Filing - Original | |
| C2. Reimbursements o | r Surpl | us Distribution | s from o | ther Committees | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | | <u>'</u> | Date Receiv | ed | Amount of Receipt |

State

Description

Expenditure #

Zip Code

Payment Type

Reimbursement for shared expense

Surplus distribution from exploratory committee

Total of Section C2

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|----------------------------|----------------------|--------------------|----------|------------------------------|----------------------|---|--|--|--|
| NAME OF COMMITTEE | | | | | TYPE | OF REPORT | | | | |
| Connecticut Comeback Con | mmittee | | | | January 10 Filing - Original | | | | | |
| | D. Loans | s Received this Peri | od | | | | | | | |
| Name of Lender | | | Source of Loan: | | | | Date of Receipt | | | |
| Street Address | | City | Bank Candi | idate | Individua | 1 Other Zip Code | Is there a cosigner or Guarantor of this loan? | | | |
| Name of Cosigner/Guarantor (if applica | able) | | | | <u> </u> | | Yes No Amount Received | | | |
| Street Address | | City | | | State | Zip Code | _ | | | |
| Total of Section D | | | | | | | | | | |
| · | | | | | | | | | | |
| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
| NAME OF COMMITTEE | | | | | , | ΓΥΡΕ OF REPO | ORT | | | |
| Connecticut Comeback Co | ommittee | | | | Janu | ary 10 Filing - Orig | inal | | | |
| E. Personal l | Funds of the Candidate Rec | 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 (S | Section A-I) | | | | | | | |
| NAME OF COMMITTEE | | | | | Т | YPE OF REPO | RT | | | |
| Connecticut Comeback Co | ommittee | | | | January | 10 Filing - Original | | | | |
| | G. Interest from | m Deposits in Autho | orized Accounts | | | | | | | |
| Name of Institution | | | | Da | ate Received | | Amount | | | |
| Street Address | | City | | State | Zip | Code | | | | |
| | | | | <u> </u> | Te | otal of Section G | | | | |

Total of Section I

| I. MO | ONETARY RECEIPTS (Section A-I) | | | | | |
|------------------------------------|---|------------------|------------------------------|------|-----------------|--|
| NAME OF COMMITTEE | | | TYPE OF REPO | ORT | | |
| Connecticut Comeback Committee | | | January 10 Filing - Original | | | |
| H. Public Grant I | Funds Received from the Citizens' Electio | on Fund | | | | |
| Purpose of Grant: | Grant Cycle: | | Date Received | | Amount | |
| Initial Grant Adjustment | Primary General Election | Special Election | ı | | | |
| Supplemental/Post Election Deficit | | | | | | |
| | | | | | | |
| | | | Total of Section | н | | |
| | | | | • | | |
| I. | MONETARY RECEIPTS (Section A | -I) | | | | |
| NAME OF COMMITTEE | | | TYPE OF REI | PORT | | |
| Connecticut Comeback Committee | | | January 10 Filing - Orig | inal | | |
| I. Miscellaneo | ous Monetary Receipts not Considered Co | ntributions | | | | |
| Name | | | Date of Transaction | | Amount Received | |
| Street Address | City | State | Zip Code | | | |
| Description | • | | L | | | |

| II. EVENT ACTIVITY (Sections J1 - J4) | | | | | | | | | | | | |
|--|--------------------------------|------------------|-------------|------------|-----|-------------------|------------------------------|----------|-------------------|----------------------------|--|--|
| NAME OF COMMITTEE (Provide | Complete Name as Regi | stered with Com | nmission) | | | | ТҮРЕ (| OF REP | ORT | | | |
| Connecticut Comeback Commit | tee | | | | | | January 10 Filing - Original | | | | | |
| | J1 | . Event Inform | mation | | | | . | | | | | |
| Event # Date of Event | Description Meet and Greet Ev | ent | | | | | | Was thi | s a fundra Yes | ising event? | | |
| Location: Street Address 1 Sand Cut Rd | | | | | | City Brookfiel | d | | State CT | Zip Code 06804 | | |
| Was this event hosted at a personal residence? Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations. | | | | | | | | | | | | |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. | | | | | | | | | | | | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) X No | | | | | | | | | \$0.00 | | | |
| | | | | | | To | otal of Section J1 | | | \$0.00 | | |
| | II.EV | ENT ACTIV | TTY (Secti | ons J1 | J4) | | | | | | | |
| NAME OF COMMITTEE (Provide | Complete Name as Reg | istered with Cor | nmission) | | | | TYPE OF | REPOR | Т | | | |
| Connecticut Comeback Committ | tee | | | | | J | anuary 10 Filing - O | riginal | | | | |
| | J3. In-Kind Donat | ions Not Cons | sidered Con | tributions | | | | | | | | |
| Name of the Donor | | | | | | | | | | | | |
| Street Address | | | | City | | | | | State | Zip Code | | |
| Donation Given by: | Description of Donation | | | | | | | | | arket Value of Donation | | |
| Individual | | Ι | | | 1 | | | \dashv | | | | |
| Business Entity | Date Received | Event # | | | Aş | ggregate valu | e for this event | | | | | |
| Sole Proprietorship | | <u> </u> | | | L | | | | | | | |
| | | | | | | | Total of Section | 1 J3 | | | | |

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|---------------|----|----|----|----|----|
|---------------|----|----|----|----|----|

| | II. | EVENT | ACTIV | ITY (Sect | ions J1 | - J4) | | | | |
|--|------------------------------|----------------|-------------|-----------------|----------|--------------------------|--------------|--|-------------|-----------------------------|
| NAME OF COMMITTEE (Provide | Complete Name as Regi | stered wi | th Commiss | ion) | | | | TYPE OF REP | ORT | |
| Connecticut Comeback Committee | ee | | | | | | | January 10 Filing - Or | iginal | |
| J4. In-Kii | nd Donations Not Co | nsidered | l Contribu | itions Asso | ciated v | with a Ho | use Par | ty | | |
| Name of Host | | | | | | 1 | Is this even | t supporting more than one If yes, one No Addenoration | complete It | emization in |
| Street Address | | | | | City | , | | | State | Zip Code |
| Description of Donation | | | | | | | | | | Market Value of Donation |
| Event# | Aggregate value of this Even | nt - all hosts | | | Ag | ggregate value | of all Event | ts - this host/candidate | | |
| | | | | | | | | | | |
| | | | | | | | | Total of Section J4 | | |
| | III. NONM | MONET | ARY RE | CEIPTS | (Section | ons K - L |) | | | |
| NAME OF COMMITTEE (Provide O | Complete Name as Regi | stered wit | h Commiss | ion) | | | | TYPE OF REP | ORT | |
| Connecticut Comeback Committee | ee | | | | | | Jan | uary 10 Filing - Original | | |
| | K. Iı | n-Kind (| Contributi | ons | | | | | | |
| Name | | | | | | | | | | |
| Street Address | | | | | | City | | | State | Zip Code |
| Is this contribution associated with an event reported Section J1? | ed in Yes | 3 | Description | of In-Kind Cont | ribution | | | | | |
| If yes, list Event# | 100 | | | | | | | | | |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a principal of a state contractor or prospective state contractor? indicate which branch or branches of government the contract is with: Executive | | | | | | Yes No Legislative | | larket Value of this Contribution | | |
| Type of Contributor: | | | | Date Receive | d | | Agg | regate contributions | | |
| Individual Com | mittee | Sole Proprie | etorship | | | | | | | |
| | | | | | | | | Total of Section K | | |

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| III. Non Monetary Receipts (Sections K - L) | | | | | | | | | | | |
|--|--------|------------------|-------------|--------------|---------|----------------------|--|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered v | vith (| Commission) | | TYPI | E OF RE | PORT | | | | | |
| Connecticut Comeback Committee | | lanuary 10 Filii | ng - Origin | al | | | | | | | |
| L. Refundable Deposit to Telephone Company | | | | | | | | | | | |
| Last Name of Individual | | First Name | | MI Date E | | Deposit Made | | | | | |
| Residential Street Address | Ci | ty | State | ate Zip Code | | Amount of Deposit | | | | | |
| Name of Telephone company | | | | | | | | | | | |
| Street Address | City | | State | Zip Code | | | | | | | |
| Total of Section L | | | | | | | | | | | |

| | IV. EXPENDITURE | S (Sections N - S |) | | | |
|--|--|-------------------------------|--------------------------|-------------------|--------------|-------------------------------|
| NAME OF COMMITTE | E (Provide Complete Name as Registered with Commissi | on) | | ТҮРЕ О | F REPORT | |
| Connecticut Comeback | c Committee | | | January 10 Filing | g - Original | |
| | N. Expenses Paid By Co | ommittee | | | | |
| Name of Payee Mangia Mangia | | | Date of Payn | | . = | neck # ebit Card |
| Street Address 371 Candlewood Lake Ro | 1 | City Brookfield | . | | State CT | Zip Code 06804 |
| Purpose of Expend FOOD | Description Food | | | | | Amount |
| Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure | | Expenditure # (if applicable) | Event # | | | \$198.28 |
| Name of Payee O'Conners Public House | Method of Payment Check # X Debit Card EFT | | | | | |
| Street Address 317 Federal Rd | | City Brookfield | | | State CT | Zip Code 06804 |
| Purpose of Expend FOOD | Description Food | | | | | Amount |
| Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure | I | Expenditure # (if applicable) | Event # | | | \$191.43 |
| Name of Payee Golf Quest | | | Date of Payn 12/31/20 | | 1 — | neck # <u>97</u> ebit Card |
| Street Address 1 Sand Cut Rd | | City Brookfield | | | State CT | Zip Code 06804 |
| Purpose of Expend Misc * | Description Room Rental | | | | | Amount |
| Is this expenditure coordinate which reimbursement is sough If yes, assign an Expenditure | | Expenditure # (if applicable) | Event # | | | \$150.00 |

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | | |
|---|--|--|---|---|--|---|---|--|--|--|
| Registered with Commission) | | | | ТҮРЕ О | F REPORT | | | | | |
| | | | | January 10 Filing | g - Original | | | | | |
| N. Expenses Paid By Comm | nittee | | | | | | | | | |
| | | | | | X De | neck # ebit Card | | | | |
| | City Baton Rouge | e | | | State LA | Zip Code 70801 | | | | |
| Description Bank Fees | | | | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) 12212016A | | | | | | | | | | |
| | | | | Total of S | Section N | \$1,404.56 | ; | | | |
| V. EXPENDITURES (So | ections N - S) |) | | | | | | | | |
| Registered with Commission) | | | | TYP | E OF REPO | ORT | | | | |
| | | | | January 10 Fi | ling - Original | | | | | |
| penses Paid By Candidate | | | | | | | | | | |
| | | | Date of Paym | ent | Is Reimburse | ment Claimed? Yes No | | | | |
| City | | State | Zip Co | de | | Amount | | | | |
| ı | | | Event # | | | | | | | |
| | N. Expenses Paid By Comm Yes X No endum Yes X No endum V. EXPENDITURES (See Registered with Commission) | N. Expenses Paid By Committee City Baton Rouge Yes X No endum City Baton Rouge C | N. Expenses Paid By Committee City Baton Rouge Yes X No endum City Baton Rouge Expenditure # (if applicable) V. EXPENDITURES (Sections N - S) Registered with Commission) | N. Expenses Paid By Committee Date of Payn 12/31/20 City Baton Rouge Expenditure # (if applicable) 122120 V. EXPENDITURES (Sections N - S) Registered with Commission) Date of Payn Date of Payn Date of Payn Date of Payn Date of Payn Date of Payn | Registered with Commission) TYPE O January 10 Filing N. Expenses Paid By Committee Date of Payment 12/31/2016 City Baton Rouge Total of S V. EXPENDITURES (Sections N - S) Registered with Commission) TYP January 10 File Date of Payment Total of S City State Date of Payment Event # Date of Payment Date of Payment Event # Date of Payment Event # Date of Payment Event # | Registered with Commission) TYPE OF REPORT January 10 Filing - Original N. Expenses Paid By Committee | Registered with Commission) TYPE OF REPORT January 10 Filing - Original | | | |

| | IV. EXPENDITURI | ES (Section | ns N - | S) | | | | | | |
|--|---|-------------|---------|---------------------------------------|-----------|-----------------------|----------------------|----------------------------------|--|--|
| NAME OF COMMITTEE (F | Provide Complete Name as Registered with | Commission |) | | | TYPE OF F | REPORT | | | |
| Connecticut Comeback Co | ommittee | | | | Ja | nuary 10 Filing - Ori | 10 Filing - Original | | | |
| | P. Expenses Incurred or | n Committe | ee Cred | lit Card | | | | | | |
| Name of Issuing Institution | | | | Type of Credit Card: Visa Other | Master Ca | ard Discove | er | American Express | | |
| Name of Vendor | | | | , , , , , , , , , , , , , , , , , , , | | | Date of Tran | nsaction | | |
| Street Address | | | | City | | | State | Zip Code | | |
| Purpose of Expenditure (by code) | Description | | • | | | | | Amount | | |
| Is this expenditure coordinated w which reimbursement is sought? If ves. assign an Expenditure # ar | rith another candidate for and complete Itemization in Addendum | Yes No | | Expenditure # (if applicable) | Event # | ŧ | | | | |
| In you, assign an Emperior of the | Na vomprate reministration in reducidant | | | | <u> </u> | | | | | |
| | | | | | | Total of Section P | ' | | | |
| | IV. EXPENDITU | RES (Sect | tions N | N - S) | | | | | | |
| NAME OF COMMITTEE (| Provide Complete Name as Registered with | Commission | 1) | | | TYPE O | F REPORT | , | | |
| Connecticut Comeback Co | ommittee | | | | | January 10 Filing - | Original | | | |
| | Q. Expenses Incurred By Commi | ttee but No | t Paid | During this Period | | 1 | | | | |
| 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 No | | 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 | | | | | | |
| Connecticut Comebac | k Committee | | | | | , | January 10 Filing - Original | | | | | | |
| R. Itemization of Reimbursements and Secondary Payees | | | | | | | | | | | | | |
| Last Name of Worker/Consultar | nt | First | | | MI Dat | | | ate of Payment to Vendor | | | Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # | | |
| | | | | | | | | | | Debit 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 # Eve (if applicable) | | | Event # | Event # | | Amount | | | |
| No If yes, assign an Expenditure # and completes Itemization in Addendum R | | | No | | | | | | | | | | |
| Total of Section R | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| IV. EXPENDITURES (Sectuibs N - S) | | | | | | | | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REP | | | | | PORT | | | | | | | | |
| Connecticut Comeback Committee January 10 Filing - Original | | | | | | | | | | | | | |
| S. Surplus Distribution of Equipment and Furniture | | | | | | | | | | | | | |
| Name of Recipient | | | | | | | | | | | | | |
| Street Address City | | | City | St | | | zip Code | | | | Original Purchase Amount of Item | | |
| Description of Item | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total of Section S | | | | | | | | | | | | | |

| Section J4. ADDENDUM | | | | | | |
|--|----------------|---------------|-----------------------|--|--|--|
| NAME OF COMMITTEE | TYPE OF REPORT | | | | | |
| | | | | | | |
| J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum | | | | | | |
| Event # | | | | | | |
| Name of Candidate | | | | | | |
| | 1 | | | | | |
| | | | | | | |
| Section N. ADDENDUM | | | | | | |
| NAME OF COMMITTEE | | | TYPE OF REPORT | | | |
| | | | | | | |
| N. Expenses Paid By Committee - Addendum | | | | | | |
| Expenditure # Amount of Expenditure | | | | | | |
| | | | | | | |
| Name of Candidate | | Office Sought | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Section P. ADDENDUM | | | | | | |
| NAME OF COMMITTEE | | | TYPE OF REPORT | | | |
| | | | | | | |
| P. Expenses Incurred on Committee Credit Card - Addendum | | | | | | |
| Expend | liture # | | Amount of Expenditure | | | |
| Name of Candidate | | | Office Sought | | | |

| Section Q. ADDENDUM | | | | | | | |
|--|--|--|--|--|--|--|--|
| TYPE OF REPORT | | | | | | | |
| | | | | | | | |
| Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum | | | | | | | |
| Amount of Expenditure | | | | | | | |
| | | | | | | | |
| Office Sought | | | | | | | |
| P | aid During this Period - Addendum Amount of Expenditure | | | | | | |

| Section R. ADDENDUM | | | | | | | |
|--|-----------------------|---------------|--|--|--|--|--|
| NAME OF COMMITTEE | TYPE OF REPORT | | | | | | |
| R. Itemization of Reimbursements and Secondary Payees - Addendum | | | | | | | |
| Expenditure # | Amount of Expenditure | | | | | | |
| Name of Candidate | | Office Sought | | | | | |