SEEC FORM 30

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



Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE						2. TYP	E OF COMMITTEE		
Drew for CT							Candidate Committee Exploratory Committee		
3. TREASURER NAME									
First Dianna		l	MI J	Last Kulmacz			Suffix		
4. TREASURER ADDRESS Street Address		City			State	1 2	Zip Code		
134 Brault Hill Rd		Higga	inum		CT	- 1	06441		
5. ELECTION DATE	6. OFFICE SOUGHT (Con	mplete oi	nly if Candidate	Committee)		7. DISTRI	ICT NUMBER (if applicable		
11/06/2018	Undetermined								
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)	1					
First Daniel			MI T	Last Drew			Suffix		
9. TYPE OF REPORT									
July 10 Filing - Original									
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	04/01/2017	thru	u	06/30/2017					
_11. 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	Dianna Kulmacz			07/1	0/2017 10):38:21PM	4		
SIGNATURE	PRINT NAME OF THE	3 SIGNE	∃R	DATE	CERTIFIED				
A Person who is found to have knowing to \$25,000, unless a fine of a larger a			-				of up		

SEEC FORM 30
Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	TYPE OF REPORT					
Drew for CT	July 10 Filing - Original	July 10 Filing - Original					
	COLUMN A	COLUMN B					
	This Period	Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$33,100.97						
14. Contributions received from Individuals (Section A and B)	\$68,756.80	\$174,883.80					
15. Receipts from Other Committees (Sections C1 and C2)	\$2,250.00	\$2,250.00					
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)	\$71,006.80	\$177,133.80					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$104,107.77	\$177,133.80					
20. Expenses Paid by Committee (Section N)	\$77,714.46	\$150,740.49					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$26,393.31	\$26,393.31					
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	\$1,151.27					
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)	\$3,003.67						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$3,003.67						

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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			
Drew for CT			July 10	Filing - Original			
A. Total Contributions from Small Contributors-Received this Period	od Ol	NLY		For Nonpartic	ipating Cand	idates ONLY	
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First				MI	Contribution ID #	
Beisley		Michelle				1215	
Residential Street Address	City				State	Zip Code	
1615 Bluemont Ave SW		Roanoke			VA	24015-4903	
Principal Occupation		Name of Employe	r		-	•	
teacher		Roano	ke City P	ublic Schools			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative				x _{No}			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions	1		
an event reported in Section J1?							
X No	04/1	01/2017	7 \$50.00			\$50.00	
If yes, list Event # Money Order X Credit/Debit Card							
Last Name	Name First				MI	Contribution ID #	
Clayton		Jacey				1280	
Residential Street Address	City					Zip Code	
60 Spring St	Manchester				СТ	06040-6639	
Principal Occupation		Name of Employe	r				
Seamstress		Comfy	's Corner	•			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	D	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution Yes				ınt 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?							
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/0	01/2017		\$10.00		\$10.00	
Last Name	First				Гмі	Contribution ID #	
Hanrahan	1 1130	Connie			1411	1453	
Residential Street Address	City				State	Zip Code	
93 Seaview Ave		Branford			СТ	06405-5443	
Principal Occupation	' 	Name of Employe	r				
Retired RN		YNHH					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		zependent einid Of	_ roody ist:	x No			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions	1		
an event reported in Section J1?							
X No	04/0	01/2017		\$5.00		\$5.00	

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I. MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-I)	TWDE OF DEDORA					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Heidelberg		Cynthia			1464			
Residential Street Address	City			State	Zip Code			
1616B N 45th St		Seattle		WA	98103-6702			
Principal Occupation		Name of Employ	er	•	•			
Lawyer		Bresk	in Johnson and Townsend					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	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	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with an event concreted in Section 112 Yes Yes	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
X No Cash Personal Check	04/	01/2017	\$10.00		\$10.00			
If yes, list Event # Money Order X Credit/Debit Card		-						
Last Name	First			MI	Contribution ID #			
Wilson		Brenda			1921			
Residential Street Address	City	2.0		State	Zip Code			
163 Cynthia Ln Apt A2		Middletown		CT	06457-2126			
Principal Occupation		Name of Employ	or	Ci	00437-2120			
Director		1 ,	Woods Autism Foundation					
			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	Voc	Amou	int of Contribution			
If yes, indicate which branch or branches of		•	x _{No}					
government the contract is with: Executive Legislative	_			4				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
_								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	01/2017	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Guilmartin		Cullen			1440			
Residential Street Address	City			State	Zip Code			
50 Brace Rd		West Hartfor	d	CT	06107-1803			
Principal Occupation		Name of Employ	er					
Attorney		Self E	mployed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution			
	,	dependent child of	of a foodyist:					
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 #	04/	02/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Deer-Mirek		Tracy			1326			
Residential Street Address	City	,		State	Zip Code			
180 Quail St		Stratford		СТ	06614-2654			
Principal Occupation		Name of Employ	er					
Associate Director of Communications			d Heart University					
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No)	dependent child of	Vac					
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	047	02/2017	\$40.00		\$40.00			
If yes, list Event # Money Order X Credit/Debit Card	l ^{∪→/} '	02/201/	φ - 0.00	1	ψ τυ.υυ			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Heinrich		Eric		Н	1465				
Residential Street Address	City			State	Zip Code				
41 Brent Rd	L	Manchester		СТ	06042-2806				
Principal Occupation Park Maintainer		Name of Employ							
			of Glastonbury 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	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	04/	03/2017	\$10.00		\$5.00				
				l					
Last Name	First			MI	Contribution ID #				
Boccalatte	City	John		L	1226				
Residential Street Address 71 Mountain Laurel Dr	City	Middletown		State CT	Zip Code 06457-5657				
Principal Occupation	<u> </u>	Name of Employ	er	СІ	00437-3037				
Attorney/Owner			ll, Geenty, Sheeley						
			obbyist, spouse, or	Amou	ınt 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 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	04/	03/2017	\$50.00		\$50.00				
	I .			l	I				
Last Name	First	Varin		MI S	Contribution ID #				
Backman Residential Street Address	City	Kevin		State	Zip Code				
8 Foley Rd	City	Portland		CT	06480-1816				
Principal Occupation		Name of Employ	er	<u> </u>	00100 1010				
Retired		Retire							
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	o	dependent child of	or a roodyrst?						
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	١								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	04/	03/2017	\$35.00		\$35.00				
Last Name	First			MI	Contribution ID #				
Hunt	l list	Barbara		В	1479				
Residential Street Address	City			State	Zip Code				
28 Autumn Ln		Middletown		СТ	06457-4787				
Principal Occupation		Name of Employ	er		•				
Retired		Retire	ed						
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 roodyrst?						
government the contract is with:	١.,	D : 1	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	047	03/2017	\$25.00		\$25.00				
If yes, list Event #	"	00/201/	φ23.00	I	Ψ 2 3.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Hunt		William		Е	1481				
Residential Street Address	City			State	Zip Code				
28 Autumn Ln	<u> </u>	Middletown		СТ	06457-4787				
Principal Occupation Retired		Name of Employ Retire							
			44 1 4	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	7111100	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with 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	04/	03/2017	\$25.00		\$25.00				
	I				La . i . p. "				
Last Name	First	M=		MI	Contribution ID #				
Rose Residential Street Address	City	Mary		J State	Zip Code				
274 Wall St	City	Hebron		CT	06248-1328				
Principal Occupation		Name of Employ	er	Ci	00240-1320				
Teacher			orough BOE						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			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	04/	03/2017	\$20.00		\$20.00				
I av	F: /				Louis B"				
Last Name Shlien	First	Stuart		MI E	Contribution ID #				
Residential Street Address	City	Stuart		State	Zip Code				
10 Hale Rd	City	Portland		CT	06480-1146				
Principal Occupation		Name of Employ	er						
Owner		Shlier	n's Furniture						
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:			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	04/	03/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Sauer		Claire		E	1791				
Residential Street Address	City			State	Zip Code				
47 Mitchell Hill Rd		Lyme		СТ	06371-3021				
Principal Occupation		Name of Employ	er	-	•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		sependent 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 X Personal Check	04/	04/2017	\$25.00		\$25.00				
If yes, list Event # Money Order	Ι ΄΄΄	- ,	420.00		,				

I. MONETARY RECEIPT	S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Drew for CT			July 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Murray		Dennis		М	1641		
Residential Street Address	City			State	Zip Code		
46 Scenic View Dr		Middletown		СТ	06457-4920		
Principal Occupation		Name of Employ	er				
Retired		Retire	ed				
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	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna c	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 X Personal Check Money Order Credit/Debit Card	04/	04/2017	\$40.30		\$40.30		
Last Name	First			MI	Contribution ID #		
Palomino	11130	Quynh		IVII	1674		
Residential Street Address	City	Quyiiii		State	Zip Code		
894 W Washington St	,	San Diego		CA	92103-1805		
Principal Occupation		Name of Employ	er		32103 1003		
Principal		Virtua	Partners, Versant, Clear Vis	ta Manage	ment		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		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 J1? X No	04/	04/2017	\$375.00		\$375.00		
<u> </u>	l						
Last Name	First			MI	Contribution ID #		
Patel		Parul			1686		
Residential Street Address	City	Foot Books		State	Zip Code		
97 Redwood Ln	<u> </u>	East Berlin	or.	СТ	06023-1035		
Principal Occupation Assistant Attorney General		Name of Employ	មា ecticut Attorney General's off	fice			
·					ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	О	dependent child of	V				
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 Personal Check	04/	04/2017	\$375.00		\$375.00		
If yes, list Event # Money Order X Credit/Debit Card				<u></u>			
Last Name	First			MI	Contribution ID #		
Caffrey		Karen			1252		
Residential Street Address	City			State	Zip Code		
30 Jenny Clfs	<u> </u>	Manchester		СТ	06040-6825		
Principal Occupation		Name of Employ					
Psychotherapist —			imployed	 	ant of Cont 1 of		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	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 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	04/	05/2017	\$35.00		\$20.00		

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Gionfriddo		Paul			1415			
Residential Street Address	City			State	Zip Code			
705 S Palmway	<u> </u>	Lake Worth		FL	33460-4938			
Principal Occupation President		Name of Employ	^{er} al Health America					
			abbriet enauge or	Amou	unt of Contribution			
Yes X No	0	dependent child of	37					
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	04/	06/2017	\$50.00		\$50.00			
L AV	F: .			L	Louis B"			
Last Name Minkoff	First	Ronnie		MI	Contribution ID #			
Residential Street Address	City	Rollille		State	Zip Code			
200 Henry St Apt 3108		Stamford		CT	06902-5888			
Principal Occupation		Name of Employ	er	<u>!</u>				
Unemployed		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?	n		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					
X No Cash Personal Check	04/	06/2017	\$5.00		\$5.00			
If yes, list Event # Money Order X Credit/Debit Card	04/	00/2017	\$5.00		\$3.00 			
Last Name	First			MI	Contribution ID #			
Leary		Albert			1542			
Residential Street Address	City			State	Zip Code			
73 Virginia Dr		Middletown		СТ	06457-4826			
Principal Occupation		Name of Employ						
Deputy Chief - Fire Department		,	f Middletown					
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	04/	06/2017	\$100.00		\$100.00			
	l			I				
Last Name	First	Dahin		MI	Contribution ID #			
McShane Residential Street Address	City	Robin		State	Zip Code			
30 Cornfield Ln	City	Madison		CT	06443-1625			
Principal Occupation	!	Name of Employ	er					
Director of Communications		St Th	omas More Chapel & Center a	at Yale				
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	a lobbyist?					
government the contract is with: Legislative Legislative Legislative	D-4	Dagaired						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Personal Check X No	04/	06/2017	\$100.00		\$100.00			
If yes, list Event #	1			ı				

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I MONETA DV DECEMBER (CC A. D.								
I. MONETARY RECEIPT	5 (5)	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Rose		Kim			1763			
Residential Street Address	City			State	Zip Code			
292 Naugatuck Ave		Milford		СТ	06460-5542			
Principal Occupation		Name of Employ	er					
Administrative		City o	f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor?			abbyigt groups 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}					
Table 19 at 10 to	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	04/	06/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card		•			•			
Last Name	First			MI	Contribution ID #			
Thompson		Elizabeth			1865			
Residential Street Address	City	Liizabetii		State	Zip Code			
12 Spectacle Ln	City	Ridgefield		CT	06877-5714			
Principal Occupation		Name of Employ	on.	Ci	00877-3714			
retired		retire						
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	int 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	04/	06/2017	\$20.00		\$20.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Forrest		Matthew			1393			
Residential Street Address	City			State	Zip Code			
72 Somerset St		Wethersfield		СТ	06109-3031			
Principal Occupation		Name of Employ	er	-				
Attorney		Forre	st Law					
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 X Personal Check	04/	07/2017	\$375.00		\$375.00			
If yes, list Event #		•			•			
Last Name	First			MI	Contribution ID #			
Chernoff		Barry			1274			
Residential Street Address	City	Burry		State	Zip Code			
163 Mount Vernon St	City	Middletown		CT	06457-3214			
Principal Occupation			or.	C1	00737-3214			
		Name of Employ						
Professor		Wesle	,		unt of Contailersi			
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	int 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:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	04/	07/2017	\$50.00		\$50.00			

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I MONETA DV DECEIDTS (C L A. D.								
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Burns		Susan			1250			
Residential Street Address	City			State	Zip Code			
126 Kennerson Rd		Eastford		СТ	06242-9448			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
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					
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	04/	10/2017	\$10.00		\$10.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Blaine		William			1225			
Residential Street Address	City			State	Zip Code			
6406 Garners Way	City	Spotsylvania		VA	22553-4496			
Principal Occupation		Name of Employ	or	VA	22333 4430			
Retired		Retire	obbyist, spouse, or	A	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	int 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? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # Cash Credit/Debit Card	04/	10/2017	\$50.00		\$50.00			
					·			
Last Name	First			MI	Contribution ID #			
Harris		Elsie			1456			
Residential Street Address	City			State	Zip Code			
3 Afton Ter		Middletown		СТ	06457-1620			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	a loodyist:					
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	04/	10/2017	\$10.00		\$10.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Haymond		John			1460			
Residential Street Address	City			State	Zip Code			
100 Norwood Rd		West Hartfor	d	СТ	06117-2236			
Principal Occupation		Name of Employ						
Attorney			ond Law					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	Vac					
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?			50 .5					
X No Cash X Personal Check	047	10/2017	\$200.00		\$200.00			
If yes, list Event # Money Order Credit/Debit Card	"	10/201/	φ200.00		¥200.00			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Reynolds		James		М	1736				
Residential Street Address	City			State	Zip Code				
8 Oakwood Rd	<u> </u>	Simsbury		СТ	06070-2123				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire		Amou	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 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	04/	10/2017	\$50.00		\$50.00				
				l					
Last Name	First			MI	Contribution ID #				
Williams Residential Street Address	City	Robert		State	1918 Zip Code				
126 Kennerson Rd	City	Eastford		CT	06242-9448				
Principal Occupation	<u> </u>	Name of Employ	er	CI	00242-3446				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			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	04/	10/2017	\$50.00		\$50.00				
					Laurin				
Last Name Rechin	First	Jeff		MI	Contribution ID #				
Residential Street Address	City	Jen		State	Zip Code				
187 Rollins Ford Rd	City	Amissville		VA	20106-4223				
Principal Occupation		Name of Employ	er						
Artist									
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check			425.00		105.00				
If yes, list Event # No Money Order Credit/Debit Card	04/	11/2017	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Johnson	1 1100	Dava			1489				
Residential Street Address	City			State	Zip Code				
9 Deer Run		Bethel		СТ	06801-1461				
Principal Occupation	•	Name of Employ	er	•	•				
Counselor		Self							
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	unt of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (x No						
government the contract is with: Legislative Legislative Legislative Legislative	Dot-	Paggivad							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	04/	11/2017	\$15.00		\$15.00				
If yes, list Event # Money Order X Credit/Debit Card	Ι΄.,	,	420.00		,				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF PERONE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dresser		James Van		В	1349				
Residential Street Address	City			State	Zip Code				
1 E Main St		Salisbury		СТ	06068-1820				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyict enouge 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}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	04/	11/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Kupiec		Jared			1528				
Residential Street Address	City			State	Zip Code				
86 Buff Cap Rd Apt E5		Tolland		СТ	06084-2643				
Principal Occupation		Name of Employ	or	Ci	00004 2043				
Public Affairs		1 7	ns Strategies						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	iit 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? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Credit/Debit Card	04/	12/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Marashlian		Janette			1579				
Residential Street Address	City			State	Zip Code				
309B Heritage Vlg		Southbury		CT	06488-3737				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	or a roodyrst:						
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 Personal Check Money Order X Credit/Debit Card	04/	12/2017	\$65.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Marquis		Julia			1585				
Residential Street Address	City			State	Zip Code				
1 Crystal Ridge Dr		Ellington		СТ	06029-3050				
Principal Occupation		Name of Employ	er						
Attorney			dHealthcare						
			abbreigt anguag or	Amou	nt of Contribution				
Yes X No)	dependent child of	Vac						
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?			000 20111104110110						
X No Cash Personal Check	047	13/2017	\$25.00		\$5.00				
If yes, list Event # Money Order X Credit/Debit Card	04/	13/201/	\$∠5.00		φ3.00				

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I, MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-I)	TWDE OF DEDORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Passmore		Judith			1684				
Residential Street Address	City			State	Zip Code				
251 Court St Apt 32		Middletown		СТ	06457-3323				
Principal Occupation		Name of Employ	er						
Retired		Retire							
			abbyigt groups or	Amou	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	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}						
Table 19 at 10 to	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	04/	13/2017	\$10.00		\$10.00				
If yes, list Event # Money Order X Credit/Debit Card	0 17	13, 2017	\$10.00		Ψ10.00				
Last Name	First			MI	Contribution ID #				
	riist	For devial, D		IVII					
Burger	a:	Frederick P.		G	1247				
Residential Street Address	City			State	Zip Code				
79 Post Rd		Danbury		СТ	06810-8367				
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	of a foodyist?						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	04/	13/2017	\$5.00		\$5.00				
If yes, list Event # Money Order X Credit/Debit Card		-							
Last Name	First			MI	Contribution ID #				
Bell		John			1216				
Residential Street Address	City	30		State	Zip Code				
32 Brickyard Rd	City	Clinton		CT	06413-1435				
Principal Occupation		Name of Employ	ar .	<u> </u>	00413 1433				
			Virtual Mall						
marketing Is contributor a principal of a state contractor or prospective state contractor?				1					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Amou	ant of Contribution				
If yes, indicate which branch or branches of			X No						
government the contract is with:									
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	04/	14/2017	\$15.00		\$15.00				
Last Name	First			MI	Contribution ID #				
Kordonsky		Alex			1517				
Residential Street Address	City			State	Zip Code				
888 Arbutus St		Middletown		СТ	06457-5177				
Principal Occupation		Name of Employ	er	-	- 				
Student		UCon	n						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	04/	14/2017	\$20.00		\$20.00				
If yes, list Event # Money Order X Credit/Debit Card	l í	*	,	I	•				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Orr		Jean			1668				
Residential Street Address	City			State	Zip Code				
11 Hamlin Ct	L	Middletown		СТ	06457-3253				
Principal Occupation Retired		Name of Employ Retire							
			11 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:			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			440.00						
If yes, list Event # Money Order X Credit/Debit Card	04/	15/2017	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Camilluci		Anthony			1259				
Residential Street Address	City	· ·		State	Zip Code				
169 Baltic Rd		North Frankli	in	СТ	06254-1406				
Principal Occupation		Name of Employ	er		•				
Steamfitter		Local	777 Plumbers and Pipefitters	5					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			X No						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	04/	15/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	04/.	15/2017	\$50.00						
Last Name	First			MI	Contribution ID #				
Crawford		Jule			1303				
Residential Street Address	City			State	Zip Code				
291 Long Hill Rd	<u> </u>	Middletown		СТ	06457-4060				
Principal Occupation		Name of Employ							
attorney			Offices of Jule A Crawford						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a li dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No	04/	15/2017	\$100.00		\$50.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Pugliese	o:	Richard		a	1720				
Residential Street Address 1703 Randolph Rd	City	Middletown		State CT	Zip Code 06457-4041				
Principal Occupation		Name of Employ	er	<u> </u>	00437 4041				
Physician - retired			esex Hospital						
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 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						
an event reported in Section J1? X No		47/2017			+5.00				
If yes, list Event # No Money Order X Credit/Debit Card	04/	17/2017	\$100.00		\$5.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Meyers		Arthur S.			1622				
Residential Street Address	City			State	Zip Code				
854 Long Hill Rd		Middletown		СТ	06457-5063				
Principal Occupation		Name of Employ	er						
Retired		Retire	d						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Galabhaire Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No						
government the contract is with.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	18/2017	\$5.00		\$5.00				
				L					
Last Name	First	A =		MI	Contribution ID #				
Herdman Residential Street Address	City	Aaron		State	1468 Zip Code				
95 Lakeside Ave	City	Middletown		CT	06457-4153				
Principal Occupation		Name of Employ	er	Ci	00437-4133				
Machinist		1 7	& Whitney						
			obbyjet enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
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	04/	18/2017	\$5.00		\$5.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Sheridan		Richard		М	1815				
Residential Street Address	City			State	Zip Code				
28 N Meadows Ln		Stamford		СТ	06903-5151				
Principal Occupation		Name of Employe							
Retired		Retire							
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 Executive Legislative		ī	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						
If yes, list Event # Cash X Personal Check Money Order	04/	18/2017	\$50.00		\$50.00				
If you, his Event in Event in the large of the Event South Canal					-				
Last Name	First			MI	Contribution ID #				
Santangelo		Robert			1787				
Residential Street Address	City			State	Zip Code				
11 Prospect St		Middletown		СТ	06457-2621				
Principal Occupation Substance abuse counselor		Name of Employ	er S - State of CT						
			obbyjet energe or	Amou	nt of Contribution				
Yes X No)	dependent child o	Voc	100					
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 X Personal Check Money Order Credit/Debit Card	04/	18/2017	\$375.00		\$175.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Crescimano		Matthew			1304				
Residential Street Address	City			State	Zip Code				
18 Olympus Pkwy		Middletown		СТ	06457-2337				
Principal Occupation Sales & Fabrication		Name of Employer Baldw	^{er} rin Pergola's						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ł					
an event reported in Section J1?	Duic	received	riggiogue Controutions						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	19/2017	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Davidson		Harold			1320				
Residential Street Address	City			State	Zip Code				
74 Abbey Rd		East Hampto	n	СТ	06424-2103				
Principal Occupation		Name of Employe	er						
Business manager Finantial Secretay-Treasurer			rs / Waterproofers Local 12						
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	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:		aepenaent 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	04/:	19/2017	\$20.00		\$20.00				
If yes, list Event # Money Order X Credit/Debit Card		,	·	<u> </u>	<u> </u>				
Last Name	First			MI	Contribution ID #				
Becker		Neal T.			1214				
Residential Street Address	City			State	Zip Code				
PO Box 1056	<u> </u>	Middletown		СТ	06457-1056				
Principal Occupation Fed Govt contractor		Name of Employ	er nolamit holdings						
				Amou	ant of Contribution				
Yes 🔼 N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes						
If yes, indicate which branch or branches of government the contract is with:			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	04/	19/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Riley		Lawrence			1742				
Residential Street Address	City			State	Zip Code				
447 Ridge Rd		Middletown		СТ	06457-5230				
Principal Occupation		Name of Employe							
Dog Trainer			mployed-An Educated Dog						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	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 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	04/	19/2017	\$30.00	1	\$15.00				

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I MONETA DV DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	5 (5)	ection A-I)	I TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Rogers		Anna			1752				
Residential Street Address	City			State	Zip Code				
18 Forest Ct S		Hamden		СТ	06518-2713				
Principal Occupation		Name of Employ	er						
Project Manager		Comn	nunity Health Center Inc						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	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	04/	19/2017	\$5.00		\$5.00				
If yes, list Event # Money Order X Credit/Debit Card		,	44.44		7				
Last Name	First			MI	Contribution ID #				
Marashlian	1 1100	J.			1578				
Residential Street Address	City	J.		State	Zip Code				
	City	Cauthhumi			06488-3737				
309B Heritage VIg		Southbury		СТ	00488-3/3/				
Principal Occupation		Name of Employ							
Retired		Retire	-						
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		dependent enna (
government the contract is with:									
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	04/	19/2017	\$5.00		\$5.00				
,									
Last Name	First			MI	Contribution ID #				
Marino		Preston			1583				
Residential Street Address	City			State	Zip Code				
19 High St		Middletown		CT	06457-3741				
Principal Occupation		Name of Employ	er						
Superintendent		Amer	ican Contractors						
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 31?									
× No	04/	20/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Marino		Alexsa			1581				
Residential Street Address	City			State	Zip Code				
40 Linden St		Riverside		RI	02915-4447				
Principal Occupation		Name of Employ	er	1.4	32313 1777				
Lawyer		Lock							
			abbyigt groups or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	o. controution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Dot-	Pagaiyad							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check		20/2017	+100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	04/	20/2017	\$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 July 10 Filing - Original						
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lupo		Armondo			1564				
Residential Street Address	City			State	Zip Code				
222 Williams St E Apt 128		Glastonbury		СТ	06033-2372				
Principal Occupation State Marshal		Name of Employ	^{er} ndo Lupo - Self						
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 lobbyist?						
government the contract is with:	Date	Received	Aggregate Contributions	ł					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # 04202017a No Cash X Personal Check Money Order Credit/Debit Card	04/2	20/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Rasmussen		Lisa			1730				
Residential Street Address	City			State	Zip Code				
288 Naubuc Ave		Glastonbury		СТ	06033-2081				
Principal Occupation		Name of Employe	er						
Office Manager			Property Management	,					
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	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:		aepenaent enna e	x _{No}						
Is this contribution associated with an expert concreted in Section 112	Date	Received	Aggregate Contributions						
No No Personal Check	04/2	20/2017	\$50.00		\$50.00				
If yes, list Event# 04202017a				<u> </u>					
Last Name	First			MI	Contribution ID #				
Plourde		Wayne		R	1711				
Residential Street Address	City			State	Zip Code				
71 Thorniley St Principal Occupation	<u> </u>	New Britain		СТ	06051-1636				
Contractor		Name of Employ	e Plourde - Self						
				Amou	ant of Contribution				
Yes 🔼 N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with	Date	Received	Aggregate Contributions						
X Coch Personal Chack									
If yes, list Event # 04202017a No Money Order Credit/Debit Card	04/2	20/2017	\$40.00		\$40.00				
Last Name	First			MI	Contribution ID #				
Allison		Jeanne			1185				
Residential Street Address	City			State	Zip Code				
8 Mazzotta Pl		Middletown		СТ	06457-2617				
Principal Occupation		Name of Employe							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	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}	1					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?				1					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/2	20/2017	\$65.00		\$15.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	ı		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Cardillo		Joseph			1265
Residential Street Address	City			State	Zip Code
10 Prospect Hill Rd		Cromwell		СТ	06416-2028
Principal Occupation Retired		Name of Employ Retire			
				Amou	ant of Contribution
Yes X N	0	dependent child of	of a lobbyist?	1	an or commount
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an august reported in Section 112	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # 04202017a	04/2	20/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Rudewicz	First	Robert		IVII	1769
Residential Street Address	City	Robert		State	Zip Code
29 E Robbins Ave		Newington		СТ	06111-3910
Principal Occupation	•	Name of Employ	er		1
Non Profit Director		СМНА	ı		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	04/	20/2017	\$100.00		\$100.00
If yes, list Event # 04202017a	04/.	20/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Spadaccini		Teri D.		D	1837
Residential Street Address	City			State	Zip Code
773 Bartholomew Rd		Middletown		СТ	06457-5609
Principal Occupation		Name of Employ	er		
Laboratory			esex Hospital		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			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?			1-88-184-1		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/2	20/2017	\$5.00		\$5.00
If yes, list Event# Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Urso		Robert			1879
Residential Street Address	City			State	Zip Code
18-3 Arthur Dr	L .	South Winds		СТ	06074-6903
Principal Occupation Retired		Name of Employ Retire			
			-11	Amou	unt of Contribution
Yes X N	0	dependent child of	Vac	Amot	or contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions		
If yes, list Event # 04202017a Cash Personal Check No Romey Order X Credit/Debit Card	04/2	20/2017	\$50.00		\$50.00

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Decey for CT	I. MONETARY RECEIPTS (Section A-I)									
Data Name Part Pa			,	TYPE OF REPORT						
Last Name Varid Principal Congenies South Glasstorthoury So	Drew for CT			July 10 Filing - Original						
Recidental Stever Acknow ### Owner South Coopering South Coopering Owner Owner South Coopering Owner O	B. Itemized Contributions from Individuals									
Recidental Sever Address 40 Partill St Principal Conception Ware of Principal St Ware of Ware	Last Name	First			MI	Contribution ID #				
Annual of Contribution Owner Own	Ward		Brian							
Principal Occupation		City				-				
None		<u> </u>		-	СТ	06073-2502				
In contributor a principal of a tatae contractor or prospective state contractor of prospect										
If yee, indicate which branch or hundreds of legendered while of a kinhly just? Yee				44 1 4	Amou	unt of Contribution				
Exercise contracts in which is accordance associated with an event epoted in Section 17	Yes X No	0		of a lobbyist?						
Amount of Contribution Bright Section 17 Section 17 Section 17 Section 18 Section 18 Section 19 Section	Evacutiva I Logislativa			x _{No}						
Last Name Personal Check O4/20/2017 \$100.00 \$100.00 \$100.00	XI Voc	Date	Received	Aggregate Contributions						
East Name Wentworth First Ralph	Cash Personal Check									
Residential Street Address City State Zip Code City State		04/	20/2017	\$100.00		\$100.00				
Residential Street Address	Lact Nama	Eiret			М	Contribution ID #				
Residential Street Address 12 Stuart Dr Principal Occupation Insurance Agent Le contributor a principal of a state contractor or prospective state contractor? Yes No State No Wethersfield State No Wethersfield State No State		11130	Ralph		IVII					
Principal Occupation Insurance Agent Insurance Agent Insurance Agent Insurance Agent Insurance Agent Insurance Agent If yes, indicate which branch or branches of prospective state contractor?		City	Тарп		State					
Insurance Agent Scontributor a principal of a state contractor or prospective state contractor?	12 Stuart Dr		Bloomfield		СТ	06002-1525				
Is contributor a principal of a state contractor or prospective state contractor?	Principal Occupation	•	Name of Employ	er	!	1				
Yes So No Security Yes So So So So So So So S	Insurance Agent		Went	worth DeAngelis Inc.						
If yes, indicate which branche of soverment the contract is with: Is this contribution associated with an event reported in Section 17? Security Cash Personal Check O4/20/2017 \$250.00 \$250.00	Is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	ınt of Contribution				
Bowerment the contract is with: Executive Legislative Legislative	If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
an event reported in Section J1? If yes, list Event #	government the contract is with:									
Last Name Residential Street Address City Same Same Continuous Same Continuous Same Continuous Contin	IXI voc	Date	Received	Aggregate Contributions						
Last Name Williams Williams Williams State CardivDebit Card S	Cash X Personal Check	04/	20/2017	¢250.00		¢250.00				
Manual Contribution		04/.	20/2017	\$250.00		\$230.00				
Residential Street Address State Zip Code	Last Name	First			MI	Contribution ID #				
State Stat	Williams		James		М	1917				
Principal Occupation Retired HPD Is contributor a principal of a state contractor or prospective state contractor?	Residential Street Address	City			State	Zip Code				
Retired HPD Retired Is contributor a principal of a state contractor or prospective state contractor?	15 Hartford Ave		Wethersfield		СТ	06109-1806				
Is contributor a principal of a state contractor or prospective state contractor?										
Yes No dependent child of a lobbyist? Yes Yes No dependent child of a lobbyist? Yes Yes No dependent child of a lobbyist? Yes Yes No State Contribution associated with an event reported in Section J1? Yes Method of contribution: Date Received Aggregate Contributions State No State State Zip Code Credit/Debit Card Daniel State Zip Code Credit/Debit Card State Zip Code Credit/Debi										
If yes, indicate which branch or branches of government the contract is with: Executive	Is contributor a principal of a state contractor or prospective state contractor? Yes No	0			Amou	int of Contribution				
If yes, list Event # 04202017a	Evacutiva Lagislativa		•	-						
an event reported in Section J1? If yes, list Event # 04202017a	government the contract is with:	Date	Received							
If yes, list Event # 04202017a	an event reported in Section 31?									
Daniel 1930	No I State S	04/	20/2017	\$50.00		\$50.00				
Daniel 1930					l	Laurin				
Residential Street Address 1288 Main St City Glastonbury Name of Employer Metro Property Management 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? City Glastonbury Name of Employer Metro Property Management Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Date Received Aggregate Contributions Amount of Contribution Date Received Aggregate Contributions		First	Daniel		MI					
Principal Occupation Foreman 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? Glastonbury Name of Employer Metro Property Management Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Amount of Contribution Amount of Contribution Aggregate Contributions Date Received Aggregate Contributions	·	City	Daniel		State					
Principal Occupation Foreman 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? Name of Employer Metro Property Management Amount of Contribution Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Date Received Aggregate Contributions Amount of Contribution Date Received Aggregate Contributions		City	Glastonbury							
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 a lobbyist, spouse, or dependent child of a lobbyist? Executive Legislative X No Date Received Aggregate Contributions Amount of Contribution Amount of Contribution Date Received Aggregate Contributions			,	er						
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	Foreman		Metro	Property Management						
If yes, indicate which branch or branches of government the contract is with: Legislative Legislative Legislative Legislative Date Received Aggregate Contributions an event reported in Section J1?	Is contributor a principal of a state contractor or prospective state contractor? Yes No	o			Amou	ınt of Contribution				
Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions	If yes, indicate which branch or branches of		acpendent child (
an event reported in Section J1? Yes Results for the section J1.	government the contract is with:	Det	Dagaiyad							
Personal Check 04/20/2017 \$100.00 \$100.00	an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # 04202017a	No I Substitution of the s	04/	20/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)							
	2 (20	ection A-I)	TYPE OF REPORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original							
B. Itemized Contributions from		lividuals					
Last Name	First			MI	Contribution ID #		
Zak		Kaitlin			1931		
Residential Street Address	City			State	Zip Code		
222 Williams St E Apt 119		Glastonbury		СТ	06033-2372		
Principal Occupation		Name of Employ					
Account manager			worth d'angelis kaufman insu				
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 enna (x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions				
an event reported in Section J1? Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions				
No Cash Personal Check	047	20/2017	\$50.00		\$50.00		
If yes, list Event # 04202017a	0-1/	20,2017	Ψ30.00		450.00		
Last Name	First			MI	Contribution ID #		
Corvo	1 1130	Elizabeth		1411	1298		
Residential Street Address	City	Liizabetii		State	Zip Code		
12 Sonoma Ln	City	Middletown		CT	06457-2077		
Principal Occupation		Name of Employ	or .	CI	00437-2077		
Corp Sec			Consultants Inc				
			obbyist snouse or	Amou	nt of Contribution		
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	7 tinou	nt of Controution		
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	047	21/2017	\$375.00		\$375.00		
If yes, list Event # Money Order X Credit/Debit Card	04/.	21/2017	\$373.00		4373.00		
Last Name	First			MI	Contribution ID #		
Corvo	1 1100	William			1299		
Residential Street Address	City			State	Zip Code		
12 Sonoma Ln		Middletown		СТ	06457-2077		
Principal Occupation		Name of Employ	er				
Developer			Corvo Consultants Inc.				
<u>`</u>			obbyist, spouse, or	Amou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	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	04/	21/2017	\$375.00		\$375.00		
If yes, list Event # Money Order X Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Cook		Katherine			1291		
Residential Street Address	City			State	Zip Code		
159 Rowayton Woods Dr		Norwalk		СТ	06854-3942		
Principal Occupation		Name of Employ	er				
Retired		Self-e	employed				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a foodyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event # Cash Credit/Debit Card	04/	22/2017	\$15.00		\$15.00		

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Deaton		Inez			1325				
Residential Street Address	City			State	Zip Code				
9 Lake Dr	<u> </u>	New Fairfield		СТ	06812-2543				
Principal Occupation		Name of Employ							
Payment Processing Is contributor a principal of a state contractor or prospective state contractor?		BPS L	11 1 ·	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	Amot	int 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	04/	22/2017	\$390.00		\$15.00				
				l					
Last Name	First			MI	Contribution ID #				
Moninger-Elia Residential Street Address	City	Mary		State	Zip Code				
1 Templeton St	City	West Haven		CT	06516-7023				
Principal Occupation		Name of Employ	er	Ci	00310-7023				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?					unt 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	1					
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	22/2017	\$10.00		\$10.00				
T. AV	First			 1.a	Louis B"				
Last Name Krall	FIISt	Elizabeth		MI	Contribution ID #				
Residential Street Address	City	Liizabetii		State	Zip Code				
54 Orchard Rd	City	West Hartfor	d	CT	06117-2912				
Principal Occupation	!	Name of Employ							
artist		self							
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a 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	0.47	22/2017	+5.00		+5.00				
If yes, list Event # Money Order X Credit/Debit Card	04/.	22/2017	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Salo-Markowski		Anna			1775				
Residential Street Address	City			State	Zip Code				
1 Red Bud St		Middletown		СТ	06457-4935				
Principal Occupation		Name of Employ	er	-	•				
Librarian		West	hartford public library						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	ACCUIVEU	Aggregate Contributions						
X No Cash Personal Check	04/	22/2017	\$15.00		\$15.00				
If yes, list Event # Money Order X Credit/Debit Card	Ι΄.		· · · · · · · · · · · · · · · · · · ·	I					

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission			TYPE OF REPORT						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Smith		Diane			1831				
Residential Street Address	City			State	Zip Code				
76 N Mountain Rd Apt D		New Britain		СТ	06053-3471				
Principal Occupation Retired		Name of Employ Retire							
				Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child of	Vac	l	ant of Controllion				
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 71:									
If yes, list Event #	04/	22/2017	\$5.00		\$5.00				
Last Name	First	D. I		MI	Contribution ID #				
Dennen Residential Street Address	City	Robert		State	1329 Zip Code				
20 Roberts St	City	Middletown		CT	06457-4623				
Principal Occupation		Name of Employ	er	CI	00437-4023				
retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			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 J1?									
If yes, list Event #	04/	23/2017	\$10.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Capelle		Jeffrey			1261				
Residential Street Address	City	<u> </u>		State	Zip Code				
1 Gold St Apt 6C		Hartford		СТ	06103-2930				
Principal Occupation	-	Name of Employ	er	,	-				
Disabled		Cigna	Healthcare						
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	int 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 : 1							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes_list Event # Personal Check X No	04/	23/2017	\$15.00		\$15.00				
If yes, list Event # Money Order X Credit/Debit Card				<u> </u>					
Last Name	First			MI	Contribution ID #				
Caffrey		Karen			1253				
Residential Street Address	City			State	Zip Code				
30 Jenny Clfs		Manchester		СТ	06040-6825				
Principal Occupation		Name of Employ							
Psychotherapist			imployed	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	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:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	04/	24/2017	\$40.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Marashlian		Janette			1580				
Residential Street Address	City			State	Zip Code				
309B Heritage VIg		Southbury		СТ	06488-3737				
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? Yes X No)	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 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	04/	24/2017	\$70.00		\$5.00				
				l	1				
Last Name	First			MI	Contribution ID #				
McFadden Residential Street Address	C't	Laurie		Ct-t-	1609				
	City	Middletown		State CT	Zip Code 06457-4917				
484 Long Hill Rd Principal Occupation		Name of Employ	er	CI	00437-4917				
Disabled			pplicable						
					ant of Contribution				
)	dependent child of	obbyist, spouse, or Yes Yes						
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	04/	24/2017	\$50.00		\$25.00				
				! 					
Last Name	First	Dobout Kniels		MI	Contribution ID #				
Kniola Residential Street Address	City	Robert Kniola	1	State	1513 Zip Code				
25 Eagle Run	City	South Winds	or	CT	06074-1588				
Principal Occupation		Name of Employ		CI	00074 1300				
retired			nd Mrs.						
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 31?									
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	04/	25/2017	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Nagle	1 1130	Mary		1411	1645				
Residential Street Address	City	- ,		State	Zip Code				
522 Town Colony Dr		Middletown		СТ	06457-5910				
Principal Occupation		Name of Employ	er		•				
Technology Solutions Developer		PPI B	enefits, 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	at a lobbyist?						
government the contract is with: Executive Legislative	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	047	25/2017	\$15.00		\$15.00				
If yes, list Event # Money Order X Credit/Debit Card	l ^{∪→/.}	-3/201/	φ13.00	I	413.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original								
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Dixon		Christa			1339			
Residential Street Address	City			State	Zip Code			
15 Bellevue Ter	<u> </u>	Cromwell		СТ	06416-2106			
Principal Occupation Retired		Name of Employer Retire						
			obbyiet enouge or	Amoi	ant of Contribution			
Yes X No	o	dependent child of	Va	S				
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # Money Order X Credit/Debit Card	04/2	25/2017	\$25.00		\$15.00			
Last Name	First			MI	Contribution ID #			
Shoretil	1 1150	William		""	1820			
Residential Street Address	City			State	Zip Code			
947 W Main St Apt 102		New Britain		СТ	06053-3497			
Principal Occupation	•	Name of Employ	er	•	•			
machinist		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Ye	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child o	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	riggiogate Contributions					
X No Cash Personal Check	04/2	25/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card			·					
Last Name	First			MI	Contribution ID #			
Duggan		Lloyd			1353			
Residential Street Address	City			State	Zip Code			
94 Chelsea Ct	<u> </u>	Middletown		СТ	06457-7538			
Principal Occupation		Name of Employ						
Marketing Consultant Is contributor a principal of a state contractor or prospective state contractor?			rketing Consultants obbyist, spouse, or	Amor	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		s	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 or event apported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in section 31:								
If yes, list Event # Cash Credit/Debit Card	04/2	26/2017	\$55.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Garden		Philip			1402			
Residential Street Address	City			State	Zip Code			
119 Constitution St		Wallingford		СТ	06492-3824			
Principal Occupation		Name of Employe	er					
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Ye	s Amoi	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x No	.]				
government the contract is with: In this contribution accorded with Method of contributions	Date	Received	Aggregate Contributions	\dashv				
an event reported in Section J1?			55 - 6	1				
If yes list Event # Cash Personal Check No	04/2	26/2017	\$5.00	1	\$5.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Inc	lividuals						
Last Name	First			MI	Contribution ID #			
Buhler		William			1242			
Residential Street Address	City			State	Zip Code			
8 Winchester Way		Cromwell		СТ	06416-2636			
Principal Occupation		Name of Employ	er					
RETIRED		RETIF	RED					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check		26/2047	+125.00		+25.00			
If yes, list Event # No Money Order X Credit/Debit Card	04/	26/2017	\$125.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Jones	First	Steven		IVII	1496			
Residential Street Address	City	Steven		State	Zip Code			
401 Talcottville Rd Apt 150		Vernon		CT	06066-4047			
Principal Occupation		Name of Employ	er					
Executive Assistant		S&S N	Management Services					
Is contributor a principal of a state contractor or prospective state contractor?			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	04/	26/2017	\$10.00		\$10.00			
If you, his Event in a credit best card					-			
Last Name	First			MI	Contribution ID #			
Stuckey		Glenda			1850			
Residential Street Address	City			State	Zip Code			
10-6 Countryside Ln		Middletown		СТ	06457-6004			
Principal Occupation		Name of Employ						
Clerk Typist Is contributor a principal of a state contractor or prospective state contractor?			of Connecticut Dept of Educa					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	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?			1.00.10					
X No Cash Personal Check	04/	27/2017	\$15.00		\$15.00			
If yes, list Event # Money Order X Credit/Debit Card		•						
Last Name	First			MI	Contribution ID #			
Zelaya		Sonia			1933			
Residential Street Address	City			State	Zip Code			
400 N Main St Apt 8		Manchester		СТ	06042-1916			
Principal Occupation		Name of Employ	er	-	-			
Aerospace Quality Inspector		UTC A	Aerospace Systems					
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?					
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		27/2047			+5.00			
If yes, list Event # Money Order X Credit/Debit Card	U4/	27/2017	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original								
Drew for CT								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Winkler		Phylis			1923			
Residential Street Address	City			State	Zip Code			
20 Gottier Dr	L	Vernon		СТ	06066-4605			
Principal Occupation Retired		Name of Employer Retire						
			obbreigt anguag or	Amo	ount of Contribution			
Yes X N	0	dependent child of		Yes				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x 1	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 # Cash Credit/Debit Card	04/2	28/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Luckenbach		J.K.			1561			
Residential Street Address	City			State	Zip Code			
21 Tibbals Bridge Rd		Madison		СТ	06443-1636			
Principal Occupation	•	Name of Employ	er	•	•			
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes Amo	ount of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child o	· –	No				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	NO				
an event reported in Section J1?	Duic	received	Aggregate Controllons					
X No Cash Personal Check	04/2	28/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card			·					
Last Name	First			MI	Contribution ID #			
Lockwood		Carmella			1557			
Residential Street Address	City			State	Zip Code			
635 S Main St	L.,	Middletown		СТ	06457-4252			
Principal Occupation		Name of Employe						
Owner -			ella's on The Ext	1	ount of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child o	obbyist, spouse, or fa lobbyist?	Yes	bunt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X 1	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	04/2	28/2017	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Lockwood		Matt			1558			
Residential Street Address	City			State	Zip Code			
635 S Main St		Middletown		СТ	06457-4252			
Principal Occupation		Name of Employe	er					
Owner			ella's on the Extension					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	ount of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x 1	No.				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			30 -0					
If yes list Event # Cash Personal Check No Cash Personal Check X Credit/Debit Card	04/2	28/2017	\$375.00		\$375.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Paro		Roberta			1679			
Residential Street Address	City			State	Zip Code			
246A Yantic St		Norwich		СТ	06360-4134			
Principal Occupation		Name of Employ	er					
Teacher			Life Innovations					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with.	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	04/	28/2017	\$20.00		\$20.00			
If yes, list Event # Money Order X Credit/Debit Card	0.,	20, 201,	420.00					
Last Name	First			MI	Contribution ID #			
Corvo		Alessandra			1297			
Residential Street Address	City			State	Zip Code			
15 Vale St		Middletown		СТ	06457-5334			
Principal Occupation		Name of Employ	er		•			
Sec		Crom	well Board of Ed	_				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyfst?					
government the contract is with: Executive Legislative		D		4				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	047	20/2017	¢100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	04/.	28/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Floryan		Kenneth J.			1391			
Residential Street Address	City			State	Zip Code			
71 Penn Dr		West Hartfor	d	СТ	06119-1153			
Principal Occupation		Name of Employ	er	•				
Retired		None						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist:					
government the contract is with:			x _{No}	1				
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	04/	20/2017	+20.00		+20.00			
If yes, list Event # Money Order X Credit/Debit Card	04/.	28/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Haley	1 1150	Shawn			1448			
Residential Street Address	City			State	Zip Code			
48 Old Sawmill Rd	,	Trumbull		СТ	06611-3355			
Principal Occupation		Name of Employ	er					
DBA		Jaysta	arGroup					
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 Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card Cash Personal Check Cash Credit/Debit Card Cash Credit/Debit Card Cash Credit/Debit Card Cash Cash	04/	30/2017	\$20.00		\$20.00			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT						
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Riley		Larry			1741				
Residential Street Address	City			State	Zip Code				
447 Ridge Rd	L	Middletown		СТ	06457-5230				
Principal Occupation Dog Trainer		Name of Employ Self	er						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If was indicate which branch or branches of	0	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 Personal Check	04/	30/2017	\$105.00		\$5.00				
If yes, list Event # Money Order X Credit/Debit Card	04/.	50/2017	\$105.00		45.00				
Last Name	First			MI	Contribution ID #				
Marquis		Victor			1586				
Residential Street Address	City			State	Zip Code				
15 Wilson Ln		Danielson		СТ	06239-3632				
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 le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	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	04/3	30/2017	\$5.00		\$5.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Sulick		James			1851				
Residential Street Address	City			State	Zip Code				
71 Masters Way	<u> </u>	Manchester		СТ	06040-7059				
Principal Occupation		Name of Employ							
Attorney			Offices of Attorney James Sul						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	V	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 Credit/Debit Card	05/0	02/2017	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Santangelo	1 1130	Elizabeth		IVII	1785				
Residential Street Address	City			State	Zip Code				
11 Prospect St		Middletown		СТ	06457-2621				
Principal Occupation		Name of Employ	er	-	•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
Is this contribution associated with Mathed of contribution.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			30 0						
X No	05/0	02/2017	\$375.00		\$225.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name Johnston	First	Brianna		MI	Contribution ID # 1492			
Residential Street Address	City			State	Zip Code			
625 Millbrook Rd	L.	Middletown		СТ	06457-5521			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	05.0	22/2017	#100.00		+ F0.00			
If yes, list Event # Money Order Credit/Debit Card	05/0	03/2017	\$100.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Leon		Frank			1545			
Residential Street Address	City			State	Zip Code			
40 Knollwood Rd	L	East Hartford	1	СТ	06118-1732			
Principal Occupation		Name of Employ	er					
Attorney			e, Throne, Teller, Nagle					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	05/0	03/2017	\$250.00		\$250.00			
Last Name	First			MI	Contribution ID #			
Post		Connie			1716			
Residential Street Address	City			State	Zip Code			
25 Charles Mary Dr	<u> </u>	Middletown		СТ	06457-2075			
Principal Occupation		Name of Employ Retire						
Retired Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 N	o	dependent child of		111100	in or commount			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/0	03/2017	\$120.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Pendrys		David Francis	5		1694			
Residential Street Address	City			State	Zip Code			
66 Church St Fl 1	L	Wallingford		СТ	06492-3644			
Principal Occupation		Name of Employ						
Communications Coordinator Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
Yes X N	o	dependent child of	Vac	2 111100	commonion			
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?								
X No Cash Personal Check	05/0	03/2017	\$10.00		\$10.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filling - Original								
Drew for CT			July 10 1 lilling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Parker		Heather			1676			
Residential Street Address	City			State	Zip Code			
35 Tall Timbers Rd	L	Middletown		СТ	06457-7116			
Principal Occupation Writer		Name of Employ Parke	r Prose LLC					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes Am	ount of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child c		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	05/0	03/2017	\$150.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Patel	1 1150	Paul			1687			
Residential Street Address	City			State	Zip Code			
117 Grouse Hill Rd		Glastonbury		СТ	06033-2720			
Principal Occupation		Name of Employ	er	-	•			
Sales Executive		Went	worth Insurance					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes Am	ount of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent child of	a todoyist?	No				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_				
an event reported in Section J1? Yes X No Cash X Personal Check	05/	03/2017	\$250.00		\$250.00			
If yes, list Event #	03/	03,201,	¥230.00		+230.00			
Last Name	First			MI	Contribution ID #			
Nanfito		Mary			1649			
Residential Street Address	City			State	Zip Code			
29 Cedar Meadow Rd		Moodus		СТ	06469-1154			
Principal Occupation		Name of Employ						
retired Is contributor a principal of a state contractor or prospective state contractor?		retire		Am	ount of Contribution			
Yes A No)	dependent child of		Yes	ount of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x	No				
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	05/0	03/2017	\$30.00		\$25.00			
-					I			
Last Name	First	laahua		MI	Contribution ID #			
Elliott Residential Street Address	City	Joshua		State	Zip Code			
59 Macarthur Dr	City	Hamden		CT	06518-1408			
Principal Occupation		Name of Employ	er		00310 1100			
Owner			ommon Bond Market					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes Am	ount 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	\neg				
an event reported in Section 31?								
If yes list Event # Cash Credit/Debit Card	05/0	03/2017	\$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								
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Emmons		Sharron			1364				
Residential Street Address	City			State	Zip Code				
625 Millbrook Rd	<u> </u>	Middletown		СТ	06457-5521				
Principal Occupation Retired		Name of Employ Retire							
				Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	7 tinot	ant of 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	05/	03/2017	\$100.00		\$50.00				
	l			l					
Last Name	First			MI	Contribution ID #				
Esposito	a:	Carmine		G: :	1374				
Residential Street Address	City	Courth Clasta	m la m .	State	Zip Code				
685 Matson Hill Rd Principal Occupation		South Glasto Name of Employ	· · · · · · · · · · · · · · · · · · ·	СТ	06073-3522				
Retired		Retire							
			11 1 ·	Amou	ant of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	03/2017	\$100.00		\$100.00				
in yes, list Event #				<u> </u>					
Last Name	First			MI	Contribution ID #				
Cosenza		Julie			1300				
Residential Street Address	City			State	Zip Code				
83 Johnson Rd	<u> </u>	Marlborough		СТ	06447-1222				
Principal Occupation Social Worker		Name of Employ							
			of Connecticut 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	1					
an event reported in Section J1? Yes Cash Personal Check									
X No	05/	03/2017	\$100.00		\$100.00				
					1				
Last Name	First			MI	Contribution ID #				
Caffrey	C'i	Karen		Gr. r	1254				
Residential Street Address 30 Jenny Clfs	City	Manchester		State CT	Zip Code 06040-6825				
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00040-0823				
Psychotherapist			imployed						
Is contributor a principal of a state contractor or prospective state contractor?			-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:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	04/2017	\$60.00		\$20.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Casey		Lorelei			1267				
Residential Street Address	City			State	Zip Code				
1725 Randolph Rd		Middletown		СТ	06457-4041				
Principal Occupation Retired		Name of Employ Retire							
				Amou	unt 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 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	05/0	04/2017	\$20.00		\$5.00				
	l			I					
Last Name	First			MI	Contribution ID #				
Ellis Residential Street Address	City	Georgia		State	Zip Code				
964 Shippan Ave	City	Stamford		CT	06902-7423				
Principal Occupation		Name of Employ	er	CI	1 00302 7423				
Recruiter		The M	Icintyre						
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 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 X Credit/Debit Card	05/0	04/2017	\$40.00		\$20.00				
Last Name	First			MI	Contribution ID #				
DeLibero		Geraldine			1327				
Residential Street Address	City			State	Zip Code				
432 Asbury Ridge Rd		Shelton		СТ	06484				
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	unt of Contribution				
If yes, indicate which branch or branches of		dependent enna e	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	05/0	04/2017	\$110.00		\$10.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Galle		Rebecca			1399				
Residential Street Address	City			State	Zip Code				
27 Buckley Hwy		Stafford Spri		СТ	06076-4426				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	-11	Amor	unt of Contribution				
Yes X No)	dependent child of	Vac	Aillot	an or 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	05/0	04/2017	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Drew for CT	July 10 Filling - Original							
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Skandera		Anne			1828			
Residential Street Address	City			State	Zip Code			
38 Concord Rd		Danbury		СТ	06810-6349			
Principal Occupation retired		Name of Employ retire						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Dute	received	riggiogue Controutions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	04/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Taylor		Alison			1857			
Residential Street Address	City			State	Zip Code			
280 Riverside Dr Apt 5J		New York		NY	10025-9019			
Principal Occupation		Name of Employ	er					
Consultant		BSR		1				
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 ennu (x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	05/	04/2017	\$70.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Whalen		Joseph			1913			
Residential Street Address	City			State	Zip Code			
766 H Ave		Coronado		CA	92118-2134			
Principal Occupation		Name of Employ						
Executive			Partners, LLC	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with an 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	05/	04/2017	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Weiss		Jessica			1910			
Residential Street Address	City			State	Zip Code			
103 Wool St	<u> </u>	San Francisc	0	CA	94110-5551			
Principal Occupation		Name of Employ						
People Development Specialist		Googl						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	о	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?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	04/2017	\$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 July 10 Filing - Original					
Drew for CT	July 10 Filling - Original							
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Zambrello Jr.		Phil			1932			
Residential Street Address	City	M: ddl aba		State	Zip Code			
282 Blue Rd Principal Occupation		Middletown Name of Employ	or	СТ	06457-5007			
Manager			· Laboratories Ltd					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of 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?								
If yes, list Event # Cash Credit/Debit Card	05/	05/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Traskos		David			1872			
Residential Street Address	City			State	Zip Code			
50 John St		Clinton		СТ	06413-1723			
Principal Occupation		Name of Employ	er					
Transportation coordinator			ry Council of Seniors					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	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:			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	05/	05/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Camarro		Barbara			1258			
Residential Street Address	City			State	Zip Code			
55 Reid St		Fairfield		СТ	06824-3441			
Principal Occupation		Name of Employ						
Instructional Designer			rategies obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of		Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an agent expected 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	05/	05/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Concanom		Jean			1288			
Residential Street Address	City			State	Zip Code			
3 Barley Hill Rd		Old Saybrook		СТ	06475-1105			
Principal Occupation		Name of Employ						
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbriet enouge or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	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 # Cash Personal Check Money Order X Credit/Debit Card	05/	05/2017	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT July 10 Filing - Original							
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Boulrice		Jeff			1229			
Residential Street Address	City			State	Zip Code			
15 Hilltop Ave	L	Vernon		СТ	06066-4914			
Principal Occupation Insurance Agent		Name of Employ Howe	er /First Assurance Associates					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a lobbyist?					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	•				
an event reported in Section J1?			1.999					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	05/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
McNamara McNamara		John			1613			
Residential Street Address	City			State	Zip Code			
56 Brighton St		New Britain		СТ	06053-3202			
Principal Occupation		Name of Employ	er					
Director of Advancement		CCC		1				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	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 (x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31? X No	05/	05/2017	\$50.00		\$50.00			
If yes, list Event# Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Pugliese		Richard			1721			
Residential Street Address	City			State	Zip Code			
1703 Randolph Rd Principal Occupation	<u> </u>	Middletown Name of Employ	TOP.	СТ	06457-4041			
Physician - retired			esex Hospital					
,			obbyist, spouse, or Yes	Amou	ant of Contribution			
Yes A N	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with an agent expected in Section 112	Date	Received	Aggregate Contributions	1				
an event reported in section 71:								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	05/2017	\$120.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Krefting		Robert			1520			
Residential Street Address	City			State	Zip Code			
4 Woodcrest Ln	<u> </u>	Danbury		СТ	06810-7143			
Principal Occupation		Name of Employ						
Consultant			imployed					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	о	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	1				
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	06/2017	\$5.00		\$5.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1	_		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPOR July 10 Filing - Original	Ι΄		
Drew for CT			July 10 1 ming Chightan			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI		Contribution ID #
Estell		Andrea				1375
Residential Street Address	City			State	:	Zip Code
12 Lawson Rd	<u> </u>	Union		СТ		06076-4807
Principal Occupation Retired		Name of Employ Retire				
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or	Yes	Amoun	t of Contribution
If yes, indicate which branch or branches of	5	dependent child of	a lobbyist?			
government the contract is with:	D-4-	D		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	05/	06/2017	\$20.00		,	\$20.00
If yes, list Event # Money Order X Credit/Debit Card				Ш_		
Last Name	First			MI		Contribution ID #
Villa		Elisa				1887
Residential Street Address	City			State	:	Zip Code
88 Dyer Ave		Collinsville		СТ		06019-3234
Principal Occupation Attorney		Name of Employ State				
			obbyjet enouse or		Amour	at of Contribution
Yes X No	0	dependent child of		Yes		
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?						
If yes, list Event # Cash Credit/Debit Card	05/	06/2017	\$20.00		:	\$20.00
Last Name	First			MI	$\overline{}$	Contribution ID #
Shonta	FIISt	Mike		L		1818
Residential Street Address	City	Tinc		State	. 	Zip Code
118 Skyview Dr		Cromwell		СТ		06416-1875
Principal Occupation	•	Name of Employ	er	-		
Clerk		State	of Ct			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amoun	t of Contribution
If yes, indicate which branch or branches of		dependent child c	x			
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	06/2017	\$7.00			\$7.00
Last Name	First			MI		Contribution ID #
Rodko		Eric				1749
Residential Street Address	City			State	;	Zip Code
4000 Robinson Rd Apt K		Rocky Hill		СТ		06067
Principal Occupation		Name of Employ	er			
Executive Director			ke's Community Services	<u> </u>		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amoun	t 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 # 05122017a	05/	07/2017	\$50.00			\$50.00

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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 Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name Ringler-Jayanthan	First	Elizabeth		MI	Contribution ID # 1744				
Residential Street Address	City			State	Zip Code				
888 S Douglas Rd Apt 1114		Coral Gables		FL	33134-7568				
Principal Occupation		Name of Employe	er						
Social Worker			oast Jewish Family Services						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	lo	ls contributor a lo dependent child o	bbbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	05/0	09/2017	\$375.00		\$375.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Needleman Residential Street Address	City	Norman		State	1651 Zip Code				
24 Book Hill Woods Rd	City	Essex		CT	06426-1331				
Principal Occupation	_	Name of Employe	er	C.	00120 1331				
Executive		tower	labs Itd						
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a lo	obbyist, spouse, or followbyigt? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X No Cash Personal Check	05/	09/2017	\$375.00		\$375.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	03/2017	\$373.00		\$373.00				
Last Name	First			MI	Contribution ID #				
Jayanthan		Prem			1488				
Residential Street Address	City			State	Zip Code				
888 S Douglas Rd Apt 1114	<u>. </u>	Coral Gables		FL	33134-7568				
Principal Occupation Physician		Name of Employe	hester General Hospital						
·		Is contributor a lo	•	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Yes	lo	dependent child o	f a lobbyist? Yes						
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 #	05/0	09/2017	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Manoranjan	11130	Ranjan		WII	1574				
Residential Street Address	City	-		State	Zip Code				
3935 Tarrington Ln	L.	Columbus		ОН	43220-2299				
Principal Occupation		Name of Employe							
CPA Is contributor a principal of a state contractor or prospective state contractor?			ranjan & Shaffer, CPA's, Inc	Amou	int of Contribution				
Yes X N	lo	dependent child o	f a lobbyist?	rimot	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 J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	05/0	09/2017	\$375.00		\$375.00				
If yes, list Event # Money Order X Credit/Debit Card	1			l					

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF DEDORE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Manoranjan		Ratneswary			1575				
Residential Street Address	City			State	Zip Code				
3935 Tarrington Ln		Columbus		ОН	43220-2299				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash Personal Check	05/0	09/2017	\$375.00		\$375.00				
If yes, list Event # Money Order X Credit/Debit Card		•			·				
Last Name	First			MI	Contribution ID #				
Dilley		Nathan			1335				
Residential Street Address	City	Nacrian		State	Zip Code				
1003 Sun Ridge St	City	Lancaster		OH	43130-8096				
Principal Occupation		Name of Employ	on.	OH	43130-8090				
Sales Director			E AE Group						
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:									
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	05/0	09/2017	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Greenwell		Louis			1434				
Residential Street Address	City			State	Zip Code				
344 Benjamin Blvd		Fisherville		KY	40023-7535				
Principal Occupation		Name of Employ	er	-	•				
Manager		3SG p	olus						
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	05/0	09/2017	\$375.00		\$375.00				
If yes, list Event # Money Order X Credit/Debit Card		-							
Last Name	First			MI	Contribution ID #				
Barlow		Malcom		F	1202				
Residential Street Address	City	Tidicom		State	Zip Code				
627 Spring St	City	Manchester		CT	06040-6745				
			on.	Ci	00040-0743				
Principal Occupation		Name of Employ							
Lawyer Is contributor a principal of a state contractor or prospective state contractor?			Im F Barlow Attorney at Law obbyist, spouse, or	Amon	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	Vac	Amou	in or 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						
X No Cash X Personal Check		00/2017			+100.00				
If yes, list Event # Money Order Credit/Debit Card	05/0	09/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPOR July 10 Filing - Original	.Т	
Drew for CT			July 10 1 lilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bartlett-Josie		Christine			1204
Residential Street Address	City			State	Zip Code
1 University PI	<u> </u>	New Haven		СТ	06511-3240
Principal Occupation Deputy Chief of Staff		Name of Employe City o	er f Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child o	obbyist, spouse, or	Yes	Amount of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna o		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	05/	09/2017	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Conn		Joan			1290
Residential Street Address	City			State	Zip Code
33 Terrace Place Ext		New Milford		СТ	06776-2818
Principal Occupation		Name of Employe	er		
Teacher			lilford Board of Education		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	Yes	Amount of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent ennu o	· –	No	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	05/	09/2017	\$125.00		\$25.00
If yes, list Event #		,			
Last Name	First			MI	Contribution ID #
Clements		Rodger			1282
Residential Street Address	City			State	Zip Code
3685 Prestwould Close	<u> </u>	New Albany		ОН	43054-9491
Principal Occupation Mama get		Name of Employe			
				$\overline{}$	Amount of Contribution
Yes A No	0	dependent child o		Yes	
If yes, indicate which branch or branches of government the contract is with:			х	No	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	09/2017	\$375.00		\$375.00
		I			I a . i . i . m #
Last Name Scott	First	Darlene		MI	Contribution ID # 1804
Residential Street Address	City	Dariene		State	Zip Code
462 Westgreen Ln	City	Westerville		OH	43082-6073
Principal Occupation		Name of Employe	er		
GIS Director		3SG P	lus		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	Yes	Amount 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	\neg	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	05/	09/2017	\$375.00		\$375.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPO July 10 Filing - Original	RT		
Drew for CT			July 10 Filing - Original			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Samuel		Milroy J.				1783
Residential Street Address	City				State	Zip Code
7708 Roxton Ct		New Albany			OH	43054-8426
Principal Occupation Doctor		Name of Employe	er lete healthcare for wom	nen		
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 o	f a lobbyist?	_		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received		No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	09/2017	\$375.00			\$375.00
				!		
Last Name	First	_			MI	Contribution ID #
Wallace	G":	Gary			G	1896
Residential Street Address	City	East Hampton	_		State	Zip Code 06424-1712
14 Hayes Rd Principal Occupation		Name of Employe		!	СТ	06424-1712
Law Enforcement			f Middletown CT			
		,	ohbvist snouse or	, 1	Amou	nt of Contribution
If yes, indicate which branch or branches of)	dependent child o	f 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			
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	09/2017	\$100.00			\$100.00
		!				
Last Name Samuel	First	Mallikha			MI	Contribution ID # 1781
Residential Street Address	City				State	Zip Code
7953 Kennedy Rd		Blacklick			ОН	43004-9682
Principal Occupation		Name of Employe	er	-		
house wife		none				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x	No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	05/	10/2017	\$375.00			\$375.00
Last Name	First				MI	Contribution ID #
Samuel Samuel	FIISt	Mervyn			IVII	1782
Residential Street Address	City	i-iei vyii			State	Zip Code
7953 Kennedy Rd	City	Blacklick			OH	43004-9682
Principal Occupation		Name of Employe	er			
Doctor		Self E	mployed			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child o	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:] _{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	05/	10/2017	\$375.00			\$375.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT July 10 Filing - Original				
Drew for CT					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Clements	C'i	Jasmine		G	1281
Residential Street Address	City	Now Albany		State	Zip Code 43054-9491
3685 Prestwould Close Principal Occupation		New Albany Name of Employ	or	OH	43054-9491
Attorney			mployed		
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 Executive Legislative		dependent child c	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		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	10/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Kitchel		Yvonne			1509
Residential Street Address	City			State	Zip Code
73 Wolf Hill Ct		Cheshire		СТ	06410-1731
Principal Occupation		Name of Employ	er		
School Secretary			f Middletown		
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:		acpendent enna e	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	05/	10/2017	\$150.00		\$50.00
Last Name	First			MI	Contribution ID #
Nair		Nanda			1647
Residential Street Address	City			State	Zip Code
298 Beckley Ln		Dublin		OH	43017-1346
Principal Occupation		Name of Employ			
Business Development			Plus, LLc.		
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive X 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	05/	10/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Nair		Sujatha			1648
Residential Street Address	City			State	Zip Code
298 Beckley Ln		Dublin		ОН	43017-1346
Principal Occupation		Name of Employ			
Data Analyst Is contributor a principal of a state contractor or prospective state contractor?			rs Consulting Services obbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes N	0	dependent child of	Vac	Aillou	in 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?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	10/2017	\$375.00		\$375.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Drew for CT	TYPE OF REPORT July 10 Filing - Original					
Drew for C1						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Moch Poirier		Susan			1630	
Residential Street Address	City	\A/ t		State	Zip Code	
12 Woodchuck Hill Rd Principal Occupation		Weston Name of Employ	or	СТ	06883-2227	
Attorney		Moch				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or Yes	Amou	unt 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 J1?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	11/2017	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Oliver		Bill			1667	
Residential Street Address	City			State	Zip Code	
258 Edgewood Ave	<u> </u>	New Haven		СТ	06511-4107	
Principal Occupation		Name of Employ				
Consultant		PRIME				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, 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 #	05/	11/2017	\$250.00		\$250.00	
Last Name	First			MI	Contribution ID #	
Rasiah		Anton			1728	
Residential Street Address	City			State	Zip Code	
4209 Clifton Ct	<u> </u>	Dublin		ОН	43016-6908	
Principal Occupation		Name of Employ				
Accountant			E AE GROUP			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	о	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with an 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	05/	11/2017	\$375.00		\$375.00	
Last Name	First			MI	Contribution ID #	
Rasiah		Sivakamasur	ndari		1729	
Residential Street Address	City			State	Zip Code	
4209 Clifton Ct	<u> </u>	Dublin		OH	43016-6908	
Principal Occupation		Name of Employ				
Deputy Auditor, Tax Accounting			KLIN COUNTY AUDITOR			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	о	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	1		
an event reported in Section J1?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	11/2017	\$375.00		\$375.00	

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L MONETARY RECEIPT	S (Se	ection A-D							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Casserino-Strang		Carleen			1271				
Residential Street Address	City			State	Zip Code				
1149 Long Hill Rd		Middletown		СТ	06457-5043				
Principal Occupation		Name of Employ	^{er} & Whitney						
Quality Inspector Is contributor a principal of a state contractor or prospective state contractor?			,	Amou	ant of Contribution				
Yes X No)	dependent child of	Voc	7111100	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	05/	11/2017	\$100.00		\$100.00				
L AV	г				Louis Bu				
Last Name Falber	First	Harold		MI	Contribution ID # 1376				
Residential Street Address	City	патош		State	Zip Code				
5 Oak Ln		Weston		СТ	06883-1110				
Principal Occupation		Name of Employ	er						
Consultant		Trade	Area Marketing Group LLC						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?						
government the contract is with:			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	05/	11/2017	±100.00		±100.00				
If yes, list Event # Money Order X Credit/Debit Card	05/	11/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Sisson		Elaine C.			1823				
Residential Street Address	City			State	Zip Code				
82 Paul Hts		Southington		СТ	06489-4131				
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 le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No	05/	11/2017	\$20.00		\$20.00				
in yes, list Event # I Money Order III Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Strang		Jeffrey		-	1848				
Residential Street Address	City	Middleteum		State	Zip Code				
1149 Long Hill Rd Principal Occupation		Middletown Name of Employ	or	СТ	06457-5043				
Production			& Whitney						
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 Voc Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	11/2017	\$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		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Rozen		Kate			1767
Residential Street Address	City			State	Zip Code
10		Woodbridge		СТ	06525
Principal Occupation		Name of Employ	er		
Senior Executive Assistant		Yale			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	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	05/:	12/2017	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Rosenthal	1 1100	Jonathan			1765
Residential Street Address	City	30.146.1411		State	Zip Code
64 Ferndale Dr		Easton		СТ	06612-1936
Principal Occupation		Name of Employ	er		
Economic Developer		none			
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	o	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	05/	12/2017	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Zocco		Frank		Р	1937
Residential Street Address	City			State	Zip Code
30 Salem Dr		Newington		СТ	06111-5241
Principal Occupation		Name of Employ			
Partner/Retirement Plan Specialist			liver Suite Wealth Partners		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? X Yes					
If yes, list Event # 05122017a No Cash X Personal Check Money Order Credit/Debit Card	05/	12/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Duff		Christopher			1352
Residential Street Address	City			State	Zip Code
61 Brookwood Dr Apt B		Rocky Hill		СТ	06067-2717
Principal Occupation		Name of Employ	er	-	•
Sr. Account Manager		Burge	ess Group LLC		
Is contributor a principal of a state contractor or prospective state contractor?	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					
government the contract is with:	Doto	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	05/	12/2017	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card	1			1	

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Emmanuel		John			1363			
Residential Street Address	City			State	Zip Code			
200 Starr Dr		Rocky Hill		СТ	06067-1232			
Principal Occupation	-	Name of Employ	er					
Property Manager		GPE (Group					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
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					
No X Cash Personal Check	05/	12/2017	¢40.00		\$40.00			
If yes, list Event # 05122017a	03/	12/2017	\$40.00		\$40.00			
Last Name	First			MI	Contribution ID #			
Fazzino		Salvatore			1382			
Residential Street Address	City			State	Zip Code			
858 Long Hill Rd		Middletown		СТ	06457-5063			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? X No								
If yes, list Event # Money Order X Credit/Debit Card	05/	12/2017	\$35.00		\$10.00			
Lad Norma	Eit			M	Ct-ib-ti ID#			
Last Name Dibella	First	Robert		MI	Contribution ID # 1332			
Residential Street Address	City	Robert		State	Zip Code			
8 Stevens Ln	City	Glastonbury		CT	06033-2956			
Principal Occupation		Name of Employ	er	<u> </u>	00000 1000			
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			
	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 31:								
If yes, list Event # 05122017a Cash Cash Personal Check OSTANDA Cash Cash Personal Check	05/	12/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Hayden	That	Edward		M	1459			
Residential Street Address	City	Lawara		State	Zip Code			
795F Long Hill Rd # F		Middletown		СТ	06457-5013			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	n		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? Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash Personal Check		40/06:-			105.00			
If yes, list Event # Money Order X Credit/Debit Card	05/	12/2017	\$200.00		\$25.00			

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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		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Hicks		Richard			1470
Residential Street Address	City			State	Zip Code
69 Eagle Holw	L .	Middletown		СТ	06457-8744
Principal Occupation		Name of Employ	er		
Musician Is contributor a principal of a state contractor or prospective state contractor?		Self	obbyist, spouse, or	Amoi	ant of Contribution
Yes X N	0	dependent child of	37	711100	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # 05122017a	05/	12/2017	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Heneghan	11130	Stephanie		IVII	1466
Residential Street Address	City	- Сториание		State	Zip Code
9 Maxwell Dr	,	Rocky Hill		СТ	06067-1198
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	o l	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? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash X Personal Check					
If yes, list Event # 05122017a No Money Order Credit/Debit Card	05/	12/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Coon		Donn		М	1292
Residential Street Address	City			State	Zip Code
91 Ellis St , FCR 2		New Britain		СТ	06051-3424
Principal Occupation		Name of Employ	er	•	
Bus Driver		Datto	o Inc		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ınt 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		
No Resonal Check	05/	12/2017	\$20.00		\$20.00
If yes, list Event # 05122017a	03/	12/2017	φ20.00		\$20.00
Last Name	First			MI	Contribution ID #
Baio-Downes		Claudia			1198
Residential Street Address	City			State	Zip Code
10 Ten Rod Hwy		Rocky Hill		СТ	06067-2803
Principal Occupation		Name of Employ	er		
Attorney			rd Kohn Sprague & FitzGeral		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	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					
government the contract is with:	Data	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	05/	12/2017	\$45.00		\$25.00
If yes_list Event # 05122017a	1			1	

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Boske		Laurie		J	1228				
Residential Street Address	City			State	Zip Code				
18 Highland St	<u> </u>	Rocky Hill		СТ	06067-3152				
Principal Occupation		Name of Employ							
Principal Is contributor a principal of a state contractor or prospective state contractor?			nd Board of Education 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	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 05122017a No Money Order Credit/Debit Card	05/	12/2017	\$25.00		\$25.00				
	I			I					
Last Name	First			MI	Contribution ID #				
Krol Residential Street Address	City	Erin		State	Zip Code				
108 Dorothy Dr	City	Middletown		CT	06457-5304				
Principal Occupation		Name of Employ	er	CI	1 00437 3304				
Photographer			ne and Dean						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No			obbyist, spouse, or	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 On except reported in Section 112. Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X No									
If yes, list Event # No Money Order X Credit/Debit Card	05/	12/2017	\$250.00		\$250.00				
Last Name	First			MI	Contribution ID #				
Krol	1 1100	Peter			1522				
Residential Street Address	City			State	Zip Code				
108 Dorothy Dr		Middletown		СТ	06457-5304				
Principal Occupation		Name of Employ	er	-	•				
Retail Managment		Pedal	Power						
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	05/	12/2017	\$250.00		\$250.00				
If yes, list Event # Money Order X Credit/Debit Card		•			·				
Last Name	First			MI	Contribution ID #				
Kitchel		Ryan			1508				
Residential Street Address	City			State	Zip Code				
73 Wolf Hill Ct		Cheshire		СТ	06410-1731				
Principal Occupation		Name of Employ							
Scientist 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	0	dependent child of	Vac	Amot	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	05/	13/2017	\$275.00		\$275.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Drew for CT									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
LaMonica		Rocco			1532				
Residential Street Address	City			State	Zip Code				
70 White Rd		Middletown		СТ	06457-2321				
Principal Occupation		Name of Employ	er						
Manager		Eli Ca	nnons Tap Room LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
T 41 (3 C 1/1 3	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
x No Cash Personal Check	05/	13/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	Ĺ	•	·		·				
Last Name	First			MI	Contribution ID #				
Kitchel	1 1150	Yvonne			1510				
Residential Street Address	City	TVOTITIE		State	Zip Code				
73 Wolf Hill Ct	City	Ch hi		1	*				
		Cheshire		СТ	06410-1731				
Principal Occupation		Name of Employ							
School Secretary			f Middletown						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent chira c	<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
Ŭ No ☐	05/	13/2017	\$375.00		\$225.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Rapp		Lee			1727				
Residential Street Address	City			State	Zip Code				
31 Laurel St		Middletown		СТ	06457-4616				
Principal Occupation		Name of Employ	er						
Chef			nnons Tap Room						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of							
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 Personal Check	057	12/2017	\$100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	03/.	13/2017	\$100.00		\$100.00				
					a . 1				
Last Name	First			MI	Contribution ID #				
Maniscalco		Michael			1573				
Residential Street Address	City			State	Zip Code				
23 Hidden Springs Rd		Madison		СТ	06443-1670				
Principal Occupation		Name of Employ	er						
Bartender		Eli Ca	nnons Tap Room						
Is contributor a principal of a state contractor or prospective state contractor? $\qquad \qquad \qquad$,	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		аерениені спиа (i a lobbyist?						
government the contract is with:			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	05/	14/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-I)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Duso		Melinda			1356			
Residential Street Address	City			State	Zip Code			
23 Hidden Springs Rd		Madison		СТ	06443-1670			
Principal Occupation		Name of Employ	er					
Legal		Evers	ource					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int 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 31:								
If yes, list Event # Cash Credit/Debit Card	05/	14/2017	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Watson		Aubrey			1908			
Residential Street Address	City			State	Zip Code			
70 White Rd		Middletown		СТ	06457-2321			
Principal Occupation		Name of Employ	er	-	•			
Eli Cannon's		Barte	nder					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
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	05/	14/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Scacca		Tony			1792			
Residential Street Address	City			State	Zip Code			
46 Ralph Dr		Berlin		СТ	06037-4043			
Principal Occupation		Name of Employ	er	•				
Self Employed		Self E	mployed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int 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	05/	14/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Sabatino		Toni			1774			
Residential Street Address	City			State	Zip Code			
18 Northwest Dr		Northport		NY	11768-1628			
Principal Occupation		Name of Employ	er	•	•			
Interior Designer		Toni S	Sabatino					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution			
	,	dependent child of	of a foodyist?					
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?								
x No	05/	15/2017	\$375.00		\$375.00			
If yes, list Event # Money Order	ı			I				

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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)					
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Tewksbury		Kevin			1863
Residential Street Address	City			State	Zip Code
124 Gifford Ln Principal Occupation	<u> </u>	Bozrah		СТ	06334-1319
Producer		Name of Employ Out o			
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?	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		aepenaent enna e	x _N)	
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	05/	15/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Zetoff		Richard			1934
Residential Street Address	City			State	Zip Code
1028 Farmington Ave Apt 1E		West Hartfor	d	СТ	06107-2125
Principal Occupation		Name of Employ	er		•
Back and Stone Distributor		Tai-St	ate Brick of Connecticut, I	nc.	
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or		unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna c	x N		
Is this contribution associated with a sociated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	_	
No Cash X Personal Check	05/	15/2017	\$200.00		\$200.00
If yes, list Event # 05192017a			1 22 22		
Last Name	First			MI	Contribution ID #
Manoranjan		Tasha			1576
Residential Street Address	City			State	Zip Code
3935 Tarrington Ln	<u> </u>	Columbus		OH	43220-2299
Principal Occupation		Name of Employ	er Austin LLP		
Lawyer Is contributor a principal of a state contractor or prospective state contractor?				Amo	unt of Contribution
Yes A No	0	dependent child of	37	es	ant of continuation
If yes, indicate which branch or branches of government the contract is with:			x N)	
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	05/	15/2017	\$375.00		\$375.00
-					1
Last Name	First	Dieboud		MI	Contribution ID #
Jukonski Residential Street Address	City	Richard		State	Zip Code
197 Butternut St	City	Middletown		CT	06457-3000
Principal Occupation	<u> </u>	Name of Employ	er		00137 3000
Owner			ski Truck Sales & Service		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yof a lobbyist?	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _N)	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	05/	15/2017	\$375.00		\$375.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			July 10 1 lilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kannan		Suresh			1500
Residential Street Address	City			State	Zip Code
12 Deerfield Trce		Burlington		СТ	06013-1514
Principal Occupation Chief Scientist		Name of Employer Nodel			
			obbyist, spouse, or	Amo	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?	es	
If yes, indicate which branch or branches of government the contract is with:			x N	о	
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 # Cash Personal Check Value Va	05/	15/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Kannan	riist	Suzanne		IVII	1501
Residential Street Address	City	Suzurine		State	Zip Code
12 Deerfield Trce		Burlington		СТ	06013-1514
Principal Occupation		Name of Employe	er		
Human Resources Coordinator		Prime	AE		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	a lobbyist?		
government the contract is with:			x N	0	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	05/	15/2017	¢27E 00		¢27E 00
If yes, list Event # Money Order X Credit/Debit Card	03/	13/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Ivldi		Margaret		М	1484
Residential Street Address	City			State	Zip Code
18 Northwest Dr		Northport		NY	11768-1628
Principal Occupation		Name of Employ	er		
Retired		None		_	
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x N		
government time constitution associated with	Date	Received	Aggregate Contributions	<u>-</u>	
an event reported in Section J1?			1-80-18-11		
If yes, list Event # Cash	05/	15/2017	\$375.00		\$375.00
Last Name	First	6 1		MI	Contribution ID #
Peruzzotti Residential Street Address	City	Carl		State	Zip Code
69 Noble Ave	City	Groton		CT	06340-5624
Principal Occupation		Name of Employe	er	1	
Finical Advisory		Evere			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	x a lobbyist?		
government the contract is with:		Danier 1		<u> </u>	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	05/	15/2017	\$50.00		\$50.00
If yes list Event # Money Order X Credit/Debit Card	I		7		

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I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	'							
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Rollefson		Virginia			1753			
Residential Street Address	City			State	Zip Code			
16 Red Orange Rd Principal Occupation	<u> </u>	Middletown Name of Employe		СТ	06457-4916			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or	Amo	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child o	Ta lobbyist?					
government the contract is with:	D-4-	nid		0				
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 No Money Order X Credit/Debit Card	05/	16/2017	\$75.00		\$20.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Heffernon		Richard			1463			
Residential Street Address	City			State	Zip Code			
12 Winston Dr Principal Occupation		Washington I	•	СТ	06794-1418			
Retired		Retire						
			abbriet en auga en	Amo	unt of Contribution			
Yes X No	0	dependent child o	,	es				
If yes, indicate which branch or branches of government the contract is with:			x N	о				
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	05/	16/2017	\$20.00		\$20.00			
Lad Nove	F:			MI	Contribution ID#			
Last Name Labbadia	First	David		MI	Contribution ID # 1529			
Residential Street Address	City	David		State	Zip Code			
49 De		Portland		CT	06480			
Principal Occupation		Name of Employe	er	-	!			
Executive		Foreca	astRx					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amo	unt of Contribution			
If yes, indicate which branch or branches of		dependent child o	i u loboyist:					
government the contract is with:			X N	О				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	16/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/	10/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Labbadia		Jessica			1530			
Residential Street Address	City			State	Zip Code			
49 Deerfield Ln		Portland		СТ	06480-1713			
Principal Occupation		Name of Employe						
Homemaker			de Labbadia					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist?	es Amo	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x N	0				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	<u> </u>				
an event reported in Section J1?			55 -6					
If yes list Event # Cash Personal Check No	05/	16/2017	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
McCue		George			1604			
Residential Street Address	City	5 10		State	Zip Code			
4598 Bridle Path Ln	<u> </u>	Dublin		ОН	43017-2597			
Principal Occupation Attorney		Name of Employ Crabb	e, Brown					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
If was 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?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	16/2017	¢275.00		¢27E 00			
If yes, list Event # Money Order X Credit/Debit Card	05/	16/2017	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
McCue		Mary			1605			
Residential Street Address	City			State	Zip Code			
4598 Bridle Path Ln		Dublin		ОН	43017-2597			
Principal Occupation		Name of Employ						
Realtor			mployed					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	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		i	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	05/	16/2017	\$375.00		\$375.00			
If yes, list Event #				<u> </u>				
Last Name	First			MI	Contribution ID #			
Drake		Charles			1347			
Residential Street Address	City	Cuile-u-l		State	Zip Code			
399 New England Rd Principal Occupation		Guilford Name of Employ	or	СТ	06437-1876			
Financial advisor		1 7	ng wealth mgmt					
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			□ No					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? X No			422.00					
If yes, list Event # No Money Order X Credit/Debit Card	05/	16/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Farrei		Gary		w	1379			
Residential Street Address	City			State	Zip Code			
25 Schuyler Ave		Middletown		СТ	06457-4328			
Principal Occupation		Name of Employ	er					
Building Maintenance Supervisor			of Connecticut					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	05/	16/2017	\$25.00		\$25.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Bausola		Frank			1210				
Residential Street Address	City			State	Zip Code				
220 Charter Oak St		Manchester		СТ	06040-6213				
Principal Occupation Retired		Name of Employ Retire							
			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 Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Cash Personal Check Cash Cash	05/1	16/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Appell	Tiist	Phil		IVII	1191				
Residential Street Address	City			State	Zip Code				
430 Arbutus St		Middletown		СТ	06457-5121				
Principal Occupation		Name of Employ	er						
Funeral Director		Keena	an Funeral Home						
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: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Y Personal Check Money Order Credit/Debit Card	05/1	17/2017	\$150.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Gillies		Peter		w	1414				
Residential Street Address	City			State	Zip Code				
429 Ridge Rd		Middletown		СТ	06457-5230				
Principal Occupation		Name of Employ	er						
Compliance Officer			nunity Health Center						
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	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 Rersonal Check Money Order Credit/Debit Card	05/1	17/2017	\$375.00		\$200.00				
Last Name	First			MI	Contribution ID #				
McDougal		Robert			1606				
Residential Street Address	City			State	Zip Code				
107 Carleton St		Hamden		СТ	06517-2703				
Principal Occupation		Name of Employ	er						
Research Scientist Is contributor a principal of a state contractor or prospective state contractor? Yes X No		Yale Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of)	dependent child o	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
x No Cash Personal Check	٥٠,٠	17/2017	430.00		¢20.00				
If yes, list Event # Money Order X Credit/Debit Card	05/1	17/2017	\$20.00		\$20.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Drew for CT									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Perry		Travis			1698				
Residential Street Address	City			State	Zip Code				
5 May St		New Haven		СТ	06511-2711				
Principal Occupation		Name of Employ	er						
Roofer		Roofe	rs Local 12						
			obbyist snouse 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}						
	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	05/	17/2017	\$10.00		\$10.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Turenne		Lauren			1874				
Residential Street Address	City	Eddicii		State	Zip Code				
565 Newfield St Apt 3	City	Middletown		CT	06457-1835				
Principal Occupation		Name of Employ	ON.	CI	00437-1833				
				4 1					
Assistant Director of Recruitment & Admissions			al Connecticut State Universi						
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 an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash Barsanal Chack									
If yes, list Event # 05192017a No Money Order X Credit/Debit Card	05/	17/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Turenne		Paul			1875				
Residential Street Address	City			State	Zip Code				
565 Newfield St Apt 3		Middletown		CT	06457-1835				
Principal Occupation		Name of Employ	er						
Senior Associate Registrar		Wesle	yan University						
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 A yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
No Cash Personal Check	05/	17/2017	\$20.00		\$20.00				
If yes, list Event # 05192017a									
Last Name	First			MI	Contribution ID #				
Romano		Rick			1756				
Residential Street Address	City			State	Zip Code				
67 Wildwood Ln		Middletown		СТ	06457-5197				
Principal Occupation		Name of Employ	or	Ci	00437 3137				
Inspector			f Middletown						
			obbyict chance or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	02 Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	D-4	Dagaiyad							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	6	10/2017	1100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	05/	18/2017	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Jackson		Faith			1485				
Residential Street Address	City			State	Zip Code				
34 Cotenview Dr	<u> </u>	Cromwell		СТ	06416				
Principal Occupation Director of Equal Opportunity, diversity		Name of Employ	^{er} f Middletown						
		,	44 ta	Amou	unt of Contribution				
Yes X No	0	dependent child of	Voc						
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	05/	18/2017	\$100.00		\$100.00				
Last Name	First	-		MI	Contribution ID #				
Becker	FIISt	Anong		D	1213				
Residential Street Address	City	Allong		State	Zip Code				
Broad St		Middletown		СТ	06457				
Principal Occupation	•	Name of Employ	er		1				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	D		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 an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	05/	18/2017	\$100.00		\$100.00				
If yes, list Event #	03/	10,2017	\$100.00						
Last Name	First			MI	Contribution ID #				
Bellmore Steele		Denise			1217				
Residential Street Address	City			State	Zip Code				
35 Louis Rd		Middlefield		СТ	06455-1108				
Principal Occupation		Name of Employ							
Homemaker			e Steele	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	V	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event concreted in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 71?									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Beretta	1 1150	Rianna			1222				
Residential Street Address	City			State	Zip Code				
127 Birch St		North Haven		СТ					
Principal Occupation		Name of Employ	er	•	•				
Student		None							
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	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: Is this contribution associated with an avent proported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 71?									
If yes, list Event # 05192017a No Assn Arersonal Check No Money Order Credit/Debit Card	05/	19/2017	\$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						
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Brown		James		Е	1233				
Residential Street Address	City			State	Zip Code				
97 Long Hill Rd	<u> </u>	Middlefield		СТ	06455-1103				
Principal Occupation Retired		Name of Employ Retire							
				Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? 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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$100.00		\$100.00				
				l					
Last Name	First	D		MI	Contribution ID #				
Brown Residential Street Address	City	Patricia		State	1235 Zip Code				
97 Long Hill Rd	City	Middlefield		CT	06455-1103				
Principal Occupation		Name of Employ	er	Ci	00433-1103				
retired		Retire							
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	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 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Browne	1 1150	Rosa			1236				
Residential Street Address	City			State	Zip Code				
125 Barbara Rd		Middletown		СТ	06457-2401				
Principal Occupation		Name of Employ	er	=	•				
Community Access Coordinator			new Haven Hosp						
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 ennu (x No						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Dute	received	riggregate contributions						
No Cash X Personal Check	05/	19/2017	\$50.00		\$25.00				
If yes, list Event # 05192017a			•		·				
Last Name	First			MI	Contribution ID #				
Burgess		Christine			1248				
Residential Street Address	City			State	Zip Code				
50 Burt Dr		Middlefield		СТ	06455-1124				
Principal Occupation		Name of Employ							
CASE MANAGER Is contributor a principal of a state contractor or prospective state contractor?			of CT - DDS obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of		Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with an event reported in Section 112 X Yes Wethod of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # 05192017a No Cash X Personal Check Money Order Credit/Debit Card	05/	19/2017	\$50.00		\$50.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	()	A11011 A-1)	TYPE OF REPORT						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Burgess		David			1249				
Residential Street Address	City			State	Zip Code				
50 Burt Dr	,	Middlefield		СТ	06455-1124				
Principal Occupation		Name of Employ	er						
Social Worker		State	of CT - DDS						
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? Yes						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/:	19/2017	\$50.00		\$50.00				
in yes, list Event # 051920178 Invioley Order Invioley Order									
Last Name	First			MI	Contribution ID #				
Bufithis		Carol			1241				
Residential Street Address	City			State	Zip Code				
7 Way Rd		Middlefield		СТ	06455-1002				
Principal Occupation		Name of Employ	er						
Massage Therapist		Self -	Carol Bufithis						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with A yes We would be seen in 112.	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/:	19/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Aresco		Sebastian			1193				
Residential Street Address	City			State	Zip Code				
11 Elvira Dr		Rockfall		СТ	06481-2020				
Principal Occupation		Name of Employ							
Retired		Retire							
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 Executive Legislative			x No						
government the contract is with:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	05/	19/2017	\$375.00		\$375.00				
If yes, list Event # 05192017a	03/	19/2017	\$373.00		φ373.00 				
Last Name	First			MI	Contribution ID #				
Attawar	1 1150	Shashi		R	1194				
Residential Street Address	City	51105111		State	Zip Code				
22 Glenview Dr		Cromwell		СТ	06416-2574				
Principal Occupation		Name of Employ	er						
Architect			nark Architects						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 05192017a	05/	19/2017	\$50.00		\$50.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	ì		TYPE OF REPORT						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Daley		Gerald		Е	1316				
Residential Street Address	City			State	Zip Code				
70 Autumn Ln	<u> </u>	Middletown		СТ	06457-4787				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	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	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$50.00		\$50.00				
	I								
Last Name	First			MI	Contribution ID #				
Currlin Residential Street Address	City	Jenna		State	Zip Code				
84 Jackson Hill Rd	City	Middlefield		CT	06455-1209				
Principal Occupation	<u> </u>	Name of Employ	er	CI	00433-1209				
Realtor			m Raveis real estate						
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: Executive Legislative			x No						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$90.00		\$40.00				
I av	F: /				Louis B"				
Last Name Chisem	First	Isadore		MI	Contribution ID #				
Residential Street Address	City	Isauore		State	Zip Code				
219 Windham Ave	City	Colchester		CT	06415-2817				
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	5	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	05/	19/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Giroux		Gary		J	1418				
Residential Street Address	City	,		State	Zip Code				
860 Bullet Hill Rd		Southbury		СТ	06488-4611				
Principal Occupation		Name of Employ	er		•				
Engineer		Cardii	nal Engineering Assoc						
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	a loodyist?						
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	05/	19/2017	\$50.00		\$50.00				
If yes, list Event # 05192017a	03/	17/201/	φου.σο		420.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals		_				
Last Name	First			MI	Contribution ID #			
Goldman		Norman			1423			
Residential Street Address	City	Clasta alaum		State	Zip Code			
152 Georgetown Dr Principal Occupation		Glastonbury Name of Employe	or .	СТ	06033-2339			
Business Development		Desm.						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child o	if a lobbyist?					
government the contract is with:	Б.	n · 1		4				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	05/:	19/2017	\$150.00		\$150.00			
If yes, list Event # 05192017a		-, -	1 22 22					
Last Name	First			MI	Contribution ID #			
Golub		Donna			1424			
Residential Street Address	City			State	Zip Code			
460 Main St		Middlefield		СТ	06455-1207			
Principal Occupation Town Clerk		Name of Employe	of Middlefield					
			obbyjet enouge or	Amor	ant of Contribution			
Yes X No)	dependent child o	V	S				
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	7				
Cash Regional Check								
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/:	19/2017	\$25.00		\$25.00			
Last Name	First	•		MI	Contribution ID #			
Gaunichaux	1 1130	Anthony		J J	1405			
Residential Street Address	City			State	Zip Code			
194 E Main St		Middletown		СТ	06457-4401			
Principal Occupation		Name of Employe	er	-	-			
Retired		Retied	1					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist? Ye	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent enna o	x No					
government the contract is with:	Date	Received	Aggregate Contributions	\exists				
an event reported in Section J1?			1-88-18					
If yes, list Event # 05192017a	05/:	19/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gibbons		James			1412			
Residential Street Address	City			State	Zip Code			
51 Lake Shore Dr		Middlefield		СТ	06455-1089			
Principal Occupation		Name of Employe						
Contractor			Gibbons - Self					
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	obbyist, spouse, or of a lobbyist? Ye	s Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		- "	x No	.1				
government the contract is with:	Date	Received	Aggregate Contributions	┨				
an event reported in Section J1?								
If yes list Event # 05192017a	05/:	19/2017	\$25.00		\$25.00			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Gauthier		Joyce		М	1408				
Residential Street Address	City	,		State	Zip Code				
76 Saw Mill Hill Rd	,	Sterling		СТ	06377-1410				
Principal Occupation		Name of Employ	er						
Paralegal		Chase	Ruttenberg & Freeman, LLP						
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:			x _{No}						
Is this contribution associated with A yes Yes	Date	Received	Aggregate Contributions						
X Parsonal Check									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Gebrian		Jeffrey			1409				
Residential Street Address	City			State	Zip Code				
56 Sunrise Hill Dr		West Hartfor		СТ	06107-3350				
Principal Occupation		Name of Employ							
Landmark Architect			y Gebrian						
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 cinia (<u> </u>						
government the contract is with:			X No						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Barsanal Chack									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$150.00		\$150.00				
				l					
Last Name	First			MI	Contribution ID #				
Hage-Sleiman		Farah		_	1445				
Residential Street Address	City	N		State	Zip Code				
2057 Hartford Tpke		North Haven		СТ	06473-1046				
Principal Occupation		Name of Employ							
Lawyer Is contributor a principal of a state contractor or prospective state contractor?		KPMG		A					
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 Executive Legislative		•	x _{No}						
government the contract is with: Is this contribution associated with Mathod of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	05/	19/2017	\$20.00		\$20.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	13/2017	Ψ20.00		¥20.00				
Last Name	First			MI	Contribution ID #				
Faulkner		Jennette			1380				
Residential Street Address	City			State	Zip Code				
35 Snow Rdg S		Middletown		СТ	06457-1566				
Principal Occupation		Name of Employ	er						
Sports Trainer		JVEST							
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 foodyist?						
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 31:									
If yes, list Event # 05192017a Cash Credit/Debit Card	05/	19/2017	\$20.00		\$20.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Fitzpatrick		Grady			1389				
Residential Street Address	City			State	Zip Code				
113 Goodman Dr		Middletown		СТ	06457-1954				
Principal Occupation Retired		Name of Employ Retire							
				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:			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 # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Drega	FIISt	Connie		G	1348				
Residential Street Address	City	Connie		State	Zip Code				
100 Ross Rd		Rockfall		СТ	06481-2030				
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	of a lobbyist?						
government the contract is with:			X No						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	05/	19/2017	\$25.00		\$25.00				
If yes, list Event # 05192017a	03/	19/2017	\$23.00		\$23.00				
Last Name	First			MI	Contribution ID #				
Dowling		Joyce		М	1346				
Residential Street Address	City			State	Zip Code				
246 Baileyville Rd		Middlefield		СТ	06455-1084				
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 Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes Cash Regresonal Check									
X No	05/	19/2017	\$250.00		\$250.00				
I you, is a treat of the control of									
Last Name	First			MI	Contribution ID #				
Dowling	O.	James		a	1344				
Residential Street Address 246 Baileyville Rd	City	Middlefield		State CT	Zip Code 06455-1084				
Principal Occupation		Name of Employ	er	<u> </u>	00433-1004				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
)	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 05192017a No Cash Personal Check No Money Order Credit/Debit Card	05/	19/2017	\$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								
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Elder		Alma		D	1358				
Residential Street Address	City			State	Zip Code				
106 West St		Middlefield		СТ	06455-1121				
Principal Occupation Retired		Name of Employ Retire							
				Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$50.00		\$50.00				
				I					
Last Name	First			MI	Contribution ID #				
Elder Residential Street Address	City	Robert		W State	1359 Zip Code				
106 West St	City	Middlefield		CT	06455-1121				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	05/	10/2017	¢50.00		¢50.00				
If yes, list Event # 05192017a	03/	19/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Dimauro		Barbara		J	1336				
Residential Street Address	City			State	Zip Code				
2 Oxford Dr		Middlefield		СТ	06455-1233				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes Method of contribution: X Personal Check									
If yes, list Event # 05192017a No Cash X Personal Check Money Order Credit/Debit Card	05/	19/2017	\$25.00		\$25.00				
in yes, its Event in OSTSESTA									
Last Name	First			MI	Contribution ID #				
Dempsey	C'i	William		Gr. r	1328				
Residential Street Address 38 Oak Ridge Dr	City	Deep River		State CT	Zip Code 06417-1511				
Principal Occupation		Name of Employ	er	Ci	00417-1311				
O Proprieton			nouse Printing						
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	υ	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						
X Cook Parsonal Chook		40/204=	105.00		+25.00				
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$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									
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
De Armitt		Chantal			1324				
Residential Street Address	City			State	Zip Code				
26 Roberts St	<u> </u>	Middletown		СТ	06457-4636				
Principal Occupation		Name of Employ		Joseph Door	d Inc				
Consumer Liaison Is contributor a principal of a state contractor or prospective state contractor?			n II Regional Mental Mental I obbyist, spouse, or		ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes 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 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 # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$50.00		\$50.00				
				l	1				
Last Name	First			MI _	Contribution ID #				
Hunter Project of Address	City	Mathew		T	Zip Code				
Residential Street Address 77 Long Hill Rd	City	Middlefield		State CT	06455-1140				
Principal Occupation	<u> </u>	Name of Employ	er	CI	00433-1140				
Laborer			rsal Paeservain Group						
			obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$100.00		\$100.00				
I av	F: /			L	Louis B"				
Last Name Kalinowski	First	Michael		MI	Contribution ID #				
Residential Street Address	City	Міспает		State	Zip Code				
23 Louis Rd	City	Middlefield		CT	06455-1108				
Principal Occupation	!	Name of Employ	er						
Doctor		Prohe	alth Physicians						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	n		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	05/	19/2017	\$150.00		¢50.00				
If yes, list Event # 05192017a Money Order Credit/Debit Card	05/	19/2017	\$150.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Lang		Pamela			1533				
Residential Street Address	City			State	Zip Code				
183 Cherry Hill Rd		Middlefield		СТ	06455-1223				
Principal Occupation		Name of Employ	er						
Prop Master			la Lang - Self						
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		cinu (x No						
government the contract is with:	Data	Received	Aggregate Contributions	1					
an event reported in Section J1?	Date	11001100							
No Cash Y Personal Check	05/	19/2017	\$100.00		\$100.00				
If yes, list Event # 05192017a	1		İ	I					

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Konefal		Evelyn			1516				
Residential Street Address	City			State	Zip Code				
39 Cider Mill Rd	<u> </u>	Middlefield		СТ	06455				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire		Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$50.00		\$50.00				
				l					
Last Name	First			MI	Contribution ID #				
Leary Residential Street Address	City	Albert		State	1543 Zip Code				
73 Virginia Dr Middletown Ct .	City	Middletown		CT	06457				
Principal Occupation		Name of Employ	er						
Firefighter		Middle	etown fire dept						
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 Personal Check	05/	10/2017	¢100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	05/	19/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Maurer		Ann		E	1591				
Residential Street Address	City			State	Zip Code				
112 Oxbow Ln		Northford		СТ	06472-1152				
Principal Occupation		Name of Employ							
Nurse RN		YNHH							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes Method of contribution: X Personal Check									
If yes, list Event # 05192017a No Cash X Personal Check Money Order Credit/Debit Card	05/	19/2017	\$375.00		\$375.00				
in yes, list Event # 05192017a Infoncy Order Credit Debit Cald									
Last Name	First			MI	Contribution ID #				
Malespini		Mary		J	1567				
Residential Street Address	City	Middlotown		State CT	Zip Code				
261 Sisk St Principal Occupation	<u> </u>	Middletown Name of Employ	er	CI	06457-2317				
Retired		Retire							
			-1-1	Amou	ınt 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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 05192017a No San Personal Check No Money Order Credit/Debit Card	05/	19/2017	\$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						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Malespini		Michele			1569				
Residential Street Address	City			State	Zip Code				
38 Oak Ridge Dr		Deep River		СТ	06417-1511				
Principal Occupation		Name of Employ							
Florist Is contributor a principal of a state contractor or prospective state contractor?			Flower Shop obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Voc	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$25.00		\$25.00				
				l					
Last Name	First			MI	Contribution ID #				
Malespini Residential Street Address	City	Sebastian		C+-+-	1570				
261 Sisk St	City	Middletown		State CT	Zip Code 06457-2317				
Principal Occupation		Name of Employ	er	CI	00437-2317				
Retired		Retire							
			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: Executive Legislative			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 # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$100.00		\$100.00				
I av	Б: /			L	Louis B"				
Last Name Lindner	First	John		MI	Contribution ID #				
Residential Street Address	City	JOHN		State	Zip Code				
26 Fowler Ln	City	Middlefield		CT	06455-1000				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	05/	19/2017	¢50.00		¢50.00				
If yes, list Event # 05192017a Money Order Credit/Debit Card	05/	19/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Liptak		Robert			1553				
Residential Street Address	City			State	Zip Code				
38 High St		Middlefield		СТ	06455-1001				
Principal Occupation	-	Name of Employ	er	-	•				
Retired		Retire	ed						
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	x No						
government the contract is with: Legislative Legislative		Danier 1							
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	05/	19/2017	\$20.00		\$20.00				
If yes, list Event # 05192017a	1	-5/201/	Ψ20.00	l	4-0.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original									
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lockton		Lisa		М	1555				
Residential Street Address	City			State	Zip Code				
83 Merriam Ln		Watertown Name of Employ	ON .	СТ	06795-2013				
Principal Occupation Office Manager			nark Architects						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amov	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with an event reported in Section J1? Wethod of contribution: Method of contribution: X Yes A Personal Check									
If yes, list Event # 05192017a No Cash X Personal Check Money Order Credit/Debit Card	05/	19/2017	\$200.00		\$200.00				
Last Name	First			MI	Contribution ID #				
Polinsky		Eric			1713				
Residential Street Address	City			State	Zip Code				
4 Oak Hill Ln		Woodbridge		СТ	06525-1938				
Principal Occupation		Name of Employ	er						
Real Estate Management			etta Enterprises Inc.						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an experimental in Section 112	Date	Received	Aggregate Contributions						
No Cash X Personal Check	05/	19/2017	\$375.00		\$125.00				
If yes, list Event # 05192017a				<u> </u>					
Last Name	First			MI	Contribution ID #				
Pizzo		Heide		Т	1709				
Residential Street Address	City	D 16 II		State	Zip Code				
16 Woodland Hts Principal Occupation	<u> </u>	Rockfall Name of Employ	ou.	СТ	06481-2043				
Homemaker		None None	ei						
			obbyist, spouse, or of a lobbyist? Yes	Amou	ınt 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 an august reported in Section 112	Date	Received	Aggregate Contributions						
all event reported in Section 31?									
If yes, list Event # 05192017a No Cash Credit/Debit Card	05/	19/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Pizzo		Paul		S	1710				
Residential Street Address	City			State	Zip Code				
16 Woodland Hts		Rockfall		СТ	06481-2043				
Principal Occupation		Name of Employ							
Optical Engineer		Canbe							
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	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.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 05192017a No Cash X Personal Check	05/	19/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Nowakowski		Denise			1660
Residential Street Address	City			State	Zip Code
24 Oakland Ct # A	L .	Meriden		СТ	06450-2460
Principal Occupation		Name of Employ			
Office Manager Is contributor a principal of a state contractor or prospective state contractor?		Landr		Amou	unt of Contribution
Yes X N	0	dependent child of	of a lobbyist?	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions]	
an event reported in Section 31?					
If yes, list Event # 05192017a	05/	19/2017	\$30.00		\$30.00
	Б: .			L v. a.	Louis B"
Last Name Monarca	First	Marianne		MI	Contribution ID #
Residential Street Address	City	Мананне		State	Zip Code
191 Clark Hill Rd	City	East Hampto	n	CT	06424-1918
Principal Occupation	_	Name of Employ		1 9.	00:2: 1310
Special Projects Manager			en Housing Authority		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of			
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
X Personal Check					
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/:	19/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Micciulla		Angelo			1623
Residential Street Address	City			State	Zip Code
88 Powder Hill Rd		Middlefield		СТ	06455-1118
Principal Occupation		Name of Employ	er	-	•
Retired		Retire	ed		
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	unt of Contribution
If yes, indicate which branch or branches of		dependent child c	of a foodysst:		
government the contract is with: Is this contribution associated with Method of contribution:	Б.	Received			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Sash Personal Check	05/	19/2017	\$50.00		\$50.00
If yes, list Event # 05192017a	03/	15, 201,	430.00		
Last Name	First			MI	Contribution ID #
Neidhardt		Peter		Т	1652
Residential Street Address	City			State	Zip Code
4 Pond Meadow Pl		Middlefield		СТ	06455-1287
Principal Occupation		Name of Employ	er		
Engineer		Evers	ource		
Is contributor a principal of a state contractor or prospective state contractor?	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		acpendent child (x No		
government the contract is with:	Det	Pagaiya4		-	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	05/	19/2017	\$25.00		\$25.00
If yes list Event # 05192017a	1 '	-	1	1	•

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	ection A-1)	TYPE OF REPORT					
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Morin	First	Paul		E	1640			
Residential Street Address	City	raui		State	Zip Code			
270 Stone Hill Rd	City	lowett City		CT	06351-1230			
Principal Occupation		Jewett City Name of Employ	on.	Ci	00331-1230			
			พark Architects					
Project Designer			obbyist, spouse, or	A	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	Amou	nt 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?								
X No Cash X Personal Check	05/	19/2017	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Tischio		Elizbeth		J	1868			
Residential Street Address	City	Enzacti		State	Zip Code			
5 Lakeview Pl	City	Middlefield		CT	06455-1042			
Principal Occupation	L	Name of Employ	er	Ci	00433-1042			
Retired		Retire						
			obbyjet enouge or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	rimou	nt of Controution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash X Personal Check	05/	19/2017	\$40.00		\$40.00			
If yes, list Event # 05192017a	03/	19/2017	\$40.00		\$40.00			
Last Name	First			MI	Contribution ID #			
Unger	First	Parn.		D	1878			
Residential Street Address	City	Barry		State	Zip Code			
219 Unity Rd	City	Trumbull		CT	06611-4930			
Principal Occupation	<u> </u>	Name of Employ	or	Ci	00011-4930			
Architect Field		1 7						
			Unger Assoc obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of		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?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	05/	19/2017	\$250.00		\$250.00			
If yes, list Event # 05192017a	03/	19/2017	\$250.00		\$250.00			
Last Name	First			MI	Contribution ID #			
Wallett	1 1130	Craig		1411	1900			
Residential Street Address	City	Cruig		State	Zip Code			
133 Powder Hill Rd	City	Middlefield		CT	06455-1133			
Principal Occupation		Name of Employ	er	<u> </u>	20-22-1133			
Facilities Manager		UCON						
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
No Cash X Personal Check	05/	19/2017	\$70.00		\$50.00			
If yes, list Event # 05192017a	1	-,	4,0.00					

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Walsh		Jessica			1901			
Residential Street Address	City			State	Zip Code			
132 Spring St		Middletown		CT	06457-2263			
Principal Occupation		Name of Employ	er					
Waitress		Eli Ca	nnons					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a fobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with Agent on a year transported in Section 112	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	05/	19/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Voigt		Susan			1891			
Residential Street Address	City			State	Zip Code			
29 Fowler Ln		Middlefield		СТ	06455-1000			
Principal Occupation		Name of Employ						
State Marshal			n Voigt - Self					
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		dependent ennu (
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					
Cash X Personal Check	٥.,	10/2017	+50.00		+50.00			
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Szymanski	FIISt	Walter		IVII	1855			
Residential Street Address	City	waitei		State	Zip Code			
46 Powder Hill Rd	City	Middlefield		CT	06455-1118			
Principal Occupation		Name of Employ	er	<u> </u>	00433 1110			
Energy Efficiency			of Wallingford					
= 1			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 government the contract is with: Executive Legislative			x _{No}					
* 41	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash X Personal Check	05/	19/2017	\$100.00		\$100.00			
If yes, list Event # 05192017a								
Last Name	First			MI	Contribution ID #			
Summer Lerch		Nancy			1852			
Residential Street Address	City			State	Zip Code			
110 Mack Rd		Middlefield		СТ	06455-1115			
Principal Occupation		Name of Employ	er	-				
Cosmetic Dentist		Ctr. fo	or Esthetic Dentistry					
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?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 05192017a	05/	19/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First	ii viuuuis		MI	Contribution ID #			
	FIISt	John Hanni						
Stele Residential Street Address	City	John-Henry		M State	1843			
	City	Middlefield			Zip Code			
35 Louis Rd		Middlefield		СТ	06455-1108			
Principal Occupation		Name of Employ						
Attorney			Smith Steele, LLC					
Is contributor a principal of a state contractor or prospective state contractor? Yes 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			x _{No}					
Is this contribution associated with The second of the contribution associated with the second of the contribution asp	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 05192017a	05/:	19/2017	\$25.00		\$25.00			
If yes, list Event # 05192017a								
Last Name	First			MI	Contribution ID #			
Siebert		Edward			1821			
Residential Street Address	City			State	Zip Code			
48 Barberry Ln		Meriden		СТ	06451-2602			
Principal Occupation		Name of Employ	er					
Housing Specialist		Merid	en Housing Authority					
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 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
U No ☐ □ ··································	05/:	19/2017	\$20.00		\$20.00			
If yes, list Event # 05192017a								
Last Name	First			MI	Contribution ID #			
Santangelo		Jamie			1786			
Residential Street Address	City			State	Zip Code			
77 Long Hill Rd		Middlefield		СТ	06455-1140			
Principal Occupation		Name of Employ	er					
Owner, Aesthetician		Art of	Aesthetics					
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 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 05192017a	05/:	19/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Rossi		Gordon		J	1766			
Residential Street Address	City			State	Zip Code			
101 Penwood Xing		Glastonbury		СТ	06033-2756			
Principal Occupation		Name of Employ						
Territory Manager			nd Company					
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 Executive Legislative			x _{No}					
government the contract is with:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	received	Assiegate Contributions					
No Cash X Personal Check	05/	19/2017	\$100.00		\$100.00			
If yes, list Event # 05192017a No Money Order Credit/Debit Card	l ^{U3/.}	13/201/	\$100.00		φ100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1	_					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			July 10 Filing - Original						
Drew for CT			July 10 1 ming Ongman						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Wray		Carol			1928				
Residential Street Address	City			State	Zip Code				
49 Saw Mill Rd	<u> </u>	Durham Name of Employe		СТ	06422-2603				
Principal Occupation Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution				
	D	dependent child of	if a lobbyist?	'es					
If yes, indicate which branch or branches of government the contract is with:			x ,	lo					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	05/	19/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Collins	11130	Gary		1411	1284				
Residential Street Address	City			State	Zip Code				
38 Bartlett St		Portland		СТ	06480-1570				
Principal Occupation	•	Name of Employ	er	•	•				
Attorney		BNP P	aribas						
Is contributor a principal of a state contractor or prospective state contractor?	D		obbyist, spouse, or	/es Amo	unt of Contribution				
If yes, indicate which branch or branches of		dependent child o	a lobbyist?						
government the contract is with: Executive Legislative		D 1 1		lo					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	05/	20/2017	\$45.00		\$20.00				
If yes, list Event # 05192017a	03/	20/2017	φ-5.00		\$20.00				
Last Name	First			MI	Contribution ID #				
D'Aquila		Mara			1310				
Residential Street Address	City			State	Zip Code				
112 Murray St		Middletown		СТ	06457-5428				
Principal Occupation		Name of Employe	er						
Human Resources			on Public Schools						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	'es Amo	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	X N	Jo.					
Is this contribution associated with Mathed of contributions	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Cash Personal Check Money Order X Credit/Debit Card	05/	20/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
D'Aquila	1 1130	Todd		1411	1313				
Residential Street Address	City			State	Zip Code				
112 Murray St		Middletown		СТ	06457-5428				
Principal Occupation	•	Name of Employe	er	•	•				
Park maintainer		City o	f Middletown						
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 Amo	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			X N	Jo					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	<u></u>					
an event reported in Section J1?			30 -0						
If yes list Event # Cash Personal Check No	05/	20/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)										
		ection A-I)	TWDE OF DEDORT							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original										
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Warshauer		Matthew			1905					
Residential Street Address	City			State	Zip Code					
7259 Regina Royale		Sarasota		FL	34238-4543					
Principal Occupation		Name of Employ								
Architect		consu								
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a l dependent child of	lobbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution					
If yes, indicate which branch or branches of Executive Legislative		перенает сти	x _{No}							
government the contract is with.	Date	Received	Aggregate Contributions	ł						
an event reported in Section J1?			1 100 1000							
X No Cash Personal Check	05/	21/2017	\$200.00		\$200.00					
If yes, list Event # Money Order X Credit/Debit Card	00,		4200.00							
Last Name	First			MI	Contribution ID #					
Hoxha		Blendi			1477					
Residential Street Address	City	Bieriai		State	Zip Code					
65 Ridgewood Rd		Middletown		CT	06457-1988					
Principal Occupation		Name of Employ	rer	<u> </u>	00437 1300					
Restauranteur			Palace							
			obbyjet enouse or	Amor	ant of Contribution					
is contributor a principal of a state contractor or prospective state contractor?	No	dependent child of	Vac							
If yes, indicate which branch or branches of Executive Legislative			x No							
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ł						
an event reported in Section J1?	Dutt	110001100	Tiggiogate commonions							
X No Cash Personal Check	05/	22/2017	\$375.00		\$375.00					
If yes, list Event # Money Order X Credit/Debit Card	03/	22/2017	\$373.00		\$373.00					
Last Name	First			MI	Contribution ID #					
Kennedy	11130	Joseph		P	1505					
Residential Street Address	City	эозерп		State	Zip Code					
81 Alison Dr	City	South Winds	or	CT	06074-1148					
Principal Occupation	<u> </u>	Name of Employ			0007 1 11 10					
Retired			d States Post Office							
			lobbyist, spouse, or	Amou	ınt of Contribution					
Is contributor a principal of a state contractor or prospective state contractor?	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?										
X No Cash X Personal Check	05/	23/2017	\$100.00		\$100.00					
If yes, list Event #		-, -	1							
Last Name	First			MI	Contribution ID #					
Lombardi		Martha			1559					
Residential Street Address	City			State	Zip Code					
39 Featherbed Ln		Branford		СТ	06405-6116					
Principal Occupation	-	1	rer							
Homemaker										
Is contributor a principal of a state contractor or prospective state contractor?	No		Vac	Amou	ant of Contribution					
Yes X	No	Is contributor a l dependent child of	of a lobbyist?	Amou	unt of Contribution					
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: Executive Legislative	No		Vac	Amou	unt of Contribution					
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with Executive Legislative			of a lobbyist?	Ато	nt of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child o	of a lobbyist? Yes X No	Amou	int of Contribution					

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original									
Drew for CT									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Rago		Christine		М	1725				
Residential Street Address	City			State	Zip Code				
22 Brookside Dr		Suffield		СТ	06078-1531				
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				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
No I =	05/2	23/2017	\$25.00		\$25.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Buhler		William			1243				
Residential Street Address	City			State	Zip Code				
8 Winchester Way		Cromwell		СТ	06416-2636				
Principal Occupation		Name of Employ	er						
RETIRED		RETIF							
			obbyjet enouge 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 Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Dute	received	Aggregate Contributions						
X No Cash Personal Check	05/	22/2017	¢175.00		¢E0.00				
If yes, list Event # Money Order X Credit/Debit Card	05/.	23/2017	\$175.00		\$50.00				
LadNama	First			M	Contribution ID#				
Last Name	First	-		MI	Contribution ID #				
Gregory	a:	Tricia		a	1435				
Residential Street Address	City	N N4:16 1		State	Zip Code				
117 Carmen Hill Rd		New Milford		СТ	06776-4548				
Principal Occupation		Name of Employ							
Retired		Retire							
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			x No						
government the contract is with:									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	05/2	23/2017	\$10.00		\$10.00				
The same of the sa					G . 7				
Last Name	First			MI	Contribution ID #				
Davis		Sarah			1322				
Residential Street Address	City			State	Zip Code				
13 High Meadow Ln		Enfield		СТ	06082-3936				
Principal Occupation		Name of Employ							
Teacher			rook school						
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 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	05/2	24/2017	\$10.00		\$10.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Drew for CT									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lukens		Ellen			1562				
Residential Street Address	City			State	Zip Code				
46 Pine St		Middletown		СТ	06457-3113				
Principal Occupation retired		Name of Employ Retire							
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	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?			1-88-184-1						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	24/2017	\$45.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Leven		Leona			1548				
Residential Street Address	City			State	Zip Code				
123 York St Apt 9G		New Haven		СТ	06511-5624				
Principal Occupation		Name of Employ	er						
Unemployed			ployed	1					
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 ennu (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	05/	24/2017	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Sharillo		Erika			1809				
Residential Street Address	City			State	Zip Code				
84 Margarite Rd		Middletown		СТ	06457-5418				
Principal Occupation		Name of Employ							
LCSW			on health options						
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or	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 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	05/	24/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Sutherland		Michael			1853				
Residential Street Address	City			State	Zip Code				
6 Red Orange Rd		Middletown		СТ	06457-4916				
Principal Occupation		Name of Employ							
Executive		Vixxo							
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	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	1					
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	25/2017	\$20.00		\$20.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original									
Drew for CT									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
LeVangie		John			1546				
Residential Street Address	City			State	Zip Code				
85 Lawler Ln		Norwich		СТ	06360-1701				
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				
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	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
U No I To the state of the stat	05/2	25/2017	\$25.00		\$25.00				
If yes, list Event # 05192017a									
Last Name	First			MI	Contribution ID #				
Flynn		Ginny			1392				
Residential Street Address	City			State	Zip Code				
15 Fox Run		New Milford		СТ	06776-3210				
Principal Occupation		Name of Employ	er						
Health Information Specialist		Newto	own Family Dentistry						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac						
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?	Dute	Received	riggiegate Contributions						
X No Cash Personal Check	05/	DE/2017	¢E0.00		¢E0.00				
If yes, list Event # Money Order X Credit/Debit Card	05/.	25/2017	\$50.00		\$50.00				
I and Norma	First			M	Contribution ID#				
Last Name	First	6		MI	Contribution ID #				
Daly	O.	Sean		a	1318				
Residential Street Address	City	5 1		State	Zip Code				
208 N Berry Rd		Roxbury		СТ	06783				
Principal Occupation		Name of Employ							
Business Manager			90 IBEW						
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			x No						
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									
If yes, list Event # Money Order X Credit/Debit Card	05/	25/2017	\$375.00		\$375.00				
-									
Last Name	First			MI	Contribution ID #				
Franco		Rachel		E	1395				
Residential Street Address	City			State	Zip Code				
28 Topsail Ln		Mystic		СТ	06355-2141				
Principal Occupation		Name of Employ							
Business Manager			ch Family Dental Assoc						
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 child (-						
government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?	l								
If yes, list Event # Cash Credit/Debit Card	05/2	26/2017	\$25.00		\$25.00				

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I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Drew for CT									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Drew		Christopher			1350				
Residential Street Address	City			State	Zip Code				
23 Fox Run	L.,	New Milford		СТ	06776-3210				
Principal Occupation Student		Name of Employe Stude							
		Is contributor a lo	hbyigt gnouse or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	05/2	26/2017	\$100.00		\$100.00				
	l .								
Last Name	First	Nieboloo		MI	Contribution ID #				
Drew Residential Street Address	City	Nicholas		State	1351 Zip Code				
23 Fox Run	City	New Milford		CT	06776-3210				
Principal Occupation	<u> </u>	Name of Employe	r	C.	00770 3210				
Student		Stude	nt						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	bbbyist, spouse, or Callabarite Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	f a lobbyist?						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1-00-10-11						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/2	26/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Hamrah		Albert		S	1452				
Residential Street Address	City	D = =l = 1 1211		State	Zip Code 06067-3206				
34 Danforth Ln Principal Occupation	<u> </u>	Rocky Hill Name of Employe	or .	СТ	06067-3206				
Owner			n Carpets						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo		Amou	int of Contribution				
Yes A No	0	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with An event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 06052017a Cash A Personal Check October 1	05/2	26/2017	\$200.00		\$200.00				
Last Name	First			MI	Contribution ID #				
Hedrick		Keith			1462				
Residential Street Address	City			State	Zip Code				
156 Shennecossett Pkwy		Groton		СТ	06340-5834				
Principal Occupation		Name of Employe	r						
Mayor		Grotor							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lo dependent child of	Voc	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			CO - 5						
If yes list Event # Cash Personal Check	05/2	26/2017	\$200.00		\$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 July 10 Filing - Original						
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kokoszka		Michael			1514				
Residential Street Address	City			State	Zip Code				
262 Meriden Ln	<u> </u>	Durham		СТ	06422				
Principal Occupation Name of Employer Attorney State of Connecticut									
			obbyist, spouse, or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?	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 J1? X No Cash X Personal Check									
If yes, list Event # Money Order Credit/Debit Card	05/	26/2017	\$75.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Mello Miller		Nancy			1616				
Residential Street Address	City	,		State	Zip Code				
202 Ensign Dr		Mystic		СТ	06355-1538				
Principal Occupation		Name of Employ	er	•	•				
Homemaker		None							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-					
an event reported in Section J1?			1-88-48						
If yes. list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	26/2017	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Puccino		Adam			1717				
Residential Street Address	City			State	Zip Code				
94 Brookshaven Rd	<u> </u>	Groton		СТ	06340-3804				
Principal Occupation		Name of Employ							
Mason Is contributor a principal of a state contractor or prospective state contractor?		US Na	<u> </u>	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	37	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 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	26/2017	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Richards	1 1130	Katharine			1738				
Residential Street Address	City			State	Zip Code				
78 Algonquin Dr		Mystic		СТ	06355-1721				
Principal Occupation		Name of Employe	er		•				
Professor		Uconr	1						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		sependent ennu e	x No						
government the contract is with:	Data	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	05/	26/2017	\$10.00		\$10.00				
If yes_list Event # Money Order X Credit/Debit Card	1			1					

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPOR July 10 Filing - Original	RT					
Drew for CT			July 101 lilling - Original						
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First				MI	Contribution ID #			
Ruby		Kathleen				1768			
Residential Street Address	City				State	Zip Code			
33 Williams St , Noank	<u> </u>	Groton			СТ	06340-5533			
Principal Occupation Name of Employer Software Implementation FinacialForce.com									
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	f a lobbyist?						
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	05/	26/2017	\$25.00			\$25.00			
If yes, list Event # Money Order X Credit/Debit Card	03/	20/2017	\$25.00			\$25.00			
Last Name	First				MI	Contribution ID #			
Sandford		Chris				1784			
Residential Street Address	City				State	Zip Code			
175 Upper Pattagansett Rd		East Lyme			СТ	06333-1154			
Principal Occupation		Name of Employ	er						
Head of School			/oodstock Academy						
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	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	110					
an event reported in Section J1?			1-99-19-11						
If yes_list Event # Cash Personal Check No	05/	26/2017	\$20.00			\$20.00			
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First				MI	Contribution ID #			
Spaulding		Chris				1839			
Residential Street Address	City				State	Zip Code			
116 Old Hyde Rd	<u> </u>	Weston			СТ	06883-1610			
Principal Occupation		Name of Employ							
Retired		Retire			Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		Yes	Amou	iit 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 Credit	05/	27/2017	\$25.00			\$25.00			
Last Name	First				MI	Contribution ID #			
Pinney	1 1130	David			.***	1706			
Residential Street Address	City			-	State	Zip Code			
214 Maple St		Somersville			СТ	06072			
Principal Occupation		Name of Employ	er						
Property Manager		David	Pinney Self						
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		sependent ennu (x	No.					
government the contract is with:	Data	Received	Aggregate Contributions	INO					
an event reported in Section J1?	Date	received	Aggregate Continutions						
X No Cash Personal Check	05/	27/2017	\$25.00			\$25.00			
If yes_list Event # Money Order X Credit/Debit Card	1								

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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									
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Haddad		Dolly			1444				
Residential Street Address	City			State	Zip Code				
528 Long Hill Rd		Middletown		СТ	06457-4977				
Principal Occupation Project Coordinator		Name of Employ	er Lyan University						
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No)	dependent child o	Voc						
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 Personal Check Cash Personal Check Cash Cash	05/2	27/2017	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Aduba Residential Street Address	City	Peter		State	1178 Zip Code				
8 Pulaski St	City	Torrington		CT	06790-4635				
Principal Occupation		Torrington Name of Employ	er	Ci	00790-4033				
Reverend			lic Church						
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:			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	05/2	27/2017	\$10.00		\$10.00				
Lad Norma	First			MI	Contribution ID #				
Last Name Aldi	FIISt	Robert		IVII	1181				
Residential Street Address	City	ROBERT		State	Zip Code				
231 Scotland Rd	5	Norwich		СТ	06360-1657				
Principal Occupation		Name of Employ	er		'				
Child Support Enforcement		State	of CT						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int 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						
Cash Personal Check	05/2	27/2017	\$100.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card	05/2	2//201/	\$100.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Aldi		Robert			1182				
Residential Street Address	City			State	Zip Code				
231 Scotland Rd		Norwich		СТ	06360-1657				
Principal Occupation		Name of Employ	er	-					
Child Support Enforcement		State	of CT						
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	ant of Contribution				
If yes, indicate which branch or branches of		acpendent cinia (x No						
government the contract is with: Executive	Doto	Paggivad							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	05/2	27/2017	\$100.00		\$75.00				
If yes, list Event # Money Order X Credit/Debit Card	l, .	,	¥200.00						

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Casey		Lorelei			1268				
Residential Street Address	City			State	Zip Code				
1725 Randolph Rd		Middletown		СТ	06457-4041				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	44 1 4	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X 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 Credit/Debit Card	05/	28/2017	\$25.00		\$5.00				
					1				
Last Name	First			MI	Contribution ID #				
McCombs	O.	Richard		a	1600				
Residential Street Address	City	Unanavilla		State	Zip Code				
50 Park Ave Principal Occupation		Uncasville Name of Employ	or	СТ	06382-1727				
Electrician			ic Boat						
			11 14	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 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	05/	28/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Sisson		Elaine C.			1824				
Residential Street Address	City	Couthington		State CT	Zip Code 06489-4131				
82 Paul Hts Principal Occupation		Southington Name of Employ	or	CI	06489-4131				
Retired		Retire							
			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 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	05/	28/2017	\$45.00		\$25.00				
T. O.	г			\n_					
Last Name Kronenberger	First	Terry		MI	Contribution ID #				
Residential Street Address	City	тепу		State	Zip Code				
292 Thorpe Ave	City	Meriden		CT	06450-8309				
Principal Occupation		Name of Employ	er						
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	ر م	20/2017	#30.00		¢20.00				
If yes, list Event # Money Order X Credit/Debit Card	05/.	29/2017	\$20.00		\$20.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kolosky		Michael			1515				
Residential Street Address	City			State	Zip Code				
27 Ribera Ln	<u> </u>	Middletown		СТ	06457-5594				
Principal Occupation		Name of Employ							
Attorney Is contributor a principal of a state contractor or prospective state contractor?		Cigna Is contributor at	44 1 · · · · · · · · · · · · · · · · · ·	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	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	05/	30/2017	\$100.00		\$100.00				
I you, is Event									
Last Name	First			MI	Contribution ID #				
Kronenberger		Elizabeth			1523				
Residential Street Address	City			State	Zip Code				
132 Ballfall Rd	<u> </u>	Middletown	ou.	СТ	06457-2329				
Principal Occupation Laboratory Consultant		Name of Employ State							
			11 14	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	Vac	111100	ant of Continuation				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No	05/	30/2017	\$300.00		\$200.00				
in yes, list Event # I Money Order III Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Killian Jr.		Robert			1506				
Residential Street Address	City			State	Zip Code				
83 Bloomfield Ave	<u> </u>	Hartford		СТ	06105-1007				
Principal Occupation Killian and Donohue		Name of Employ							
			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	05/	30/2017	\$375.00		\$375.00				
I you, is Event									
Last Name	First			MI	Contribution ID #				
Mazzotta		Mikayla		Е	1594				
Residential Street Address	City	D 16 !!		State	Zip Code				
8 Aresco Dr	<u> </u>	Rockfall		СТ	06481-2017				
Principal Occupation Student		Name of Employ Stude							
			.1.1	Amou	unt of Contribution				
Yes X No	0	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 X Cash Personal Check									
If yes, list Event #	05/	30/2017	\$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						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Melluzzo		Gail			1617				
Residential Street Address	City			State	Zip Code				
68 C		Middletown		СТ	06457-3333				
Principal Occupation		Name of Employ							
retired		retire							
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	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?									
X No	05/	30/2017	\$25.00		\$25.00				
ii yes, iist Event #									
Last Name	First			MI	Contribution ID #				
Pitruzzello		Gregory		S	1708				
Residential Street Address	City			State	Zip Code				
50 Chelsea Dr		Cromwell		СТ	06416-1922				
Principal Occupation		Name of Employ							
Financial Sales Is contributor a principal of a state contractor or prospective state contractor?			Mutual Life 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	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?			86 .8						
X No Cash X Personal Check	05/	30/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Puglares		Davide		S	1718				
Residential Street Address	City			State	Zip Code				
11 Grimes Rd		Rocky Hill		СТ	06067-2403				
Principal Occupation		Name of Employ							
Chief Financial Officer			otta Rentals, LLC.						
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: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			86 .8						
X No Cash X Personal Check	05/	30/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Pugliares		Aldo			1719				
Residential Street Address	City			State	Zip Code				
740 Ridge Rd		Wethersfield		СТ	06109-2849				
Principal Occupation		Name of Employ							
Office Work			otta Rentals						
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	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date		op-ogate continuations						
X No Cash X Personal Check	05/	30/2017	\$100.00		\$100.00				
If yes, list Event #	I			1					

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I. MONETARY RECEIPTS (Section A-I)							
	5 (50	ection A-1)	TWDE OF DEDORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Drew for CT			TYPE OF REPORT July 10 Filing - Original				
	-						
B. Itemized Contributions from	n Ind	lividuals		•			
Last Name	First			MI	Contribution ID #		
Merolla-Martin		Joann			1619		
Residential Street Address	City			State	Zip Code		
46 Clifton Pl		Norwich		СТ	06360-6650		
Principal Occupation		Name of Employ					
Tax Advisor			Merolla-Martin	· .			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a li 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:			x _{No}				
T41 (1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	05/3	30/2017	\$25.00		\$25.00		
If yes, list Event # Money Order X Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Paro		Roberta			1680		
Residential Street Address	City			State	Zip Code		
246A Yantic St		Norwich		СТ	06360-4134		
Principal Occupation		Name of Employ	er				
Teacher		Vista	Life Innovations				
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 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	05/3	30/2017	\$25.00		\$5.00		
in yes, list Event #							
Last Name	First			MI	Contribution ID #		
Corsino		Franca			1295		
Residential Street Address	City			State	Zip Code		
331 Ballfall Rd		Middletown		CT	06457-2326		
Principal Occupation		Name of Employ	er				
Contract Coordinator		Aetna	Insurance				
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		аеренает сппа с	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 X Personal Check		20/2017					
If yes, list Event # Money Order Credit/Debit Card	05/.	30/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Bauer	1 1130	Nancy		A	1209		
Residential Street Address	City	ivancy		State	Zip Code		
726 Long Hill Rd	City	Middletown		CT	06457-5014		
Principal Occupation		Name of Employ	er	C.	00137 3011		
Educator		Retire					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	i 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?							
If yes, list Event # Cash Credit/Debit Card	05/3	30/2017	\$75.00		\$75.00		

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L MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT July 10 Filing - Original				
Drew for CT			outy 10 1 lilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hajjar		Evalynne			1446
Residential Street Address	City			State	Zip Code
730 Canton Ave	Ļ.,	Milton		MA	02186-3134
Principal Occupation		Name of Employ			
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire		Amou	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: 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	05/3	30/2017	\$250.00		\$250.00
Last Name	First			MI	Contribution ID #
Hajjar	1 1150	Sidney		1411	1447
Residential Street Address	City			State	Zip Code
730 Canton Ave		Milton		MA	02186-3134
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 robbyrst?		
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	05/:	30/2017	\$250.00		\$250.00
If yes, list Event # Money Order X Credit/Debit Card			,		
Last Name	First			MI	Contribution ID #
Dixon		Christa			1340
Residential Street Address	City			State	Zip Code
15 Bellevue Ter	<u> </u>	Cromwell		СТ	06416-2106
Principal Occupation		Name of Employ			
Retired		Retire		A	
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	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 an event reported in Section 112 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	05/3	30/2017	\$45.00		\$20.00
Last Name	First			MI	Contribution ID #
Stewart		Robert			1846
Residential Street Address	City			State	Zip Code
73 Asylum St		Norwich		СТ	06360-4923
Principal Occupation		Name of Employ	er		•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		,	x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Juic				
If yes, list Event # Personal Check X No	05/3	30/2017	\$25.00		\$25.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
VonDorster		Mary			1894				
Residential Street Address	City			State	Zip Code				
355 Brook St	<u> </u>	Groton		СТ	06340-4834				
Principal Occupation Attorney		Name of Employ	^{er} gal Services						
			obbyist, spouse, or	An	nount of Contribution				
Yes X No	0	dependent child of	of a lobbyist?	Yes					
If yes, indicate which branch or branches of government the contract is with:			x 1	No					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # \times No \to Money Order \times X \tag{X} \tag{Credit/Debit Card}	05/	30/2017	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Willis	11130	Matthew		1411	1919				
Residential Street Address	City			State	Zip Code				
65 Cider Mill Rd		Rockfall		СТ	06481-2011				
Principal Occupation		Name of Employ	er	•	-				
Attorney		Hallor	an & Sage, LLP	_					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or	Yes An	nount of Contribution				
If yes, indicate which branch or branches of		dependent child c							
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	No					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	05/	30/2017	\$10.00		\$10.00				
If yes, list Event #			4						
Last Name	First			MI	Contribution ID #				
Zimmitti		Maria			1936				
Residential Street Address	City			State	Zip Code				
506 Ballfall Rd	<u> </u>	Middletown		СТ	06457-2374				
Principal Occupation		Name of Employ							
In contributor a minimal of a state contractor or measurative state contractor?			Zimmitti - Self	A	nount of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of	obbyist, spouse, or of a lobbyist?	Yes	nount of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X 1	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	05/	30/2017	\$50.00		\$50.00				
					T				
Last Name White	First			MI	Contribution ID # 1914				
Residential Street Address	City	Courtney		State	Zip Code				
365 Middlefield St	City	Middletown		СТ	06457-3645				
Principal Occupation		Name of Employ	er		<u> </u>				
Disability Claims Case Manager		Libert	y Mutual						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes An	nount of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:	_		X 1	No					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	05/	31/2017	\$5.00		\$5.00				
If yes, list Event # Money Order X Credit/Debit Card	I 55/	,	J \$3.00	1	T •				

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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		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Tofflemire		Anne			1869
Residential Street Address	City			State	Zip Code
105 Gilnock Dr	<u> </u>	New Haven		СТ	06515-2615
Principal Occupation		Name of Employ			
singer\teacher Is contributor a principal of a state contractor or prospective state contractor?			mployed 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	Amot	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	1	
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	31/2017	\$25.00		\$25.00
I you, in 2 teams of the control of					
Last Name	First			MI	Contribution ID #
Stuart		Matthew			1849
Residential Street Address	City			State	Zip Code
11 Hemlock Notch St Principal Occupation	<u> </u>	Unionville	or.	СТ	06085-1062
Ret. Firefighter		Name of Employ	hartford		
			11 1 ·	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	31/2017	\$50.00		\$50.00
I you, is a treat of the control of					
Last Name	First			MI	Contribution ID #
Tesoro		Thomas			1862
Residential Street Address	City	Towns boots		State	Zip Code
133 Beechwood Ave Principal Occupation	<u> </u>	Trumbull Name of Employ	or.	СТ	06611-1657
Vice President Human Resources		1 ,	lard Motor Products, Inc.		
			obbyist snouse or	Amou	ant of Contribution
Yes A 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 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	05/	31/2017	\$375.00		\$375.00
T. O.	F: .			 \	
Last Name Schenarts	First	Jonathan		MI	Contribution ID #
Residential Street Address	City	Jonathan		State	Zip Code
5 Tupelo Pl		Middletown		CT	06457-2038
Principal Occupation		Name of Employ	er		
Electrician		NRG 6	energy		
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:			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	OF /	31/2017	#E0 00		¢50.00
If yes, list Event # Money Order X Credit/Debit Card	05/.	J1/2U1/	\$50.00	1	\$50.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Samolis		Joseph			1777				
Residential Street Address	City			State	Zip Code				
84 Bretton Rd		Middletown		СТ	06457-4150				
Principal Occupation Planning conservation and development		Name of Employ City o	^{er} f middletown						
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	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child c	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	05/	31/2017	\$350.00		\$250.00				
Last Name	First			MI	Contribution ID #				
Samolis		Katherine			1779				
Residential Street Address	City			State	Zip Code				
84 Brettish Rd	<u> </u>	Middletown		СТ	06457				
Principal Occupation		Name of Employ	er						
Mortgage underwriter		Key b							
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	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 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	05/	31/2017	\$250.00		\$250.00				
Last Name	First			MI	Contribution ID #				
Friese		Elizabeth			1396				
Residential Street Address	City			State	Zip Code				
320 Strawberry Hill Ave Apt 31	<u> </u>	Stamford		СТ	06902-2580				
Principal Occupation		Name of Employ							
Sales		J.D. S							
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an 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	05/	31/2017	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Gugliotti		Thomas			1439				
Residential Street Address	City			State	Zip Code				
17 Millstone Dr	<u> </u>	Avon		СТ	06001-2335				
Principal Occupation		Name of Employ							
Partner			e Kelly & Spellacy						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	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?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	31/2017	\$25.00		\$25.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I TYPE OF PERONT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Guinault-Picciotto		Michelle			1441				
Residential Street Address	City			State	Zip Code				
1327 Little Meadow Rd		Guilford		СТ	06437-1672				
Principal Occupation		Name of Employ	er						
Psychotherapist		MIche	elle Guinault-Picciotto						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
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	05/:	31/2017	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card			4-2						
Last Name	First			MI	Contribution ID #				
Hille	1 1150	Harald			1471				
Residential Street Address	City	Tiaraiu		State	Zip Code				
	City	Diverside			06878-2105				
63 Summit Rd	_	Riverside		СТ	06878-2105				
Principal Occupation		Name of Employ							
retired		Retire							
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		dependent enna (
government the contract is with:									
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	05/3	31/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Buhler		William			1244				
Residential Street Address	City			State	Zip Code				
8 Winchester Way		Cromwell		CT	06416-2636				
Principal Occupation		Name of Employ	er	-	•				
RETIRED		RETIF	RED						
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	05/3	31/2017	\$200.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card		•			·				
Last Name	First			MI	Contribution ID #				
Cooney		David			1293				
Residential Street Address	City	David		State	Zip Code				
27 Carnoustie Cir	City	Bloomfield		CT	06002-2382				
			OF .	CI	00002-2382				
Principal Occupation		Name of Employ							
Trial Lawyer			ssi & Davis, P.C.		nt of Containation				
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	لــا								
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
_									
If yes, list Event #	05/3	31/2017	\$100.00		\$100.00				

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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									
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
O'Leary		Patrice			1663				
Residential Street Address	City			State	Zip Code				
127 Ann St		Meriden		СТ	06450-5935				
Principal Occupation		Name of Employ	er						
Procurement Mgr		Island	I Companies						
			obbyist spause or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	37						
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	05/:	31/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card		•			·				
Last Name	First			MI	Contribution ID #				
Rook		Matthew		Α	1758				
Residential Street Address	City	riattriew		State	Zip Code				
	City	Middletown		CT	06457-5417				
15 Margarite Rd Principal Occupation		Name of Employ	ON.	CI	00437-3417				
		1 7							
Car Wash			Enterprises Inc.						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Атои	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?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/3	31/2017	\$25.00		\$20.00				
Last Name	First			MI	Contribution ID #				
McGee		Anna			1610				
Residential Street Address	City			State	Zip Code				
312 Huntington St		Shelton		СТ	06484-4607				
Principal Occupation		Name of Employ	er						
Nurse		St Jos	seph's Center						
Is contributor a principal of a state contractor or prospective state contractor?			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			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	05/3	31/2017	\$20.00		\$20.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Malmrose		Paul			1571				
Residential Street Address	City			State	Zip Code				
3 Hearthstone Ln		Farmington		СТ	06032-2480				
Principal Occupation		Name of Employ	er	-					
Environmental Engineer			& Bond						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
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								
X No Cash Personal Check	OE /	31/2017	\$200.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	l ^{US/.}	21/201/	\$ZUU.UU		φ100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			July 10 Filling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Manfield		Robert			1572
Residential Street Address	City			State	Zip Code
920 Sherman Ave		Hamden		СТ	06514-1148
Principal Occupation		Name of Employ			
Vice President			Communications	.	
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?	Amor	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}	.	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No	05/	31/2017	\$150.00		\$25.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Kelly		Thomas		E	1503
Residential Street Address	City			State	Zip Code
28 Plumb Rd		Trumbull		СТ	06611-4133
Principal Occupation		Name of Employ			
Regulatory Affairs			dHealthcare		22 4 1
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a li dependent child of	obbyist, spouse, or Of a lobbyist?	Amo	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	<u>'</u>	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	05/	31/2017	\$300.00		\$200.00
If yes, list Event # Money Order X Credit/Debit Card	03/	31,201,	Ψ300.00		Ψ200.00
Last Name	First			MI	Contribution ID #
Honneus		David			1475
Residential Street Address	City			State	Zip Code
205 Bentley Ct		Brewster		NY	10509-6554
Principal Occupation		Name of Employ	er		
Sales		Self E	mployed		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amo	int of Contribution
If was indicate which branch or branches of		dependent enna e	x No		
government the contract is with:	D-4-	Received		<u>'</u>	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	05/	31/2017	\$60.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card			, , , , , ,		
Last Name	First			MI	Contribution ID #
Kronenberger		Erin			1524
Residential Street Address	City			State	Zip Code
103 Birdsey Ave Fl 2		Middletown		СТ	06457-4303
Principal Occupation		Name of Employ	er		
Teacher		City o	f Meriden BOE		
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Ye	Amo	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	or a roodyist?		
government the contract is with:	-	<u> </u>	x No	4	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	057	31/2017	\$100.00		\$100.00
If yes_list Event # Money Order X Credit/Debit Card	I 03/.	J1/2U1/	φ100.00		Ψ100.00

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Name	L MONETARY RECEIPTS (Section A-I)								
1.65 Nove			,						
Test Many Mr. Country time Mr. Country	Drew for CT			July 10 Filing - Original					
Readered Address	B. Itemized Contributions from	m Ind	lividuals						
Restricted	Last Name	First			MI				
New incignation New incign			Pauline						
Retired Ret		City				-			
Retired			_		СТ	06111-2848			
to contributor a principal of a state contractor of prospective state contractor? Ye No Superinduct, abbletyine, space, or Yes Amount of Centribution and Section 17 Yes No Superinduct, abbletyine, space, or Yes Amount of Centribution and Section 18 Yes Superinduct, abbletyine, space, or Yes Yes Superinduct, and space Yes Yes Yes Superinduct, and space Yes									
If yee, indicate which branch or branches of corporation of a looky just?				11.14					
The contraction is only in section 17? Last Name Ladd Reidentiid Street Address S Cricket Ct Personal Check S Cricket Ct Ct Old Saybrook Retired S contributor or principal of a state contraction with the activation or principal of a state contraction with the activation of principal of state contraction or principal of a state contraction or principal of a state contraction or principal of a state contraction or prospective state— B the contribution or principal of a state contraction or prospective state— B the contraction as with: B the contribution or principal of a state contraction or prospective state— B the contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective state— B the contraction or principal of a state contraction or prospective	is contributor a principal of a state contractor or prospective state contractor? Yes N	0		Vac	Amou	int of Contribution			
Appropulate Contributions associated with a contractive of a factor in 17 in a contribution of a factor in 17 in a fac	Evacutiva Lagislativa			x _{No}					
First Same Security Same Security Same Security Same Security Same	Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	1				
Land Name	an event reported in Section 31?								
Eadd	│	05/	31/2017	\$20.00		\$20.00			
Eadd	I w	Б			 . , ,	Louis B"			
State Address Stricket Ct Stricket C		First	C. Marratara		MI				
S		City	C. Marston		Stata				
Principal Occupation Retired Is contributor a principal of a state contractor of prospective state contractor? Yes No Is contributor a principal of a state contractor of prospective state contractor? Yes Is contributor a principal of a state contractor of prospective state		City	Old Saybrool	,		-			
Retired Contributor a principal of a state contractor or prospective state contractor?					Ci	00473-2403			
Executive Legislative Legi									
If yes, indicate which branch or branches of government the contract is with: It is contributor a principal of a state contractor or prospective state contractor? Legislative Linda Legislative Linda Legislative Linda Legislative Linda Legislative Legislative Legislative Legislative Linda Legislative Linda Legislative Linda Legislative Legislative Linda Legislative Linda Legislative Linda Legislative Legi						ant of Contribution			
Is this contribution associated with one event reported in Section 11? If yes, list Event ## No		0	dependent child of	of a lobbyist?					
an event reported in Section J1? If yes, list Event # Yes	Evacutiva Lagislativa			x No					
Last Name Penney Residential Street Address If yes, list Event # No Main Contribution ID # 1695 City Durham Pincipal Occupation Assessor Sontributor a principal of a state contractor or prospective state contractor? If yes, list Event # No Method of contribution Legislative an event reported in Section J1? Yes Method of contribution Check Brist Anne City of hartford Sontributor a lobbyist; spouse, or dependent child of a lobbyist. Monocy Order Last Name First Aggregate Contributions Aggregate Contributions Aggregate Contributions MI Contribution ID # 1695 Name of Employer City of hartford Sontributor a lobbyist; spouse, or dependent child of a lobbyist. No Method of contribution Fouche Last Name Fouche City Aggregate Contributions Aggregate Contributions MI Contribution ID # 1394 Residential Street Address Go Williams St City Aggregate Contributions First Aggregate Contributions MI Contribution ID # 1394 Residential Street Address Go Williams St City Aggregate Contributions First Aggregate Contributions MI Contribution ID # 1394 Residential Street Address Go Williams St City Aggregate Contributions First Aggregate Contributions MI Contribution ID # 1394 Residential Street Address Go Williams St Norwich Norwich Retired Sontributor a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent	Vos	Date	Received	Aggregate Contributions	1				
If yes, list Event #	an event reported in Section 31?								
Penney Residential Street Address Residential Street Address Principal Occupation Assessor Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: It shame Fouche Residential Street Address First Fouche Residential Street Address First Fouche Residential Street Address Norwich Residential Street Address Norwich Residential Street Address Rate Residential Street Address Residential	X No ☐ ☐	05/	31/2017	\$25.00		\$25.00			
Penney Residential Street Address Residential Street Address Principal Occupation Assessor Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: It shame Fouche Residential Street Address First Fouche Residential Street Address First Fouche Residential Street Address Norwich Residential Street Address Norwich Residential Street Address Rate Residential Street Address Residential	I act Nama	Firet			Гмі	Contribution ID #			
Residential Street Address City Durham		Thist	Brian		IVII				
Principal Occupation Assessor Secontributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Is contributor a lobbyist? Yes No No No No No No No N		City			State				
Assessor City of hartford	102 Creamery Rd		Durham		СТ	06422-3407			
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 # Last Name Fouche Residential Street Address 65 Williams St Principal Occupation LPN Is contributor a principal of a state contractor or prospective state contractor? Yes No Yes X No No Norwich Yes X No	Principal Occupation		Name of Employ	er					
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 Fouche Residential Street Address 65 Williams St Principal Occupation LPN 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: Legislative Date Received Aggregate Contributions Aggregate Contributions First Linda Contribution ID # 1394 Contribution ID # 1394 Credit/Debit Card Norwich Norwich Retired Is contributor a principal of a state contractor or prospective state contractor? Yes X No dependent child of a lobbyist? Aggregate Contributions ### Augregate Contributions ### \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 Aggregate Contributions ### Augregate Contribution	Assessor		city o	f hartford					
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 # Last Name Fouche Residential Street Address 65 Williams St Frincipal Occupation LPN Is contribution a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Legislative Legislative Date Received Aggregate Contributions MII Contribution ID # 1394 Contribution ID # 1394 Contribution ID # 1394 Residential Street Address City Norwich Norwich Retired 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 ID # 2006 Amount of Contribution ID # 2007 Amount of Contribution ID # 2008 Amount of Contribution ID # 2008 Amount of Contribution ID # 2009 Amount of Contrib	Is contributor a principal of a state contractor or prospective state contractor?	0			Amou	ınt of Contribution			
Is this contribution associated with an event reported in Section J1? Last Name Last Name Residential Street Address 65 Williams St Frincipal Occupation LPN Scontributor a principal of a state contractor or prospective state contractor? Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$394 Contribution ID # 1394 Contribution ID # 1394 Residential Street Address City Norwich Norwich Retired 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 dependent child of a lobbyist?	If yes, indicate which branch or branches of		dependent child o	or a roodyrst?					
Amount of Contribution If yes, list Event # Linda Residential Street Address 65 Williams St Personal Check Cash Money Order Personal Check Defout/Debit Card Defout/Debit Card Defout/Debit Card Defout/Debit Card State Defout/Debit Card Defout/Deb	government the contract is with: Executive Legislative								
If yes, list Event # Personal Check X Credit/Debit Card	Vac	Date	Received	Aggregate Contributions					
Last Name Fouche Residential Street Address 65 Williams St Principal Occupation LPN Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Money Order		06/	01/2017	¢20.00		¢20.00			
Fouche Residential Street Address 65 Williams St Principal Occupation LPN Is contributor a principal of a state contractor or prospective state contractor? Yes Volume of Employer Retired	If yes, list Event # Money Order X Credit/Debit Card	06/	01/2017	\$20.00		\$20.00			
Residential Street Address 65 Williams St Norwich Norwich CT 06360-3417 Name of Employer Retired 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 Amount of Contribution	Last Name	First			MI	Contribution ID #			
Principal Occupation LPN Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of	Fouche		Linda			1394			
Principal Occupation LPN Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Principal of a state contractor or prospective state contractor or prospectiv	Residential Street Address	City			State	Zip Code			
LPN 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	65 Williams St		Norwich		СТ	06360-3417			
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					
If yes, indicate which branch or branches of	LPN		Retire	ed					
If yes, indicate which branch or branches of	Is contributor a principal of a state contractor or prospective state contractor?	o		IAI Vaa	Amou	int of Contribution			
	Evacutiva Lagislativa			No					
government the contract is with. Data Beautiful Data	Is this contribution associated with Mathed of contribution	Date	Received		-				
an event reported in Section J1?	an event reported in Section J1?			555 Tanasana					
If yes, list Event # Personal Check O6/01/2017 \$25.00 \$25.00		06/	01/2017	\$25.00		\$25.00			

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT				
Drew for CT			July 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Finkel		Lewis			1386		
Residential Street Address	City			State	Zip Code		
26 Weed Hill Ave Apt D	L	Stamford		СТ	06907-1536		
Principal Occupation Construction Estimator		Name of Employ	^{er} ssional Construction Services				
			obbyist, spouse, or		unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	Vac	1 111100	ant of Controllion		
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? Cash Personal Check							
If yes, list Event # 05192017a No Money Order Credit/Debit Card	06/0	01/2017	\$250.00		\$250.00		
	I			l			
Last Name	First	Танааа		MI	Contribution ID #		
Barton Residential Street Address	City	Teresa		M State	1206 Zip Code		
655 Chestnut Hill Rd	City	Dayville		CT	06241-1706		
Principal Occupation	-	Name of Employ	er				
Contractor-Business Analyst		Veritu	ıde, Inc.				
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 Cash Personal Check	06/	02/2017	\$25.00		\$25.00		
If yes, list Event # Money Order X Credit/Debit Card	06/1	02/2017	\$25.00		\$25.00		
Last Name	First			MI	Contribution ID #		
McCauley		Lori			1599		
Residential Street Address	City			State	Zip Code		
138 Lee St	<u> </u>	Middletown		СТ	06457-4526		
Principal Occupation		Name of Employ	er				
Receptionist			etown Family Dental Associat				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a li dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
X No	06/0	02/2017	\$150.00		\$100.00		
I you, is a treat of the control of							
Last Name	First			MI	Contribution ID #		
McEwen	G'i	Alyse		G	1608		
Residential Street Address 77 Bartman Rd	City	Higganum		State CT	Zip Code 06441-4416		
Principal Occupation		Name of Employ	er	<u> </u>	00441 4410		
Administrative Assistant			Fire District				
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	υ	dependent child of	or a roodyrst?				
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? X No		22/201=	422.22		+20.00		
If yes, list Event # No Money Order X Credit/Debit Card	06/0	02/2017	\$30.00		\$30.00		

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sclare		Daniel			1803				
Residential Street Address	City			State	Zip Code				
13 Farmstead Ln		Ellington		СТ	06029-4242				
Principal Occupation Retired teacher		Name of Employ S. Wit	^{er} ndsor Board of Ed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	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? Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	02/2017	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Sisson		Elaine C.			1825				
Residential Street Address	City			State	Zip Code				
82 Paul Hts		Southington		СТ	06489-4131				
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 li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	06/	02/2017	\$65.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Wilson		Brenda			1922				
Residential Street Address	City			State	Zip Code				
163 Cynthia Ln Apt A2	<u> </u>	Middletown		СТ	06457-2126				
Principal Occupation		Name of Employ							
Director		•	Woods Autism Foundation						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	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 an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X No	0.51	00/004=	4405.00						
If yes, list Event # No Money Order X Credit/Debit Card	06/	02/2017	\$105.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Stewart		Frank			1845				
Residential Street Address	City			State	Zip Code				
1061 Matianuck Ave		Windsor		СТ	06095-3209				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbriet enouge or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	or 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? Yes Cash Personal Check									
X No Cash Personal Check If yes, list Event # Cash Cash Cash Cash Cash Cash Cash Cash	06/	03/2017	\$5.00		\$5.00				

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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		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Smith		Robert		М	1833
Residential Street Address	City			State	Zip Code
6 Cherry Hill Rd		Norwich		СТ	06360-5202
Principal Occupation		Name of Employ	er		
Correctional Counselor		Depai	rtment of Correction		
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	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?			1.00.10.10		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/0	03/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Wallace		Gary			1897
Residential Street Address	City	<u> </u>		State	Zip Code
14 Hayes Rd		East Hampto	n	СТ	06424-1712
Principal Occupation	•	Name of Employ	er	•	
Law Enforcement		City o	f Middletown CT		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No					
If yes, list Event # Money Order X Credit/Debit Card	06/0	03/2017	\$200.00		\$100.00
Last Name	First			MI	Contribution ID #
Perez		Althea			1696
Residential Street Address	City			State	Zip Code
605 W Wakefield Blvd	<u> </u>	Winsted		СТ	06098-2956
Principal Occupation		Name of Employ			
Retired		Retire		1 Amou	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	Alliou	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 71?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/0	03/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Conaway-Raczka		Nancy			1287
Residential Street Address	City			State	Zip Code
7 Red Yellow Rd	L.	Middletown		СТ	06457-4919
Principal Occupation		Name of Employ	er		
Risk Manager			f Middletown	1	
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	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		1	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	10001100	1.5510gate Contributions		
X No Cash X Personal Check	06/0	03/2017	\$375.00		\$275.00
If yes_list Event # Money Order Credit/Debit Card	1				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name Girard	First	Nicholas		MI	Contribution ID #			
Residential Street Address	City			State	Zip Code			
8 Woodland Dr		Stafford Spri	ngs	СТ	06076-1636			
Principal Occupation		Name of Employ	er					
Student		Stude						
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a le dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with The second 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	06/0	03/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Gaunichaux	Filst	Anthony		J	1406			
Residential Street Address	City	Anthony		State	Zip Code			
194 E Main St		Middletown		СТ	06457-4401			
Principal Occupation		Name of Employ	er					
Retired		Retied	d					
Is contributor a principal of a state contractor or prospective state contractor?	No		obbyist, spouse, or Yes	Amou	nt 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					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/0	03/2017	\$200.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bernero		Virgil			1223			
Residential Street Address	City			State	Zip Code			
3000 N Cambridge Rd		Lansing		MI	48911-1015			
Principal Occupation		Name of Employ						
Mayor		· ·	of Lansing					
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child of	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with 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	06/0	04/2017	\$250.00		\$250.00			
Last Name	First			MI	Contribution ID #			
Santostefano		Albert			1788			
Residential Street Address	City			State	Zip Code			
205 Blue Rd		Middletown		СТ	06457-5004			
Principal Occupation		Name of Employ						
Fire Marshal Is contributor a principal of a state contractor or prospective state contractor?			etown Fire Dept. obbyist, spouse, or	A mou	nt of Contribution			
Yes	No	dependent child of	Vac	Amou	in 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	06/	04/2017	\$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		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Santostefano		Raymond		А	1789
Residential Street Address	City			State	Zip Code
166 Dora Dr	L	Middletown		СТ	06457-4163
Principal Occupation		Name of Employ			
Maintenance Manager			etta Management Co		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event concreted in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 06052017a	06/0	05/2017	\$100.00		\$100.00
				l	
Last Name	First			MI	Contribution ID #
Smith	a:	Erin		A	1832
Residential Street Address	City	N4: - - -		State	Zip Code
53 W Meadow Ln Principal Occupation	Щ.	Middletown Name of Employ	or	СТ	06457-1684
Attorney		Name of Employ	ci		
·		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
Yes X N	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 event concreted in Section 112	Date	Received	Aggregate Contributions		
an event reported in Section 71:					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/0	05/2017	\$375.00		\$375.00
	l			l	1
Last Name	First			MI	Contribution ID #
Secore Residential Street Address	C'i	Donald		J	1807
700 Ridgewood Rd	City	Middletown		State CT	Zip Code 06457-1735
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00437-1733
Owner, Sub Contractor			ican Liberty Instillation		
			obbyist, spouse, or	Amou	ınt of Contribution
is contributor a principal of a state contractor or prospective state contractor?	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 # 06052017a	06/0	05/2017	\$200.00		\$200.00
				l	I
Last Name	First	Dahash		MI	Contribution ID #
Schmidt Residential Street Address	City	Robert		Stata	1800
1011 Town Colony Dr	City	Middletown		State CT	Zip Code 06457-5920
Principal Occupation		Name of Employ	er	<u> </u>	00437 3320
Registrar of Voters			of Somers		
Is contributor a principal of a state contractor or prospective state contractor?			.1.1	Amou	ant of Contribution
	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 Voc Method of contribution:	Date	Received	Aggregate Contributions]	
If yes, list Event # Cash Personal Check No Money Order Credit/Debit Card	06/0	05/2017	\$50.00		\$50.00

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Schmidt		Theresa			1801			
Residential Street Address	City			State	Zip Code			
62 Pond Cir	<u> </u>	Somers		СТ	06071-1658			
Principal Occupation		Name of Employ						
RN Advisor Is contributor a principal of a state contractor or prospective state contractor?		Vizier		Amor	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	Vac	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 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/	05/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Schain		Dennis			1798			
Residential Street Address	City			State	Zip Code			
245 Redwood Rd		Manchester		СТ	06040-6333			
Principal Occupation		Name of Employ	er	-	•			
Communications		State		-				
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	ant of Contribution			
If yes, indicate which branch or branches of		dependent child t						
government the contract is with: Executive Legislative	Б.	D : 1						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	05/2017	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Vinci	1 1150	Joseph		J	1888			
Residential Street Address	City	•		State	Zip Code			
323 Old Mill Rd		Middletown		СТ	06457-2476			
Principal Occupation		Name of Employ	er					
Retired		retire						
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.	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Dute	110001100	riggregate controlations					
If yes, list Event # 06052017a	06/	05/2017	\$200.00		\$200.00			
Ladding	F:			 \n	Contribution ID #			
Last Name Vinci	First	Rosemarie		MI	Contribution ID # 1890			
Residential Street Address	City	Rosemane		State	Zip Code			
1000 Newfield St		Middletown		CT	06457-1818			
Principal Occupation		Name of Employ	er	!				
Businesswoman		Roser	marie Vinci					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		acpendent ennd (or a roodyrst?					
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?	Date	Received	Aggregate Contributions					
No Cash Personal Check	06/	05/2017	\$375.00		\$75.00			
If yes, list Event # 06052017a X Money Order Credit/Debit Card		,	4-1					

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I MONETA DV DECEMBER (CC A. D.									
I. MONETARY RECEIPT	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Tomasino		Sheila			1870				
Residential Street Address	City			State	Zip Code				
101 Ridge Rd		Middletown		СТ	06457-4457				
Principal Occupation		Name of Employ	er	-	•				
Secretary		Peter	Mortenson - Vinci Companie	s					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	<u> </u>						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event concreted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes list Event # 06052017a	06/	05/2017	\$125.00		\$125.00				
If yes, list Event # 06052017a									
Last Name	First			MI	Contribution ID #				
Turner		Maria			1876				
Residential Street Address	City			State	Zip Code				
859 Westfield St	,	Middletown		СТ	06457-1978				
Principal Occupation		Name of Employ	er						
Teacher		1 7	f New Britain						
		-	obbyjet enouge or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	711100	ant of continuation				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	D-4-	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	0.51	05/0045	1075.00						
If yes, list Event # 06052017a No Money Order X Credit/Debit Card	06/	05/2017	\$375.00		\$175.00				
•									
Last Name	First			MI	Contribution ID #				
Turner		Michael		J	1877				
Residential Street Address	City			State	Zip Code				
859 Westfield St		Middletown		СТ	06457-1978				
Principal Occupation		Name of Employ	er						
Contractor		MJ Tu	rner Exteriors						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a followist:						
government the contract is with:			x _{No}						
Is this contribution associated with A section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 31:									
If yes, list Event # 06052017a	06/	05/2017	\$375.00		\$75.00				
300020270					-				
Last Name	First			MI	Contribution ID #				
Van Rijssen		Hendrik			1883				
Residential Street Address	City			State	Zip Code				
7 Perry Pl		Riverside		СТ	06878-1224				
Principal Occupation		Name of Employ	er		•				
shipbroker		new e	england navigation inc						
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	1	dependent child of	or a roodyrst?						
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 # Personal Check X No	06/	05/2017	\$20.00		\$20.00				
If yes, list Event # Money Order X Credit/Debit Card	ı			I					

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Vaillancourt		Amy			1880			
Residential Street Address	City	N4: - - -		State	Zip Code			
235 Hunting Hill Ave Principal Occupation		Middletown Name of Employe	or.	СТ	06457-4344			
Licensed Environmental Professional			& Bond					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of GOVERNMENT the contract is with: Executive Legislative		dependent cinia o	x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			88 -8					
If yes, list Event # 06052017a	06/0	05/2017	\$200.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Watkins		Stephen			1907			
Residential Street Address	City			State	Zip Code			
11 Phillips Farm Rd		East Hartford	1	СТ	06118-1258			
Principal Occupation		Name of Employ	er	•	•			
Registrar of Voters		Retire	d					
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 government the contract is with: Executive Legislative		dependent child o	x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Yes X No Cash Personal Check	06/1	05/2017	\$10.00		\$10.00			
If yes, list Event # Money Order Credit/Debit Card	06/1	03/2017	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Beadle		Edward		R	1211			
Residential Street Address	City			State	Zip Code			
168 Langford Ln		East Hartford		СТ	06118-2369			
Principal Occupation Co-Owner		Name of Employ	er ortheast Companies					
			<u>'</u>	Amou	ant of Contribution			
Yes A No)	dependent child o	7/	Amoc	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 A yes We had of contribution: Yes	Date	Received	Aggregate Contributions					
Cash Personal Check	06/0	05/2017	\$300.00		\$300.00			
If yes, list Event # 06052017a								
Last Name	First			MI	Contribution ID #			
Balaban		Jordan		I	1200			
Residential Street Address	City			State	Zip Code			
54 Bulkeley Hill Rd		Colchester		СТ	06415-1711			
Principal Occupation Student		Name of Employe	er					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	f a lobbyist?					
government the contract is with:	Det	Pagaine 4		-				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
If yes, list Event # 06052017a X Cash Personal Check	06/0	05/2017	\$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						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Davidson		Harold			1321				
Residential Street Address	City			State	Zip Code				
74 Abbey Rd		East Hampto	n	СТ	06424-2103				
Principal Occupation		Name of Employ	er						
Business manager Finantial Secretay-Treasurer			rs / Waterproofers Local 12						
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 Executive Legislative		dependent enna e	x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1.00.10						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	05/2017	\$40.00		\$20.00				
	<u> </u>			<u> </u>					
Last Name	First			MI	Contribution ID #				
D'Aquilla		Thomas		С	1314				
Residential Street Address	City			State	Zip Code				
165 Front St		Middletown		СТ	06457-4464				
Principal Occupation		Name of Employ							
Teacher Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37	Amou	nt of Controution				
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?			20 10						
No Cash X Personal Check	06/	05/2017	\$100.00		\$100.00				
If yes, list Event # 06052017a			•		-				
Last Name	First			MI	Contribution ID #				
D'Aquila		Sally			1311				
Residential Street Address	City			State	Zip Code				
43 Cricket Ct		Old Saybrool	<	СТ	06475-2405				
Principal Occupation		Name of Employ	er						
unemployed		Home	maker						
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		dependent enna e	x No						
government the contract is with:	D-4-	D i 4							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	06/	05/2017	\$375.00		\$175.00				
If yes, list Event # 06052017a	00/	03,201,	ψ373.00		<u> </u>				
Last Name	First			MI	Contribution ID #				
D'Aquila		Salvatore			1312				
Residential Street Address	City			State	Zip Code				
43 Cricket Ct		Old Saybrook	<	СТ	06475-2405				
Principal Occupation		Name of Employ	er						
Manager		Carab	etta Management Co						
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 roodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:		05/00:-			.== 00				
If yes, list Event # 06052017a	06/	05/2017	\$375.00		\$75.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Carabetta		Giovanni			1262			
Residential Street Address	City			State	Zip Code			
187 Canyon Dr		Meriden		СТ	06450-2433			
Principal Occupation		Name of Employ	er					
Student		None						
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 enna (x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Bute	received	riggregate contributions					
No X Cash Personal Check	06/	05/2017	\$100.00		\$100.00			
If yes, list Event # 06052017a	00,	00, 201,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Carabetta		Joseph		F	1263			
Residential Street Address	City			State	Zip Code			
187 Canyon Dr		Meriden		СТ	06450-2433			
Principal Occupation		Name of Employ	er	•				
Student		None						
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?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 06052017a No Money Order Credit/Debit Card	06/	05/2017	\$100.00		\$100.00			
T. Al	г				G (7) B #			
Last Name Girgenti	First	Aldo		MI	Contribution ID # 1417			
Residential Street Address	City	Aldo		State	Zip Code			
282 Millbrook Rd	City	Middletown		CT	06457-5580			
Principal Occupation		Name of Employ	er	<u> </u>	00.07 0000			
 Clerk			etta Management Co					
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:			x _{No}					
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions					
Took X Parsavel Check								
If yes, list Event # 06052017a	06/	05/2017	\$100.00		\$100.00			
				l				
Last Name	First	Nounnand		MI P	Contribution ID #			
Emond Residential Street Address	City	Normand		State	1365 Zip Code			
20 Hall Hill Rd	City	Portland		CT	06480-1644			
Principal Occupation		Name of Employ	er		00400 1044			
Superintendent		IHC	-					
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 X Vos Method of contribution:	Date	Received	Aggregate Contributions					
An event reported in section 31:								
If yes, list Event # 06052017a	06/	05/2017	\$200.00		\$200.00			
!								

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	()	ction A-i)	TYPE OF REPORT						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Donatelli	1 1130	Anthony		M	1342				
Residential Street Address	City	7 (11011)		State	Zip Code				
25 Tecumseh Rd	City	West Hartfor	d	CT	06117-2136				
Principal Occupation		Name of Employ		<u> </u>	00117 2130				
Painter		1 ,	Anthony Donatelli						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt 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? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # 06052017a Cash Credit/Debit Card	06/0	05/2017	\$200.00		\$200.00				
LadNama	First			М	Ct-ilti ID#				
Last Name	First	Dobort		MI	Contribution ID #				
Desmarais Residential Street Address	City	Robert		State	1331 Zip Code				
57 Shadduck Rd	City	Middlabum			•				
Principal Occupation		Middlebury Name of Employ	ON.	СТ	06762-3132				
Retired		Retire							
			obbyist spouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37						
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 X Personal Check	06/0	05/2017	\$25.00		\$25.00				
If yes, list Event #			•		·				
Last Name	First			MI	Contribution ID #				
Perrotti		MaryAnn			1697				
Residential Street Address	City			State	Zip Code				
235 Candlewood Hill Rd		Higganum		CT	06441-4207				
Principal Occupation		Name of Employ	er						
Banking		Libert	y Bank						
Is contributor a principal of a state contractor or prospective state contractor?)	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	a lobbyist:						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	0.511	05/0015							
If yes, list Event # Money Order Credit/Debit Card	06/0	05/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Polinsky	1 1150	Andrea		M	1712				
Residential Street Address	City			State	Zip Code				
4 Oak Hill Ln		Woodbridge		CT	06525-1938				
Principal Occupation		Name of Employ	er						
 Homemaker		None							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 06052017a Cash Credit/Debit Card	06/0	05/2017	\$375.00		\$375.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	I www.or.nenon		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Pulino		Franco			1723
Residential Street Address	City	Mar I II I		State	Zip Code
164 Fowler Ave Principal Occupation		Middletown Name of Employe	or.	СТ	06457-5302
Building Managemetn		Carab			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child o	f a lobbyist?		
government the contract is with: Executive Legislative			X N	0	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	05/2017	\$100.00		\$100.00
If yes, list Event # 06052017a	00,	03,201,	Ψ100.00		<u> </u>
Last Name	First			MI	Contribution ID #
Rollefson		Virginia			1754
Residential Street Address	City			State	Zip Code
16 Red Orange Rd		Middletown		СТ	06457-4916
Principal Occupation		Name of Employe			
Retired		Retire		1	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	obbyist, spouse, or fa lobbyist?	es	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x N	0	
government the contract is with: 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 Credit/Debit Card	06/0	05/2017	\$85.00		\$10.00
If you, his Event in				_	
Last Name	First			MI	Contribution ID #
Parnasso	O.	Aldo			1677
Residential Street Address 98 Brown St	City	Middletown		State CT	Zip Code 06457-5017
Principal Occupation		Name of Employe	er	1 01	00437-3017
Regional Management		Carab			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or f a lobbyist? Y	Amo	unt of Contribution
If yes, indicate which branch or branches of)	dependent child o	i u loboyist:		
government the contract is with: Executive Legislative			x N	о	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
X Cash Personal Check	06.4	05/2017	+100.00		+100.00
If yes, list Event # 06052017a Money Order Credit/Debit Card	06/0	05/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Parnasso		Melinda		М	1678
Residential Street Address	City			State	Zip Code
98 Brown St		Middletown		СТ	06457-5017
Principal Occupation		Name of Employe	er		
Cafeteria Worker		-	f Middletown		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist?	es	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x N		
government the contract is with:	Date	Received	Aggregate Contributions	_	
an event reported in Section J1?			55 -6		
If yes list Event # 06052017a X Cash Personal Check	06/0	05/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Patrician	That	Debra		WII	1688				
Residential Street Address	City			State	Zip Code				
81 Long Hill Rd		Deep River		CT	06417-2105				
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	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative	_								
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check		05/0015	4450.00						
If yes, list Event # No Money Order X Credit/Debit Card	06/	05/2017	\$150.00		\$100.00				
					F				
Last Name	First			MI	Contribution ID #				
Milardo		Michael		Α	1625				
Residential Street Address	City			State	Zip Code				
33 Birdsey Ave		Middletown		СТ	06457-4301				
Principal Occupation		Name of Employ							
Retired		Retire							
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		dependent ennu (
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 # Cash Credit/Debit Card	06/	05/2017	\$100.00		\$50.00				
T. AV	г				C C C D				
Last Name	First	6 1		MI	Contribution ID #				
Milardo		Sebastiano			1626				
Residential Street Address	City	National Control		State	Zip Code				
713 Pine St		Middletown		СТ	06457-4176				
Principal Occupation		Name of Employ							
Owner Is contributor a principal of a state contractor or prospective state contractor?		Melilli							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	06/	05/2017	\$200.00		\$200.00				
If yes, list Event # 06052017a	00/	03/2017	\$200.00		\$200.00				
Last Name	First			MI	Contribution ID #				
Monarca		Marianne			1633				
Residential Street Address	City			State	Zip Code				
191 Clark Hill Rd		East Hampto	n	СТ	06424-1918				
Principal Occupation		Name of Employ	er		!				
Special Projects Manager			en Housing Authority						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l	obbyist, spouse, or	Amou	nt 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	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 06052017a Cash Personal Check No	06/	05/2017	\$375.00		\$325.00				

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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		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Monarca		Richard			1634
Residential Street Address	City			State	Zip Code
98 Grove St		Middletown		СТ	06457-2221
Principal Occupation		Name of Employ	er	-	•
Contractor		Mona	rca Construction		
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	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		acpendent enna	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Duite	10001100	1.6gregate controllions		
No Cash X Personal Check	06/0	05/2017	\$150.00		\$150.00
If yes, list Event # 06052017a					
Last Name	First			MI	Contribution ID #
Monarca		Darly		М	1631
Residential Street Address	City			State	Zip Code
24 Cimarron Rd		Middletown		СТ	06457-2354
Principal Occupation		Name of Employ	er		
Office			rca Construction	•	
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 enna c			
government the contract is with: Executive Legislative	Dete	D		-	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	05/2017	\$150.00		\$150.00
If yes, list Event # 06052017a	00/	05/2017	\$150.00		\$150.00
Last Name	First			MI	Contribution ID #
Moore		John		Α	1637
Residential Street Address	City			State	Zip Code
180 Johnson St		Middletown		СТ	06457-2247
Principal Occupation		Name of Employ	er	•	
Auto Body Tech		Fat Ci	ty Motor Cycles		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which brough or broughes of	,	dependent child of	1 a 1000y1st:		
government the contract is with:			x _{No}	_	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No No Personal Check		25/2015	4250.00		
If yes, list Event # 06052017a No Money Order Credit/Debit Card	06/0	05/2017	\$350.00		\$100.00
Last Name	First			MI	Contribution ID #
Moore	1 1130	Mariah		IVII	1638
Residential Street Address	City	Hanan		State	Zip Code
50 Military Rd	City	Middletown		CT	06457-2002
Principal Occupation		Name of Employ	er	1	
Nurse			ord Hospital		
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	of a fobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 71:					
If yes list Event # 06052017a	06/0	05/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT						
Drew for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McCormack		Ann			1602				
Residential Street Address	City			State	Zip Code				
218 Tryon St		Middletown		СТ	06457-4536				
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	int 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 Credit/Debit Card	06/0	05/2017	\$110.00		\$25.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Massaro		Sandra			1588				
Residential Street Address	City			State	Zip Code				
53 High Hill Rd		Wallingford		СТ	06492-1903				
Principal Occupation		Name of Employ	er						
Assistant Office Manager		Innov	ative Engineerings Services,	Inc.					
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 foodysst?						
government the contract is with:			x No						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 05192017a No Money Order Credit/Debit Card	06/0	05/2017	\$250.00		\$250.00				
331320170					-				
Last Name	First			MI	Contribution ID #				
Larson		Sue			1536				
Residential Street Address	City			State	Zip Code				
350 Deming St , Windsor		South Winds	or	СТ	06074-3700				
Principal Occupation		Name of Employ	er						
Registrar of Voters		Town	of South Windsor						
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 child (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						
If yes, list Event # Cash Credit/Debit Card	06/0	05/2017	\$25.00		\$25.00				
				1	la de ma				
Last Name	First	5		MI	Contribution ID #				
Larson	G'i	David		Н	1534				
Residential Street Address	City	M: ddl aba		State	Zip Code				
108 Long Hill Rd		Middletown		СТ	06457-4064				
Principal Occupation Retired		Name of Employ Retire							
			abbyigt groups or	Amon	ant 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}						
government the contract is with:	Doto	Received	Aggregate Contributions	1					
an event reported in Section J1?	Date	received	Assiegate Controutions						
No Cash X Personal Check	06/	05/2017	\$25.00		\$25.00				
If yes, list Event # 06052017a	""	00/201/	φ23.00	I	Ψ 2 3.00				

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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		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			МІ	Contribution ID #
Nielsen		Eric			1655
Residential Street Address	City			State	Zip Code
25 Dryden Dr		Meriden		СТ	06450-6114
Principal Occupation		Name of Employ	er		
Case Management Supervisor		State	of Connecticut		
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	<u> </u>		
government the contract is with: Executive Legislative			x _{No}	4	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	06.11	06/2017	¢2E 00		¢25.00
If yes, list Event # 06302017a No Money Order X Credit/Debit Card	06/1	06/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Fleming		Ben			1390
Residential Street Address	City			State	Zip Code
1314 Cromwell Hills Dr		Cromwell		СТ	06416-1815
Principal Occupation	•	Name of Employ	er	•	
Financial Service		Voya	Fin Inc		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	int 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 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 X Credit/Debit Card	06/0	06/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Guy	1 1130	Isabel		F	1442
Residential Street Address	City	150501		State	Zip Code
161 Mount Vernon St		Middletown		СТ	06457-3214
Principal Occupation		Name of Employ	er		!
retired		retire	d		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If was indicate which branch or branches of	5	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? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	0.511	06/0047	405.00		405.00
If yes, list Event # 06082017a No Money Order X Credit/Debit Card	06/0	06/2017	\$85.00		\$35.00
Last Name	First			MI	Contribution ID #
Boyd	First	Robert		IVII	1230
Residential Street Address	City	ROBERT		State	Zip Code
10 Main St	City	Cheshire		CT	06410-2403
Principal Occupation		Name of Employ	er	1	
teacher		Chesh	nire Academy		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Yes X No	υ	dependent child of	of a fobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes list Event # Cash Personal Check No Cash Personal Check Record Recor	06/0	06/2017	\$15.00		\$15.00

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I. MONETARY RECEIPT	S (S	ection A-I)	TWIE OF DEDORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Drew for CT			TYPE OF REPORT July 10 Filing - Original		
			<u> </u>		
B. Itemized Contributions from	n Ind	lividuals			
Last Name Shatzer	First	Lewis		MI	Contribution ID # 1810
Residential Street Address	City	LEWIS		State	Zip Code
62 Williams St Apt 2	City	Norwich		CT	06360-3443
Principal Occupation		Name of Employ	er		00000 0 1 10
retired		None			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	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 J1? Cash Personal Check	064	06/2017	+25.00		+25.00
If yes, list Event # No Money Order X Credit/Debit Card	06/	06/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Scruggs		Lyle			1806
Residential Street Address	City			State	Zip Code
21 Thomas Dr		Storrs		СТ	06268-1211
Principal Occupation		Name of Employ	er		•
Professor, Political Science		Unive	rsity of Connecticut	_	
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			1.999		
If yes, list Event # Cash X Personal Check Money Order	06/	07/2017	\$50.00		\$50.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
Waller Residential Street Address	City	Debra		State	1898 Zip Code
259 Park Rd	City	Haddam		CT	06438-1225
Principal Occupation		Name of Employ	er	<u> </u>	00.50 1225
Assembler		1	ompany		
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If was indicate which branch or branches of)	dependent child of	n 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 Personal Check	06/	07/2017	\$15.00		\$15.00
If yes, list Event # Money Order X Credit/Debit Card		,			
Last Name	First			MI	Contribution ID #
Waller		Robert			1899
Residential Street Address	City			State	Zip Code
259 Park Rd		Haddam		СТ	06438-1225
Principal Occupation Retired		Name of Employ Retire			
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or	Amou	int 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? Method of contribution:	Date	Received	Aggregate Contributions		
x No Cash Personal Check	00.	07/2017	+20.00		¢1E 00
If yes, list Event # No Money Order X Credit/Debit Card	06/	07/2017	\$20.00		\$15.00

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			July 10 1 lilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Thazhampallath		Geen			1864
Residential Street Address	City			State	Zip Code
71 Ribera Ln		Middletown		СТ	06457-5594
Principal Occupation City employee		Name of Employ City of	er of Middletown		
Is contributor a principal of a state contractor or prospective state contractor?		,	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?	S	
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	06/	07/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/	07/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Tartaglino		Francoise			1856
Residential Street Address	City			State	Zip Code
500 Burlington Rd		Harwinton		СТ	06791-1506
Principal Occupation		Name of Employ	er		
massage therapist			oise Tartaglino		
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?	s 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	\exists	
an event reported in Section J1?			1.00.10.10.10.10.10.10.10.10.10.10.10.10		
X No Cash X Personal Check	06/	07/2017	\$25.00		\$25.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Bookwalter		Fredrika			1227
Residential Street Address	City			State	Zip Code
110 Kenyon St		Hartford		СТ	06105-2505
Principal Occupation		Name of Employ	er		
retired Is contributor a principal of a state contractor or prospective state contractor?		N/A Is contributor a l	obbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37.	s	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	1	
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card Credit	06/	07/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Heydenburg	1 1130	Laura		IVII	1469
Residential Street Address	City	244.4		State	Zip Code
28 Old Town Park Rd		New Milford		СТ	06776-4228
Principal Occupation		Name of Employ	er	•	
home		none			
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? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent ciniti (x No		
government the contract is with: In this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	4	
an event reported in Section J1?	Date	received	Aggregate Contributions		
X No Cash Personal Check	06/	07/2017	\$20.00		\$20.00
If yes_list Event # Money Order X Credit/Debit Card				1	

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF PEROPE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Giunta		Lou Ann			1419
Residential Street Address	City			State	Zip Code
1 Beachside Ave		Westport		СТ	06880-6205
Principal Occupation		Name of Employ	er		
None		None			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	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 A second of the seco	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes list Event #	06/0	07/2017	\$20.00		\$20.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Festa		Anna			1384
Residential Street Address	City			State	Zip Code
117 Canner St		New Haven		СТ	06511-2201
Principal Occupation		Name of Employ	er		
Stay at home mom		None			
			obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	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?	Dute	received	riggiegate Contributions		
X No Cash Personal Check	06/	07/2017	¢100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card	06/1	07/2017	\$100.00		\$100.00
LadVana	First			М	Contribution ID#
Last Name	First	C.		MI	Contribution ID #
Derby	a:	Steve		a	1330
Residential Street Address	City			State	Zip Code
54 White Ave		West Hartfor		СТ	06119-2232
Principal Occupation		Name of Employ			
Retired		Retire			
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			x No		
government the contract is with:					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
X No Cash X Personal Check					
If yes, list Event # Money Order Credit/Debit Card	06/0	07/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Parrotta		Peter		Α	1682
Residential Street Address	City			State	Zip Code
177 Stone Hill Dr		Rocky Hill		СТ	06067-4228
Principal Occupation		Name of Employ			
Owner			Management		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative		D 1 1			
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
x No Cash Personal Check		(1100.05
If yes, list Event # Money Order Credit/Debit Card	06/0	07/2017	\$100.00		\$100.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Drew for CT
Secontification associated with an event report of Section 17 yes Section 18 yes Section 19 yes Sect
First Fir
Pomeranz
Residential Street Address 265 Farms Village Rd # 727
Principal Occupation Attorney Sometimate Security
Principal Occupation Attorney Name of Employer Pomerantz, Drayton, and Stabnick
Attorney 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 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 Credit/Debit Card O6/07/2017 \$375.00 \$375.00 \$375.00 Last Name Hutton First Thomas Residential Street Address 11 Blue Hill Rd Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? Yes X No Rectired Is contributor a principal of a state contractor or prospective state contractor? Yes X No Rectired Is contributor a principal of a state contractor or prospective state contractor? Yes X No Rectired Is contributor a principal of a state contractor or prospective state contractor? Yes X No Rectired Is contributor a principal of a state contractor or prospective state contractor? Yes X No Rectired Yes X No Rectired Yes X No Rectired Yes X No Recontractor or prospective state contractor? Yes X No Recontractor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Recontractor X No Recontractor Yes X No Recontractor Yes X No Recontractor Yes X No Recontractor Yes X No Recontractor X No Recontractor Yes X No Recontractor Yes X No Recontractor X No Recontractor Yes X No Recontractor X No Recontractor Yes X No Recontractor X Yes X No Recontractor Yes X No Recontractor Yes X No Recontractor X Yes X No Recontractor Yes X No Recontractor Yes X No
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobby ist, spouse, or dependent child of a lobby ist? Yes Yes No Yes Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No No Yes No Yes 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: Is this contribution associated with an event reported in Section J1? If yes, list Event #
Executive Legislative Legislative Legislative Legislative Legislative Lours in the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Method of contribution: If yes, list Event # Personal Check No
If yes, list Event # Last Name Residential Street Address 11 Blue Hill Rd 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: Yes X No
If yes, list Event # Personal Check If yes a list event # Per
If yes, list Event # Last Name
Hutton Residential Street Address Residential S
Hutton Residential Street Address Residential S
Residential Street Address 11 Blue Hill Rd Principal Occupation Retired State Zip Code Occupation Name of Employer Retired State Occupation Name of Employer State Occupation State Occupation State Occupation State Occupation Occupation State Occupation State Occupation Occupation State Occupation Occupation State Occupation Occupation State Occupation O
11 Blue Hill Rd 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: Middletown Name of Employer
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: Name of Employer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Legislative Yes Amount of Contribution Amount of Contribution
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 contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No
If yes, indicate which branch or branches of government the contract is with: Yes X No dependent child of a lobbyist? X No
If yes, indicate which branch or branches of government the contract is with: Executive Legislative dependent child of a looblyist? X No
government the contract is with:
Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions
. X Personal Check 06/07/2017 \$50.00 \$50.00
If yes, list Event #
Last Name First MI Contribution ID #
Mccarthy Richard 1597
Residential Street Address City State Zip Code
150 Bay View Ave Mystic CT 06355-2341
Principal Occupation Name of Employer
Retired Retired
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
If yes, indicate which branch or branches of
government are contract is with
an event reported in Section J1?
If yes, list Event #
Last Name First MI Contribution ID #
Last Name Lukens First Ellen MI Contribution ID # 1563
Lukens First MI Contribution ID # Lukens Ellen 1563 Residential Street Address City State Zip Code
Last Name First MI Contribution ID # Lukens Ellen 1563 Residential Street Address City State Zip Code 46 Pine St Middletown CT 06457-3113
Last Name Lukens Residential Street Address 46 Pine St Principal Occupation retired Is contributor a principal of a state contractor or prospective state contractor? Principal Occupation Residential Street Address Name of Employer Retired Retired Is contributor a lobbyist, spouse, or Very Amount of Contribution
Last Name Lukens Ellen City Middletown Frincipal Occupation retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of First Ellen City Middletown State Zip Code Are Zip Code Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution dependent child of a lobbyist?
Last Name Lukens Ellen City Middletown CT 06457-3113 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: Last Name First Ellen City Middletown CT 06457-3113 Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Amount of Contribution Amount of Contribution Amount of Contribution
Last Name Lukens Ellen City Middletown Frincipal Occupation retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of First Ellen City Middletown State Zip Code Are Zip Code Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution dependent child of a lobbyist?

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			day for ming original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Lisitano		Dean			1554
Residential Street Address	City			State	Zip Code
24 Francis Ave		Middletown		СТ	06457-4309
Principal Occupation Building Official		Name of Employer City o	er f Middletown		
Is contributor a principal of a state contractor or prospective state contractor?		,	obbyist, spouse, or	Amou	unt of Contribution
If we sindicate which branch or branches of)	dependent child of	if a lobbyist?		
government the contract is with:			x No	1	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06.0	00/2017	¢00.00		¢25.00
If yes, list Event # 06082017a	06/	08/2017	\$90.00		\$25.00
Last Name	First			MI	Contribution ID #
Johnson		Judy			1490
Residential Street Address	City			State	Zip Code
161 Rolling Grn		Middletown		СТ	06457-8740
Principal Occupation		Name of Employ	er		
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	08/2017	\$30.00		\$25.00
If yes, list Event # 06082017a			,		
Last Name	First			MI	Contribution ID #
Nocera		Gene			1657
Residential Street Address	City			State	Zip Code
64 Reservoir Rd		Middletown		СТ	06457-4819
Principal Occupation		Name of Employ			
Professor — — —			rsity of St Joseph	1	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	obbyist, spouse, or f a lobbyist? Yes	Amot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
government the contract is with. Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in section 31:					
If yes, list Event # 06082017a Cash Service Se	06/	08/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Nocera	riist	Karen		IVII	1658
Residential Street Address	City	- Nation		State	Zip Code
64 Reservoir Rd		Middletown		СТ	06457
Principal Occupation		Name of Employe	er	-	•
Recreation supervisor		city of	f middletown		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent cinia o	x No		
government the contract is with:	Det	Pagaiya4		-	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	08/2017	\$175.00		\$25.00
If yes list Event # 06082017a Money Order Credit/Debit Card	i			1	

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			Carly 10 1 ming Chighian		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Orr		Jean			1669
Residential Street Address	City			State	Zip Code
11 Hamlin Ct	<u> </u>	Middletown Name of Employe		СТ	06457-3253
Principal Occupation Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a le	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of	J	dependent child of	if a lobbyist?		
government the contract is with:		D 1 1	X N	<u>, </u>	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	08/2017	\$30.00		\$20.00
If yes, list Event # Money Order X Credit/Debit Card	00,	00, 201,	450.00		
Last Name	First			MI	Contribution ID #
Davis		Trevor			1323
Residential Street Address	City			State	Zip Code
585 Arbutus St		Middletown		СТ	06457-5184
Principal Occupation		Name of Employ			
Real Estate Broker Is contributor a principal of a state contractor or prospective state contractor?			r Davis Commercial Real E	T Amou	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child o	V	s	an or control
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	,	
Is this contribution associated with a superstant of the superstan	Date	Received	Aggregate Contributions	7	
an event reported in Section J1? Cash Resonal Check					
If yes, list Event # 06082017a No Money Order Credit/Debit Card	06/	08/2017	\$25.00		\$25.00
	l				I
Last Name	First	C		MI	Contribution ID #
Browning Residential Street Address	City	Sam		State	Zip Code
671 Scotland Rd	City	Norwich		CT	06360-9403
Principal Occupation	<u> </u>	Name of Employ	er	1	
Attorney		Self -	employed		
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of	5	dependent child of	i u loboyist:		
government the contract is with:			X No	<u>, </u>	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	08/2017	\$50.00		\$50.00
If yes, list Event # 06082017a		,	·		·
Last Name	First			MI	Contribution ID #
Alderman		Kathleen			1180
Residential Street Address	City			State	Zip Code
8 Knowles Ave	<u> </u>	Middletown		СТ	06457-3117
Principal Occupation Retired		Name of Employer Retire			
			obbyict chause or	Amou	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with:			x N	,	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	06/	08/2017	\$10.00		\$10.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Arafeh		Barbara			1192			
Residential Street Address	City			State	Zip Code			
116 Bretton Rd		Middletown		СТ	06457-4148			
Principal Occupation		Name of Employ						
Retired		Retire		1				
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 Executive Legislative		dependent enna e	x _{No}					
government the conduct is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Bute	110001100	1.6g. egate contributions					
No Cash X Personal Check	06/	08/2017	\$275.00		\$25.00			
If yes, list Event # 06082017a	,							
Last Name	First			MI	Contribution ID #			
Daley		Gerald		Е	1317			
Residential Street Address	City			State	Zip Code			
70 Autumn Ln		Middletown		СТ	06457-4787			
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 dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child c						
government the contract is with: Executive Legislative		D						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check	06.0	00/2017	±100.00		* F0.00			
If yes, list Event # 06082017a No Money Order Credit/Debit Card	06/	08/2017	\$100.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Serra		Marie			1808			
Residential Street Address	City			State	Zip Code			
1510 Randolph Rd		Middletown		СТ	06457-5114			
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	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	a lobbyist:					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	0.51	00/004=	4000.00					
If yes, list Event # 06082017a No Money Order Credit/Debit Card	06/	08/2017	\$200.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Schmitz	rust	Paul		IVII	1802			
Residential Street Address	City	1 441		State	Zip Code			
184 Russett Ln		Middletown		СТ	06457-5822			
Principal Occupation		Name of Employ	er		!			
MGT Consultant		Paul S	Schmitz					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 06082017a Cash Personal Check No	06/	08/2017	\$10.00		\$10.00			

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I MONETADY DECEME	0 (0				
I. MONETARY RECEIPT	5 (50	ection A-I)	Type of peropt		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Russo		William			1772
Residential Street Address	City			State	Zip Code
1112 Town Pl		Middletown		СТ	06457-1750
Principal Occupation		Name of Employ	er	•	
City of Middletown		Public	: Works Director		
Is contributor a principal of a state contractor or prospective state contractor?		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	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31:					
No Cash X Personal Check	06/0	08/2017	\$300.00		\$100.00
If yes, list Event # 06082017a		•			
Last Name	First			MI	Contribution ID #
Russo		Daniel			1770
Residential Street Address	City	Darner		State	Zip Code
78 Hawks Nest Cir	City	Middletown		CT	06457-1514
	_			CI	06437-1314
Principal Occupation		Name of Employ			
Retired		Retire			
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		dependent enna e			
government the contract is with:					
Is this contribution associated with A yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # 06082017a	06/0	08/2017	\$10.00		\$10.00
1. yes, the break is a create break call					
Last Name	First			MI	Contribution ID #
Ranslow		Mandy			1726
Residential Street Address	City			State	Zip Code
190 Liberty St Fl 3		Middletown		СТ	06457-2662
Principal Occupation		Name of Employ	er	•	
Archaeologist		Conne	ecticut Department of Transp	ortation	
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	1	
an event reported in Section J1?					
X No Cash Personal Check	06/:	10/2017	\$20.00		\$20.00
If yes, list Event # Money Order X Credit/Debit Card		•			·
Last Name	First			MI	Contribution ID #
Peterson		Elizabeth		W	1701
Residential Street Address	City	Elizabetii		State	Zip Code
15 Browns Crossing Rd	City	Gales Ferry		CT	06335-1408
	_	,	on.	Ci	00333-1408
Principal Occupation		Name of Employ	Ci		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
	,	dependent child of	of a foodyist?		
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?	1				
× No	06/	12/2017	\$50.00		\$50.00
If yes, list Event #	i		İ	1	

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I. MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
O'Brien		John			1661			
Residential Street Address	City			State	Zip Code			
37 Cricket Ct		Old Saybrool	<	CT	06475-2405			
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	nt 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:								
No Same Same Same Same Same Same Same Same	06/	12/2017	\$25.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Pearce		Helen		К	1690			
Residential Street Address	City			State	Zip Code			
36 Clark Rd		Durham		СТ	06422-2200			
Principal Occupation		Name of Employ	er					
· L. · · · · · L. ·								
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 Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			1.00.10					
X No Cash X Personal Check	06/	12/2017	\$20.00		\$20.00			
If yes, list Event # Money Order Credit/Debit Card	00/	12/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
	FIISt	1-1						
Darcey	O.	John		M	1319			
Residential Street Address	City			State	Zip Code			
100 Bentwood Rd		West Hartfor		СТ	06107-3703			
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		dependent enna (•					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A second of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	06/:	12/2017	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Brookes		Scott		R	1232			
Residential Street Address	City			State	Zip Code			
126 Pokorny Rd		Higganum		СТ	06441-4417			
Principal Occupation		Name of Employ	er					
Town Clerk		Town	of Haddam					
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 robbyist?					
government the contract is with: Executive Legislative			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 Credit/Debit Card	06/	12/2017	\$50.00		\$50.00			
11 yes, his Event # Cledit/Debit Cald				ı				

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			July 10 Filling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Falzarano		Anthony			1377
Residential Street Address	City			State	Zip Code
75 Latici St		Putnam		СТ	06260-1131
Principal Occupation Mayor		Name of Employe	er of Putnam		
			obbyjet enouse or	Amou	ant of Contribution
Yes X No	O	dependent child o	Va	S	
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?					
If yes, list Event # Cash Credit/Debit Card	06/	12/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Faraci	First	Sandra		IVII	1378
Residential Street Address	City	Juliuru		State	Zip Code
25 Schuyler Ave		Middletown		СТ	06457-4328
Principal Occupation		Name of Employ	er		!
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or See Labbraid 2	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		
Cash X Personal Check					
If yes, list Event #	06/	12/2017	\$100.00		\$50.00
Last Name	First			MI	Contribution ID #
Gomes		Marlana		F	1426
Residential Street Address	City			State	Zip Code
170 Clover St		Middletown		СТ	06457-5206
Principal Occupation	-	Name of Employ	er		•
Operations & Technology Intern		The H	artford		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist? Ye	Amou	ant of Contribution
If was indicate which branch or branches of		dependent cinia o	x No		
government the contract is with:	D-4-	D		4	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
x No X Cash Personal Check	06/	12/2017	\$50.00		\$50.00
If yes, list Event #			•		
Last Name	First			MI	Contribution ID #
Gomes		Matthew		S	1427
Residential Street Address	City			State	Zip Code
170 Clover St		Middletown		СТ	06457-5206
Principal Occupation		Name of Employe			
Student			nt at Union College	1 .	
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? Ye	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?			30 0		
If yes list Event # X Cash Personal Check No Money Order Credit/Debit Card	06/	12/2017	\$50.00		\$50.00

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I. MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Gomes		Tina		F	1429			
Residential Street Address	City			State	Zip Code			
170 Clover St		Middletown		СТ	06457-5206			
Principal Occupation		Name of Employ	er					
Finance - Government		City o	f Middletown					
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	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 Yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash X Personal Check	06/:	12/2017	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Gambino		Robert			1400			
Residential Street Address	City			State	Zip Code			
4 Old Mill Rd	City	New Milford		CT	06776-2111			
Principal Occupation		Name of Employ	ar	Ci	00770-2111			
Not Employed			mployed					
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		dependent enna e						
government the contract is with:								
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	06/	12/2017	\$250.00		\$50.00			
in yes, and break in the state of the state								
Last Name	First			MI	Contribution ID #			
Russo		Guy		Р	1771			
Residential Street Address	City			State	Zip Code			
599 Chamberlain Hill Rd		Middletown		СТ	06457-5546			
Principal Occupation		Name of Employ	er					
Director Water Infrastructure		Prime	AE Group INC					
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 X Personal Check	06/	12/2017	\$250.00		\$150.00			
If yes, list Event #	00,	,	Ψ250.00					
Last Name	First			MI	Contribution ID #			
Thornton	riist	Domonique		IVII	1866			
	City	Domenique		Ct-t-				
Residential Street Address	City			State	Zip Code			
168 Timber Ridge Rd		Middletown		СТ	06457-1538			
Principal Occupation		Name of Employ						
Attorney			of CT Dept. of Labor					
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		<u> </u>						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
	l .							
If yes, list Event # Cash Credit/Debit Card	06/	12/2017	\$375.00		\$175.00			

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Y MONETARY DECEME	G (G				
I. MONETARY RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Drew for CT July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Smyth		Frederick		С	1835
Residential Street Address	City			State	Zip Code
42 Birch Mill Trl		Essex		СТ	06426-1203
Principal Occupation		Name of Employ	er		
Operations Manager		Daint	y Rubbish Services		
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 Action 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
No I =	06/	12/2017	\$375.00		\$375.00
If yes, list Event#					
Last Name	First			MI	Contribution ID #
Wellin		Paul			1911
Residential Street Address	City			State	Zip Code
482 E St Plainville Ct # 6062		Plainville		СТ	06062
Principal Occupation		Name of Employ	er		
Partner			orkers Local 15		
			obbyist snouse 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 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		
Cash Personal Check	067	12/2017	фE 00		¢Ε 00
If yes, list Event # Money Order X Credit/Debit Card	06/	12/2017	\$5.00		\$5.00
	Б) or	C (1 (ID)
Last Name	First			MI	Contribution ID #
Stephens	O.	Mark		g	1844
Residential Street Address	City			State	Zip Code
33 Maple Ave		Higganum		СТ	06441-4233
Principal Occupation		Name of Employ			
Retired		Retire			
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			x _{No}		
government the contract is with:					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
_					
If yes, list Event #	06/	13/2017	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Rutty		Wayne			1773
Residential Street Address	City			State	Zip Code
34 Rutty Ln		Haddam		СТ	06438-1258
Principal Occupation		Name of Employ	er		
retired		Middle	esex Hospital		
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					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event #	06/	13/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original					
Drew for CT July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Harder		Darren			1454
Residential Street Address	City			State	Zip Code
4685 Hayden Run Rd		Columbus		OH	43221-5904
Principal Occupation Retired		Name of Employ Retire			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	ant of Contribution
	0	dependent child of		es	
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? Cash Personal Check					
If yes, list Event # \times No \tag{No Money Order} \times X \tag{Credit/Debit Card}	06/	13/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Harder	11130	Dina		1411	1455
Residential Street Address	City	5		State	Zip Code
4685 Hayden Run Rd		Columbus		ОН	43221-5904
Principal Occupation	•	Name of Employ	er	•	•
Secretary		St. Br	endan Church		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amo	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	a lobbyist?		
government the contract is with:			X N)	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	12/2017	¢27E 00		¢27E 00
If yes, list Event # Money Order X Credit/Debit Card	00/	13/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Hebsur		Rosha			1461
Residential Street Address	City			State	Zip Code
4841 Gullane Dr		Ann Arbor		MI	48103-8701
Principal Occupation		Name of Employ	er		
Psychologist		Self			
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? Ye	Amor	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government are contacted with	Date	Received	Aggregate Contributions	<u>'</u>	
an event reported in Section J1?			1-80-18		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	14/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Graves	1 1130	Royal		1411	1431
Residential Street Address	City	,		State	Zip Code
21 Prospect St		Wethersfield		СТ	06109-3756
Principal Occupation	•	Name of Employ	er	•	
Retired		Retire	d		
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?	Amor	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	,	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes list Event # Cash Personal Check No	06/	14/2017	\$5.00		\$5.00

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I. MONETARY RECEIPT	S (S	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original								
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Gomes		Steven		М	1428			
Residential Street Address	City			State	Zip Code			
170 Clover St	<u> </u>	Middletown		СТ	06457-5206			
Principal Occupation Information Technology		Name of Employer Opture	r n Technologies					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist?					
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					
If yes, list Event # Cash X Personal Check Money Order	06/	15/2017	\$50.00		\$50.00			
Lad Nove	First			MI	Contribution ID #			
Last Name English	FIISt	Maura		MII	Contribution ID # 1370			
Residential Street Address	City	Maura		State	Zip Code			
320 W 84th St Apt 1D		New York		NY	10024-4207			
Principal Occupation		Name of Employ	er		<u>!</u>			
Vice President, Business Development		Avenu	ie Capital Group					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or See Jahlania 2	Amou	nt of Contribution			
If yes, indicate which branch or branches of	5	dependent child o	of a lobbyist?					
government the contract is with.	Date	Received	Aggregate Contributions	†				
an event reported in Section J1? X Yes	06/	15/2017	\$25.00		\$25.00			
If yes, list Event # 06302017a	007	13/2017	\$23.00		\$23.00			
Last Name	First			MI	Contribution ID #			
Browning		Samuel		Р	1238			
Residential Street Address	City			State	Zip Code			
671 Scotland Rd	<u> </u>	Norwich		СТ	06360-9403			
Principal Occupation attorney		Name of Employerself	er					
·			obbyist, spouse, or	Amou	unt of Contribution			
Yes A No	0	dependent child o	37					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions]				
an event reported in section 31?								
If yes, list Event # Cash Credit/Debit Card Cash Personal Check Credit/Debit Card Credit/Debit Ca	06/	15/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Bellmore		Sandra		Α	1218			
Residential Street Address	City			State	Zip Code			
41 Evergreen Springs Park		Clinton		СТ	06413			
Principal Occupation		Name of Employ						
info requested			equested					
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	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	1				
an event reported in Section J1?			30 -0					
If yes list Event # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	06/	15/2017	\$375.00		\$375.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First				MI	Contribution ID #		
D'Amico		Michael				1308		
Residential Street Address	City				State	Zip Code		
56 Hazel Woods Dr		Woodbury			СТ	06798-1938		
Principal Occupation Trial Lawyer		Name of Employ	co & Pettinicchi, LLC					
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 o	Ta lobbyist?					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	I NO				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	15/2017	\$375.00			\$375.00		
Last Name	First				MI	Contribution ID #		
Cottrell		Megan				1302		
Residential Street Address	City	-3-			State	Zip Code		
101 Givens Ave Apt C		Stamford			СТ	06902-5366		
Principal Occupation		Name of Employ	er	•				
Legal assistant		Mark	Sank & 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 government the contract is with:		dependent child of	T a lobbyist?					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X No	06/	15/2017	\$20.00			\$20.00		
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First				MI	Contribution ID #		
Rook		Victor			В	1759		
Residential Street Address	City				State	Zip Code		
1175 S Main St		Middletown			СТ	06457-5028		
Principal Occupation Retired		Name of Employ						
			Auto Body Works obbyist, spouse, or		A mou	nt of Contribution		
Yes A No)	dependent child o		Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with:		_	х	No				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	15/2017	\$375.00			\$375.00		
Lad Nove	First				MI	Contribution ID#		
Last Name Lawson	FIISt	Steve			MII	Contribution ID # 1541		
Residential Street Address	City	Sieve			State	Zip Code		
1680 Flowers Mill Dr NE	City	Grand Rapids	i		MI	49525-9694		
Principal Occupation		Name of Employ						
Political Consultant		The V	inci Group					
Is contributor a principal of a state contractor or prospective state contractor?)	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 government the contract is with:		- "	•	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	06/	15/2017	\$5.00			\$5.00		

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I MONETA DV DECEIDTS (C L A. D.								
I. MONETARY RECEIPT	5 (50	ection A-I)	TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Roegiers		Gary		V	1751			
Residential Street Address	City			State	Zip Code			
31 Sachem Dr		Middletown		СТ	06457-1707			
Principal Occupation		Name of Employ	er					
Physician		Conne	ecticut Spine & Sports Medici	ne				
			obbyist, spouse, or		nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Table 19 at 10 to	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash X Personal Check	06/	15/2017	\$375.00		\$375.00			
If yes, list Event #		-,	, , , , ,					
Last Name	First			MI	Contribution ID #			
Taylor		Kyle			1859			
Residential Street Address	City	Ryic		State	Zip Code			
804 Main St Apt 2	City	El Segundo		CA	90245-2319			
Principal Occupation		Name of Employ	on.	CA	90243-2319			
			CI					
President		USA	11.11					
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:								
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	06/	15/2017	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Walsh		Michael			1902			
Residential Street Address	City			State	Zip Code			
18 Pent Rd		Bloomfield		CT	06002-1519			
Principal Occupation		Name of Employ	er					
Trial Attorney		Walsh	Woodard, LLC					
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 31?								
X No Cash Personal Check	06/	15/2017	\$375.00		\$375.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Tundermann		Roberta			1873			
Residential Street Address	City			State	Zip Code			
132 Margarite Road Ext	City	Middletown		CT	06457-5137			
Principal Occupation		Name of Employ	or	<u> </u>	00137 3137			
Retired		Retire						
			abbyigt grauge or	Aman	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	л от Сопитонноп			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative	- F	p : ,						
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	06/	15/2017	\$55.00		\$50.00			

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I. MONETARY RECEIPTS (Section A-I)							
	2 (20	ection A-I)	TWDE OF DEDORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original							
B. Itemized Contributions from	n Inc	lividuals					
Last Name	First			MI	Contribution ID #		
Woodard		D. Lincoln			1927		
Residential Street Address	City			State	Zip Code		
525 Chestnut Hill Rd		Glastonbury		СТ	06033-4105		
Principal Occupation		Name of Employ	er				
attorney		self e	mployed/walsh woodard, llc				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions				
an event reported in section 31:							
If yes, list Event # Cash Credit/Debit Card	06/	15/2017	\$375.00		\$375.00		
Last Name	First			MI	Contribution ID #		
Wolfram		Douglas			1925		
Residential Street Address	City			State	Zip Code		
34 Henry Rd		Danielson		CT	06239-3320		
Principal Occupation		Name of Employ	er				
Manager		Centr	al Breaker				
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?				
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	06/	16/2017	\$50.00		\$50.00		
in yes, its Event ii							
Last Name	First			MI	Contribution ID #		
McInerney		Charles			1611		
Residential Street Address	City			State	Zip Code		
929 Middle St		Middletown		СТ	06457-1526		
Principal Occupation		Name of Employ	er				
Florist		McIne	erney Farm				
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 robbyist:				
government the contract is with: Executive Legislative			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	06/	16/2017	\$75.00		\$75.00		
in yes, its Event in							
Last Name	First			MI	Contribution ID #		
Rosario		Jenna			1761		
Residential Street Address	City			State	Zip Code		
177 Dora Dr		Middletown		CT	06457-4173		
Principal Occupation		Name of Employ	er				
Homemaker		Not E	mployed				
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		ucpenuent enna (of a foodyist?				
government the contract is with:			x _{No}				
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	06/	16/2017	\$100.00		\$100.00		

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original						
Drew for CT July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI		Contribution ID #
Rosario		Michael				1762
Residential Street Address	City			Sta		Zip Code
177 Dora Dr	<u> </u>	Middletown Name of Employe		СТ		06457-4173
Principal Occupation Pipe Fitter		Local				
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	a todoyist?			
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	16/2017	\$100.00		:	\$100.00
Last Name	First			MI		Contribution ID #
Orr	1 1130	Jean		'*11		1670
Residential Street Address	City	300.1		Sta	te	Zip Code
11 Hamlin Ct		Middletown		СТ	-	06457-3253
Principal Occupation	•	Name of Employ	er			
Retired		Retire	d			
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 government the contract is with: Executive Legislative	,	dependent child o	if a lobbyist?	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\dashv		
an event reported in Section J1? Yes X No Cash Personal Check	06/	16/2017	\$80.00			\$50.00
If yes, list Event # Money Order X Credit/Debit Card	00/	10/2017	\$00.00			Ψ 30.00
Last Name	First			MI		Contribution ID #
Castillo		Yolanda				1272
Residential Street Address	City			Sta		Zip Code
123 Main St Apt C	<u> </u>	Manchester		СТ		06042-3165
Principal Occupation		Name of Employe				
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire		$\overline{}$	A mou	nt of Contribution
Yes A No	0	dependent child o		Yes	Amou	in or Contribution
If yes, indicate which branch or branches of government the contract is with:			х	No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # X No Cash X Personal Check	06/	16/2017	\$15.00			\$15.00
-						
Last Name	First	Vatio		MI		Contribution ID #
Bengtson Residential Street Address	City	Katie		Sta	ite	1220 Zip Code
8 Glenwood Dr	City	East Hampto	n	СТ		06424-1345
Principal Occupation		Name of Employe				00.12.10.10
Teacher			ersfield Public Schools			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le	obbyist, spouse, or If a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\neg		
an event reported in Section 31?						
If yes list Event # Cash Credit/Debit Card	06/	16/2017	\$100.00		:	\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original					
Drew for CT July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Barber		Kenneth			1201
Residential Street Address	City			State	Zip Code
39 Daly Rd	<u> </u>	East Hampto		СТ	06424-1608
Principal Occupation		Name of Employ	er		
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	5	dependent child o	f a lobbyist?		
government the contract is with:		D : 1			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/:	16/2017	\$100.00		\$100.00
If yes, list Event #		,	7		
Last Name	First			MI	Contribution ID #
Baker		Frederick		М	1199
Residential Street Address	City			State	Zip Code
947 Roxburgh Ave	L	East Lansing		MI	48823-3130
Principal Occupation		Name of Employ			
Attorney Is contributor a principal of a state contractor or prospective state contractor?			rick M. Baker Jr., PLLC obbyist, spouse, or	1 1	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child o	Voc	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	1	
an event reported in Section J1? Yes Cash Personal Check					
X No The second circumstance in the second circu	06/:	16/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Greenberg		Michael		Α	1433
Residential Street Address	City			State	Zip Code
34 Evergreen Ave	<u> </u>	Middletown		СТ	06457-4605
Principal Occupation Sales Representative		Name of Employ	er S Goodman		
· · · · · · · · · · · · · · · · · · ·				Amou	nt of Contribution
Yes 🔼 No	o	dependent child of	V		
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 31?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/:	16/2017	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Hassett	1 1150	Kevin			1457
Residential Street Address	City			State	Zip Code
28 Magnolia Ave		Middletown		СТ	06457-4351
Principal Occupation		Name of Employe	er	-	•
Operating Engineer		C.J. F	ucci Construction		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		cind o	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		op-ogate Controllion		
If yes, list Event # Cash Personal Check No	06/:	16/2017	\$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					
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Griffiths		David			1437			
Residential Street Address	City			State	Zip Code			
70 Griffiths Rd		Killingly		СТ	06239-3417			
Principal Occupation		Name of Employ						
Retired		Retire						
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	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					
Cash Rection 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gilbert		George			1413			
Residential Street Address	City			State	Zip Code			
120 Gospel Ln		Portland		СТ	06480-1714			
Principal Occupation		Name of Employ	er	•				
Worker		Gilber	t & Jones					
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 Executive Legislative		dependent child of	x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ļ				
an event reported in Section J1?	Buie	110001100	riggregate contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	17/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
More		John			1639			
Residential Street Address	City			State	Zip Code			
606 N Elm St		Wallingford		СТ	06492-3270			
Principal Occupation		Name of Employ						
Union Organizer			777 Plumbers and Pipefitters					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or	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 # Cash Personal Check Money Order X Credit/Debit Card	06/	17/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mitchell	11130	Ellen		1411	1629			
Residential Street Address	City			State	Zip Code			
5019 0 Bserver Ln		Woodbridge		VA	22192			
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 dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		acpendent ennu (x No					
government the contract is with: Legislative Legislative Legislative	Б.	Pagain-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	06/	17/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	"	,,	Ψ100.00		₊ = 30.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original						
Drew for CT July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Pugliese		Richard				1722
Residential Street Address	City				State	Zip Code
1703 Randolph Rd		Middletown			СТ	06457-4041
Principal Occupation Physician - retired		Name of Employe	er esex Hospital			
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	5	dependent child of	of a lobbyist?			
government the contract is with: Executive Legislative	Б.	D : 1		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	06/	17/2017	\$170.00			\$50.00
in yes, list Evene#						
Last Name	First				MI	Contribution ID #
Warmath		Michelle				1904
Residential Street Address	City	Daulia			State	Zip Code
1191 Berlin Tpke Unit 12 Principal Occupation		Berlin Name of Employe	or		СТ	06037-3228
TRANSLATOR			mployed			
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouga or	1 1	Amou	nt of Contribution
If yes, indicate which branch or branches of	0	dependent child o	of a lobbyist?			
government the contract is with: Executive Legislative	Б.	D : 1		No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event #	06/	17/2017	\$25.00			\$20.00
Last Name	First				MI	Contribution ID #
Spaulding	1 1130	Christopher			1411	1840
Residential Street Address	City				State	Zip Code
116 Old Hyde Rd		Weston			СТ	06883-1610
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 le 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: Executive Legislative			x	No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Credit/Debit Card	06/	17/2017	\$20.00			\$20.00
Last Name	First				MI	Contribution ID #
Reardon		Ines				1731
Residential Street Address	City				State	Zip Code
105 Liberty St		Madison			СТ	06443-3200
Principal Occupation		Name of Employe				
professor			New Haven			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	•	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	06/	18/2017	\$250.00			\$250.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filling - Original								
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Pioggia		Ray			1707			
Residential Street Address	City			State	Zip Code			
819 River Blvd		Suffield		СТ	06078-1498			
Principal Occupation photojournalist		Name of Employ self	er					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Ye	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?	S				
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? X No			440.00					
If yes, list Event # Money Order X Credit/Debit Card	06/	19/2017	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Otte		Karen			1671			
Residential Street Address	City			State	Zip Code			
525 New Haven Rd		Durham		СТ	06422-2510			
Principal Occupation		Name of Employ	er		•			
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? Ye	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (
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	06/	19/2017	\$50.00		\$50.00			
If yes, list Event #		-, -						
Last Name	First			MI	Contribution ID #			
Paris		Anne			1675			
Residential Street Address	City			State	Zip Code			
4014 41st St N	<u> </u>	Arlington		VA	22207-4612			
Principal Occupation		Name of Employ						
Homemaker			emaker	1 4	unt of Contribution			
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?	S Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with An event reported in Section 112 Yes Yes	Date	Received	Aggregate Contributions	1				
an event reported in section 31:								
If yes, list Event # Cash Credit/Debit Card	06/	19/2017	\$5.00		\$5.00			
	l			1	ı			
Last Name	First			MI	Contribution ID #			
Horsley Residential Street Address	City	Valerie		State	1476 Zip Code			
31 Edwards St	City	New Haven		CT	06511-3943			
Principal Occupation		Name of Employ	er	1	00011 00 .0			
Professor		Yale l	Jniversity					
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Ye	Amou	unt of Contribution			
If was indicate which branch or branches of	J	dependent child of	or a roodyist?					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash Personal Check	00.1	10/2017	±20.00		#30.00			
If yes_list Event # No Money Order X Credit/Debit Card	U6/	19/2017	\$30.00		\$30.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original								
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Kemery		Kate			1504			
Residential Street Address	City			State	Zip Code			
4704 Latimer Rd		Raleigh		NC	27609-5375			
Principal Occupation Homemaker		Name of Employ Self E	er mployed					
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)	dependent child of	of a lobbyist?					
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	06/	19/2017	\$5.00		\$5.00			
If yes, list Event # Money Order X Credit/Debit Card	00/	19/2017	\$5.00		45.00			
Last Name	First			MI	Contribution ID #			
Kinney		Judy			1507			
Residential Street Address	City			State	Zip Code			
920 Rosellas Way		Alma		AR	72921-7444			
Principal Occupation		Name of Employ	er					
Writer		Self	-11	A	or of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or 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 Money Order X Credit/Debit Card	06/:	19/2017	\$5.00		\$5.00			
If you, his Event in								
Last Name	First			MI	Contribution ID #			
Jones	O.	Sarah		L	1495			
Residential Street Address	City	Manchester		State CT	Zip Code 06040-3741			
661 Middle Tpke E Apt B Principal Occupation		Name of Employ	er	CI	00040-3741			
Project Officer			- State Education Resource	Center of C	т			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.			obbyist, spouse, or of a lobbyist? Yes		nt of Contribution			
If yes, indicate which branch or branches of)	dependent child of	i u loboyist:					
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	064	40/2047	+200.00		+100.00			
If yes, list Event # Money Order X Credit/Debit Card	06/.	19/2017	\$200.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gasparri		Robert			1403			
Residential Street Address	City			State	Zip Code			
54 Fleetwood Dr		Waterbury		СТ	06706-2801			
Principal Occupation		Name of Employ	er					
Construction			Gasparri					
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		acpendent child (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		op-ogate continuations					
If yes list Event # Cash Personal Check No	06/	19/2017	\$375.00		\$375.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Drew for CT			TYPE OF REPORT July 10 Filing - Original		
Diew Ioi C I					
B. Itemized Contributions from	m Ind	lividuals			-
Last Name	First			MI	Contribution ID #
Hayden		Ed		<u> </u>	1458
Residential Street Address	City	A4: 1 II .		State	Zip Code
795 Long Hill Rd Apt F Principal Occupation	L	Middletown Name of Employe	or.	СТ	06457-5078
Retired		Retire			
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		dependent child o	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?	Dute	Received	riggiogute Controllions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	19/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Donovan		Christopher			1343
Residential Street Address	City			State	Zip Code
188 Atkins St		Meriden		СТ	06450-3404
Principal Occupation		Name of Employ	er		•
Political Action Coordinator		Conne	ecticut Education Assoc.		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or f a labbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child o	x No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? X No Cash X Personal Check	06/	19/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Vigue		James			1886
Residential Street Address	City			State	Zip Code
490 Burlington Ave	<u> </u>	Bristol		СТ	06010-3105
Principal Occupation Legislative Advocate		Name of Employ	er Connecticut		
-				Amou	ınt of Contribution
Yes A No	0	dependent child of	7 1 1 X 1 37	i.	
If yes, indicate which branch or branches of government the contract is with:			□ No		
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1? If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	19/2017	\$50.00		\$50.00
-					
Last Name	First			MI	Contribution ID #
Valys Residential Street Address	City	Patricia		State	1882 Zip Code
1019 Upper Maple St	City	Dayville		CT	06241-2015
Principal Occupation	!	Name of Employ	er	1	
		unem	ployed		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbbyist, spouse, or f 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 associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes list Event # Credit/Debit Card	06/	19/2017	\$5.00		\$5.00

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I TYPE OF BERORE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Webster		Amanda			1909			
Residential Street Address	City			State	Zip Code			
131 Notch Rd		Granby		СТ	06035-1116			
Principal Occupation		Name of Employ	er					
Self		Self						
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	19/2017	\$250.00		\$250.00			
If yes, list Event # Money Order X Credit/Debit Card		•			·			
Last Name	First			MI	Contribution ID #			
Williams		Diana			1916			
Residential Street Address	City	Diana		State	Zip Code			
2271 Hampshire Way	City	Tallahassee		FL	32309-3104			
Principal Occupation		Name of Employ	on.	1.	32309-3104			
		1 7						
Associate Professor			a State University					
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:								
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	06/	20/2017	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Zyjeski		Jeffrey			1938			
Residential Street Address	City			State	Zip Code			
469 New Rd		Avon		СТ	06001-3164			
Principal Occupation		Name of Employ	er	-				
Lobbyist		Gaffn	ey, Bennett & Associates					
Is contributor a principal of a state contractor or prospective state contractor?			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			□ No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash Personal Check	06/	20/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Vumbaca		Frank			1895			
Residential Street Address	City			State	Zip Code			
207 Columbus Ave	City	Meriden		CT	06451-5338			
Principal Occupation		Name of Employ	er	L ~ .	20101 3330			
Firefighter			rsity of CT					
			abbriet anauga ar	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	o. controution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	D-4	Dagaiyad		1				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check		20/2017	105.00		+25.00			
If yes, list Event # Money Order Credit/Debit Card	06/	20/2017	\$25.00		\$25.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I TYPE OF BERORE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Stalzer		Sue			1842			
Residential Street Address	City			State	Zip Code			
39W991 Carl Sandburg Rd		Saint Charles	5	IL	60175-7750			
Principal Occupation		Name of Employ	er					
Real estate agent		Baird	and Warner					
		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	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	06/	20/2017	\$5.00		\$5.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Dickerson		Caitlin			1333			
Residential Street Address	City			State	Zip Code			
2543 Meridian Pkwy Apt 1110		Durham		NC	27713-2484			
Principal Occupation		Name of Employ	er		27710 2.01			
GME Coordinator		Duke	•					
			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	7 tinou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	D-4-	D						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	06/.	20/2017	\$5.00		\$5.00			
1				! !				
Last Name	First			MI	Contribution ID #			
Hall		Gretchen			1451			
Residential Street Address	City			State	Zip Code			
7 Louis Dr		Wellesley Hil	ls	MA	02481-1164			
Principal Occupation		Name of Employ	er					
magazine publisher		PwC						
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 followist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A second of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/	20/2017	\$20.00		\$20.00			
Noney order Cadabon Cada								
Last Name	First			MI	Contribution ID #			
Fish		Dorothy C.			1388			
Residential Street Address	City			State	Zip Code			
135 Appletree Dr		East Hartford	i	СТ	06118-3503			
Principal Occupation		Name of Employ	er	-				
Nurse		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?					
government the contract is with:			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 Cash Personal Check Money Order X Credit/Debit Card	06/	20/2017	\$25.00		\$25.00			
ii yes, nst ii yent #								

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I TYPE OF BERORE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Glassman		Kimberly			1420			
Residential Street Address	City			State	Zip Code			
23 Edward St Apt 14		East Haven		СТ	06512-3013			
Principal Occupation		Name of Employ	er					
Director		Found	dation for Fair Contracting of	СТ				
Is contributor a principal of a state contractor or prospective state contractor?			abbrief analysis of		nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	X Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			□ No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	20/2017	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card			,					
Last Name	First			MI	Contribution ID #			
Augeri	1 1150	Chris		P	1195			
Residential Street Address	City	CIIIIS		State	Zip Code			
	City	Middleteur		CT	06457-4826			
74 Virginia Dr	_	Middletown		CI	00457-4820			
Principal Occupation		Name of Employ						
Fire Fighter			of Middletown Fire					
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		dependent enna (<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?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	20/2017	\$100.00		\$100.00			
,								
Last Name	First			MI	Contribution ID #			
Brett		Laurel			1231			
Residential Street Address	City			State	Zip Code			
119 Arlington Ave		Port Jefferso	n	NY	11777-1302			
Principal Occupation		Name of Employ	er					
College Professor		Nassa	u Community College					
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	06/2	20/2017	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Cortez		Amy			1296			
Residential Street Address	City	,		State	Zip Code			
4537 Jimmy Johnson Blvd Apt 8		Port Arthur		TX	77642-8609			
Principal Occupation		Name of Employ	er					
Disabled/Unemployed			mployed					
			abbyigt groups or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	. 111100				
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	06.1	20/2017	#10.00		¢10.00			
If yes, list Event # Money Order X Credit/Debit Card	J 06/.	20/2017	\$10.00		\$10.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Libera		Howard		J	1549
Residential Street Address	City			State	Zip Code
190 Belaire Cir		Windsor Lock	S	СТ	06096-2809
Principal Occupation		Name of Employ			
Firefighter			ey Airport Fire Department		
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	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	1	
an event reported in Section J1?					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	06/	20/2017	\$25.00		\$25.00
If yes, list Event #				<u> </u>	
Last Name	First			MI	Contribution ID #
Kelly		Cristyn			1502
Residential Street Address	City			State	Zip Code
1118 Poindexter Ave W		Bremerton		WA	98312-4337
Principal Occupation		Name of Employe			
Student		Stude		 	
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 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?	Duit	recerred	riggiogate controllions		
X No Cash Personal Check	06/	20/2017	\$5.00		\$5.00
If yes, list Event # Money Order X Credit/Debit Card			70.00		70.00
Last Name	First			MI	Contribution ID #
Martin		Terra			1587
Residential Street Address	City			State	Zip Code
25 Smoke Hill Dr		New Fairfield		СТ	06812-2654
Principal Occupation		Name of Employ	er		
Mother		None			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If was indicate which branch or branches of		dependent enna e	x No		
government the contract is with: Executive Legislative	D-4-	Received		4	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	06/	20/2017	\$20.00		\$20.00
If yes, list Event # Money Order X Credit/Debit Card	00/	20,201,	\$20.00		
Last Name	First			MI	Contribution ID #
Meyering		Kathy			1621
Residential Street Address	City			State	Zip Code
129 Paterson Dr		Middletown		СТ	06457-5141
Principal Occupation		Name of Employe	er	-	•
Teacher		The Ir	ndependent Day School		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		acpendent child o	·		
government the contract is with:		<u> </u>	x _{No}	4	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	067	20/2017	\$100.00		\$100.00
If yes_list Event # Money Order X Credit/Debit Card	I 00/	-0/201/	φ100.00	1	¥100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from Individuals								
		iividuais			G (7 C ID#			
Last Name Newton	First	Ana Alicia		MI	Contribution ID # 1654			
Residential Street Address	City			State	Zip Code			
9 Stratton Rd		Granby		СТ	06035-1716			
Principal Occupation		Name of Employ	er	•				
Director		Nouri	sh My Soul					
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:	Dete	Did						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	061	21/2017	#20.00		¢20.00			
If yes, list Event # Money Order X Credit/Debit Card	06/	21/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Paro	THSt	Roberta		IVII	1681			
Residential Street Address	City	Roberta		State	Zip Code			
246A Yantic St	City	Norwich		CT	06360-4134			
Principal Occupation		Name of Employ	er	Ci	00300 4134			
Teacher			Life Innovations					
			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}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	21/2017	\$45.00		\$20.00			
If yes, list Event # Money Order X Credit/Debit Card	. ,							
Last Name	First			MI	Contribution ID #			
Pestal		Michael			1700			
Residential Street Address	City			State	Zip Code			
64 Prout Hill Rd		Middletown		СТ	06457-5430			
Principal Occupation		Name of Employ	er	•				
teacher		Wesle	eyan					
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 followist:					
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 Personal Check Money Order X Credit/Debit Card	06/2	21/2017	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Marafino	FIISt	Bette		IVII	1577			
Residential Street Address	City	Dette		State	Zip Code			
982 N Main St	City	West Hartfor	d	CT	06117-2054			
Principal Occupation		Name of Employ		L C'	JULIT 2037			
Retired		Retire						
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 foodyist?					
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?								
If yes, list Event # Cash Credit/Debit Card	06/2	21/2017	\$30.00		\$25.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			July 10 Filling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	M		MI	Contribution ID #
Klinck Residential Street Address	City	Mary		State	Zip Code
2 Broom Rd	City	East Haddam	,	CT	06423-1399
Principal Occupation	<u> </u>	Name of Employ		CI	00423-1399
Timepai Georgiano.		rame or Employ	•		
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	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			86 .8		
If yes, list Event #	06/	21/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Cotten		W. Vance			1301
Residential Street Address	City			State	Zip Code
322 Butternut St		Middletown		СТ	06457-3004
Principal Occupation		Name of Employ	er		
Bishop/Pastor			Missionary Baptist Church	•	
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		aepenaent enna e	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	06/	21/2017	\$170.00		\$20.00
Last Name	First			MI	Contribution ID #
Corden		Cynthia			1294
Residential Street Address	City			State	Zip Code
3 Hughes Pl Apt A	<u> </u>	New Haven		СТ	06511-4967
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an 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	06/	21/2017	\$35.00		\$35.00
Last Name	First			MI	Contribution ID #
Casserino		Daniel		J	1270
Residential Street Address	City			State	Zip Code
130 Deepwood Dr		Lebanon		СТ	06249-2143
Principal Occupation		Name of Employ			
Administrator			tment of Defense	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	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}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	06/	21/2017	\$50.00		\$50.00

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ganguli		Prabhash		С	1401				
Residential Street Address	City			State	Zip Code				
251 Old Mill Rd		Middletown		СТ	06457-2419				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyict chause or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes 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 Yes Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash X Personal Check	06/	21/2017	\$200.00		\$200.00				
If yes, list Event #		,							
Last Name	First			MI	Contribution ID #				
Gaunichaux		Anthony		J	1407				
Residential Street Address	City	Anthony		State	Zip Code				
194 E Main St	City	Middletown		CT	06457-4401				
Principal Occupation		Name of Employ	ON.	CI	00437-4401				
Retired		Retied							
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	Атои	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	06/2	21/2017	\$300.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Elak		Kevin			1357				
Residential Street Address	City			State	Zip Code				
15 Azalea Dr		Middletown		CT	06457-2018				
Principal Occupation		Name of Employ	er						
Public Health Sanitarian		City o	f Middletown						
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 31?									
X No Cash Personal Check	06/2	21/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Field		Jonathan		w	1385				
Residential Street Address	City	301.001.011		State	Zip Code				
134 Ridgewood Rd	City	East Hartford	1	CT	06118-1315				
Principal Occupation		Name of Employ		_ <u> </u>	00110 1313				
Chief Clerk/Attorney			of Connecticut/Judicial Brand	ch					
			obbyict chause or		nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	711100					
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Dot-	Pagaiyad							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	0.5.	21/2017	+350.00		+200.00				
If yes, list Event # Money Order Credit/Debit Card	06/2	21/2017	\$250.00		\$200.00				

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			July 10 1 ming Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Fazzino		Salvatore			1383
Residential Street Address	City			State	Zip Code
858 Long Hill Rd Principal Occupation		Middletown Name of Employe		СТ	06457-5063
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of)	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	06/	21/2017	\$45.00		\$10.00
If yes, list Event #	007.	21/2017	φ+3.00		\$10.00
Last Name	First			MI	Contribution ID #
Shelton		Jeffrey			1814
Residential Street Address	City			State	Zip Code
33 Reservoir Rd		Farmington		СТ	06032-2401
Principal Occupation		Name of Employ	er		
Doctor			esex Hospital		
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? Ye	s Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
If yes. list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	21/2017	\$375.00		\$375.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Zickefoose		Mary B			1935
Residential Street Address	City			State	Zip Code
63 Brookridge Dr		Avon		СТ	06001-4011
Principal Occupation Homemaker		Name of Employ	er mployed		
			<u> </u>	Amoi	ant of Contribution
Yes 🔼 No)	dependent child o	37-	s	
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	7	
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	21/2017	\$20.00		\$20.00
	Б				Louis ID#
Last Name Spadaccini	First	Joseph		MI	Contribution ID #
Residential Street Address	City	эозерп		State	Zip Code
773 Bartholomew Rd		Middletown		CT	06457-5609
Principal Occupation		Name of Employ	er		!
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child o	i a lobbyist?		
government the contract is with:	-		x No	4	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions	1	
X No Cash Personal Check	06/	22/2017	\$10.00		\$10.00
If yes list Event # Money Order X Credit/Debit Card	ı · -, ·	·		1	•

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	RT		
Drew for CT			July 101 ming Original			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Suydam		Emiko		_		1854
Residential Street Address	City				State	Zip Code
200 E 89th St Apt 36E	<u> </u>	New York Name of Employe			NY	10128-4307
Principal Occupation Organization Development/HR Consultant			tive Advantage, Inc.			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child o	f a lobbyist?			
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received		No		
an event reported in Section J1? Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # 06222017a	06/	22/2017	\$200.00		:	\$200.00
injus, institution of the control of						
Last Name	First	Dagamania			MI	Contribution ID #
Vecchitto Residential Street Address	City	Rosemarie		-+	State	1884 Zip Code
111 Dekoven Dr Apt 1209	City	Middletown			CT	06457-3465
Principal Occupation		Name of Employe	er			00.07 0.00
Retired		Retire	d			
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	5	dependent child o	f a lobbyist?			
government the contract is with: Executive Legislative	L	- · · ·		No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check	06/	22/2017	\$10.00			\$10.00
If yes, list Event # Money Order X Credit/Debit Card	,					
Last Name	First				MI	Contribution ID #
Haley		Shawn				1449
Residential Street Address	City				State	Zip Code
48 Old Sawmill Rd		Trumbull			СТ	06611-3355
Principal Occupation DBA		Name of Employe	er arGroup			
					Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child o		Yes	7111041	
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 X Credit/Debit Card	06/	22/2017	\$40.00			\$20.00
Last Name	First			$\neg r$	MI	Contribution ID #
Griswold		Corinne				1438
Residential Street Address	City				State	Zip Code
44		Granby			СТ	06035
Principal Occupation		Name of Employe	er			
computer programmer		CapSp	ecialty			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		. r	x	No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	110		
an event reported in Section J1?			30 -0			
If yes list Event # Cash Personal Check No	06/	22/2017	\$20.00			\$20.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hollister		Valorie			1473			
Residential Street Address	City			State	Zip Code			
44 Cone Mountain Rd		West Granby		СТ	06090-1419			
Principal Occupation		Name of Employ	er	-	-			
Dir of Finance		DuraS	Space					
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 Executive Legislative		dependent child o	x No					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06/	22/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	,	,						
Last Name	First			MI	Contribution ID #			
Johnson		Michael		J	1491			
Residential Street Address	City			State	Zip Code			
11 Shady Ln		West Hartfor	d	СТ	06117-3042			
Principal Occupation		Name of Employ	er					
Dir of Gov Affairs			an & LeShane					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	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		dependent enna c	·					
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	06/	22/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00/	22,2017	Ψ100.00		4100.00			
Last Name	First			MI	Contribution ID #			
Lavalla-Bocanegra		Katie			1539			
Residential Street Address	City			State	Zip Code			
7 Higley Rd		West Granby	·	СТ	06090-1101			
Principal Occupation		Name of Employ	er					
Mother		-						
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		dependent enna c	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06/	22/2017	\$20.00		\$20.00			
If yes, list Event # Money Order X Credit/Debit Card	00,		420.00		420.00			
Last Name	First			MI	Contribution ID #			
Matthews		Leigh			1589			
Residential Street Address	City			State	Zip Code			
4 Hemlock Rd		Granby		СТ	06035-2615			
Principal Occupation		Name of Employ	er					
Orthodontic Assistant (Ortho Assistant)		Coher	n Family Orthodontics					
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		acpendent child (x No					
government the contract is with: Executive Legislative		Danier 1		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	06/	22/2017	\$20.00		\$20.00			
If yes, list Event # Money Order X Credit/Debit Card	30/.	,, ,	φ20.00		Ψ20.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			Today 10 1 ming Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Peloquin		Kevin			1692
Residential Street Address	City			State	Zip Code
227 Salmon Brook St Principal Occupation	<u> </u>	Granby		СТ	06035-2332
Graphic designer		Name of Employ Goods	win college		
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	x N		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	0	
an event reported in Section J1?	Dute	received	Aggregate Controlations		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	22/2017	\$30.00		\$30.00
Last Name	First			MI	Contribution ID #
O'Connell		Rose M			1662
Residential Street Address	City			State	Zip Code
12 Standish Rd		Windsor		СТ	06095-1917
Principal Occupation		Name of Employ	er	-	-
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x N	o	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No	06/	22/2017	\$10.00		\$10.00
If yes, list Event# Money Order X Credit/Debit Card		·			-
Last Name	First			MI	Contribution ID #
Palley		Jane			1673
Residential Street Address	City			State	Zip Code
10 Old Pinnacle Rd		Farmington		СТ	06032-3004
Principal Occupation Retired		Name of Employ Retire			
				Amo	unt of Contribution
Yes 🔼 No	O	dependent child of	of a lobbyist?	es	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X N	o	
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 06222017a Cash Credit/Debit Card	06/	23/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Natusch		Laura			1650
Residential Street Address	City			State	Zip Code
7 Mountain Ave		New London		СТ	06320-5623
Principal Occupation		Name of Employ			
Director Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution
Yes X No	0	dependent child of	· · · · · · · · · · · · · · · · · · ·	es	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	о	
Is this contribution associated with Ves Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	06/	23/2017	\$5.00		\$5.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Drew for CT			July 10 1 ming Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Meyer Lampert		Audrey			1620			
Residential Street Address	City			State	Zip Code			
120 Loomis St	<u> </u>	North Granby		СТ	06060-1202			
Principal Occupation Writer			mployed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Ye	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child o	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?			1-88-48-4					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	23/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Pinkin		June G			1705			
Residential Street Address	City			State	Zip Code			
22 Santina Dr		Manchester		СТ	06040-7001			
Principal Occupation		Name of Employe	er	-	-			
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Ye	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		аеренаен сина о	x No					
Is this contribution associated with Is the contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X No Cash Personal Check	06/	23/2017	\$10.00		\$10.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Renz		Elaine			1734			
Residential Street Address	City			State	Zip Code			
55 Metacomet Rd	<u> </u>	Farmington		СТ	06032-1801			
Principal Occupation Unemployed		Name of Employer None	er					
. ,			obbyist, spouse, or	Amou	ınt of Contribution			
Yes A No	0	dependent child of	of a lobbyist?	3				
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? I res No Cash X Personal Check If yes, list Event # 06222017a No No Cash Credit/Debit Card	06/	23/2017	\$325.00		\$225.00			
-				1	I			
Last Name Renz	First	Dobort		MI	Contribution ID #			
Residential Street Address	City	Robert		N State	1735 Zip Code			
55 Metacomet Rd	City	Farmington		CT	06032-1801			
Principal Occupation		Name of Employe	er	1				
Engineer		Kama	n Precision Products					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or fa 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 X Vos Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31:								
If yes list Event # 06222017a	06/	23/2017	\$375.00		\$375.00			

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I. MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Drew for CT									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mazzotta		Carmelo			1593				
Residential Street Address	City			State	Zip Code				
701 Pine St		Middletown		СТ	06457-4176				
Principal Occupation		Name of Employ	er						
Retired		Retire							
			obbyict enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	111104	in or commount				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
x No Cash x Personal Check	06/	23/2017	\$40.00		\$15.00				
If yes, list Event #	00/	23, 2017	\$ 10.00		Ψ15.00				
Last Name	First			MI	Contribution ID #				
Lockwood	1 1130	Antonio		1411	1556				
Residential Street Address	City	AIILOIIIO		State					
	City	5 1		1	Zip Code				
49 Meadow Ln		Durham		СТ	06422-2216				
Principal Occupation		Name of Employ							
Market Owner			iio's Market	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 (
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 #	06/	23/2017	\$375.00		\$375.00				
Noney order									
Last Name	First			MI	Contribution ID #				
Lawler		Madeline			1540				
Residential Street Address	City			State	Zip Code				
33 Maidstone Ave		East Hampto	n	NY	11937-2425				
Principal Occupation		Name of Employ	er						
none		none							
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 X Personal Check	06/	23/2017	\$100.00		\$100.00				
If yes, list Event #			7						
Last Name	First			MI	Contribution ID #				
LeVangie	1 1130	John		1411	1547				
Residential Street Address	City	301111		State	Zip Code				
85 Lawler Ln	City	Namuiah			06360-1701				
		Norwich		СТ	06360-1701				
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 # Cash Personal Check Money Order Credit/Debit Card	06/	23/2017	\$50.00		\$25.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			July 10 Filing - Original	[
Drew for CT			July 10 Filling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Kovacs		John			1518			
Residential Street Address	City			State	Zip Code			
40 Simpson Ave		Wallingford		CT	06492-4727			
Principal Occupation		Name of Employe	er					
SALES		JOHN	KOVACS INS AGENCY					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	/es Amo	ount of Contribution			
If yes, indicate which branch or branches of		dependent child o						
government the contract is with: Executive Legislative				lo				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Rersonal Check	06/	22/2017	±100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	06/.	23/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hryb	11130	Donna		IVII	1478			
Residential Street Address	City	Domia		State	Zip Code			
19 Quarry Rd		Glastonbury		СТ	06033-3826			
Principal Occupation		Name of Employe	er	<u> </u>	00000 0020			
retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amo	ount of Contribution			
)	dependent child of	f a lobbyist?	?es				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x 1	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	06/	23/2017	\$7.50		\$7.50			
In yes, list Event in a create Debit Calid								
Last Name	First			MI	Contribution ID #			
Knickerbocker		Jeffery			1512			
Residential Street Address	City			State	Zip Code			
8 Brockett Rd		Wallingford		СТ	06492-5630			
Principal Occupation		Name of Employe						
Attorney			ett & McHugh					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or f a lobbyist?	es Amo	ount of Contribution			
If yes, indicate which branch or branches of Government the contract is with: Executive Legislative			X 1	Jo.				
Is this contribution associated with Mathed of contribution.	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?			36 .6					
X No Cash Personal Check	06/	23/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card		·	·					
Last Name	First			MI	Contribution ID #			
Gebrian		Jeffrey			1410			
Residential Street Address	City			State	Zip Code			
56 Sunrise Hill Dr		West Hartfor	d	СТ	06107-3350			
Principal Occupation		Name of Employ	er					
Landmark Architect		Jeffre	y Gebrian					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	/es Amo	ount of Contribution			
If yes, indicate which branch or branches of		dependent child of	i a loodyist?					
government the contract is with:			X 1	lo				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?		00/00:-						
If yes list Event # Cash Credit/Debit Card	06/	23/2017	\$250.00		\$100.00			

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I MONETADY DECEMBER (CC., A.D.								
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF PERONT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Drew for CT			July 10 1 lilling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Gold		Judith		R	1421			
Residential Street Address	City			State	Zip Code			
88 Balfour Dr		West Hartfor	d	CT	06117-2901			
Principal Occupation		Name of Employ	er					
Homemaker		none						
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?					
government the contract is with:			x _{No}					
Is this contribution associated with A section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	23/2017	\$375.00		\$375.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Gold		Lee		Α	1422			
Residential Street Address	City			State	Zip Code			
69 Mohawk Dr		West Hartfor	d	CT	06117-2230			
Principal Occupation		Name of Employ	er					
Attorney		Butle	, Norris and Gold					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No T	06/2	23/2017	\$375.00		\$375.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Gomes		Lynn		Т	1425			
Residential Street Address	City			State	Zip Code			
640 Lower Ln		Berlin		СТ	06037-3122			
Principal Occupation		Name of Employ	er					
Hairdresser		Avant	i Hair Studio					
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?								
× No F cash	06/2	23/2017	\$10.00		\$10.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Fischer		Sandra			1387			
Residential Street Address	City			State	Zip Code			
236 Stony Creek Rd		Branford		СТ	06405-3237			
Principal Occupation		Name of Employ	er					
teacher		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt 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 Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			-					
X No Cash Personal Check	06/	23/2017	\$10.00		\$10.00			
If yes, list Event # Money Order X Credit/Debit Card	Ι ΄΄	*	'		•			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dowling		James			1345				
Residential Street Address	City			State	Zip Code				
246 Baileyville Rd		Middlefield		СТ	06455-1084				
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	int 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 Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # Cash Credit/Debit Card	06/2	23/2017	\$300.00		\$200.00				
noncy order									
Last Name	First			MI	Contribution ID #				
Cimini		Jacqueline			1278				
Residential Street Address	City			State	Zip Code				
71 Hunters Rdg		Rocky Hill		СТ	06067-1742				
Principal Occupation		Name of Employ	er						
NA		NA							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int 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 Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	06/2	23/2017	\$100.00		\$100.00				
					·				
Last Name	First			MI	Contribution ID #				
Cimini		Peter			1279				
Residential Street Address	City			State	Zip Code				
71 Hunters Rdg		Rocky Hill		СТ	06067-1742				
Principal Occupation		Name of Employ							
Attorney/lobbyist		CSG,							
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	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:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	23/2017	\$100.00		\$100.00				
If yes, list Event #	00/.	23/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Callahan	1 1150	James			1256				
Residential Street Address	City	James		State	Zip Code				
47 Metacomet Rd		Farmington		CT	06032-1801				
Principal Occupation		Name of Employ	er						
		1 1							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 06222017a Cash Credit/Debit Card	06/2	23/2017	\$25.00		\$25.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	cuon A-1)	TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Callahan	Tilst	Patricia		IVII	1257			
Residential Street Address	City			State	Zip Code			
47 Metacomet Rd		Farmington		CT	06032-1801			
Principal Occupation		Name of Employ	er					
Market Research		Self						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 06222017a Cash Personal Check No Cash Personal Check Money Order Credit/Debit Card	06/2	23/2017	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Csere		Timothy			1305			
Residential Street Address	City			State	Zip Code			
47 Jacobson Farm Rd	<u> </u>	East Hampto		СТ	06424-1660			
Principal Occupation		Name of Employ						
Insurance Agent			er & Pitts Insurance					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		acpendent enna	x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			1-88-18-11					
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/2	23/2017	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Brown	FIISt	Melina C		WII	1234			
Residential Street Address	City			State	Zip Code			
707 Erskine Rd		Stamford		СТ	06903-2051			
Principal Occupation	•	Name of Employ	er					
Executive		Radio	Drama Network					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or If a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		r	x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			1-88-18-11					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/2	23/2017	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Brunelle	First	Colleen		IVII	1239			
Residential Street Address	City	Collecti		State	Zip Code			
48 W Broad St	City	Plainville		CT	06062-2121			
Principal Occupation	-	Name of Employ	er	<u> </u>	00002 2121			
Time par occupancia		rame or Employ	•					
Is contributor a principal of a state contractor or prospective state contractor?	о	Is contributor a l dependent child of	obbyist, spouse, or fa lobbyist?	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?	Date		OB CONTINUED III					
If yes, list Event # Cash Personal Check X No X Money Order Credit/Debit Card	06/2	23/2017	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Drew for CT			July 10 1 lilling - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Bellu		Ann			1219			
Residential Street Address	City			State	Zip Code			
15 Volpe Ct	<u> </u>	New Britain		СТ	06053-1819			
Principal Occupation		Name of Employ						
retired Is contributor a principal of a state contractor or prospective state contractor?		retire	obbyjet energe or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	Voc	111100	in or commount			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions]				
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/2	23/2017	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Veronis	FIISt	George		IVII	1885			
Residential Street Address	City	George		State	Zip Code			
183 Colony Rd	,	New Haven		CT	06511-1680			
Principal Occupation		Name of Employ	er					
none		none						
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	5	dependent child of	f a lobbyist?					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?	Buie	recerred	riggiogate contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/2	23/2017	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Taylor		Joy		В	1858			
Residential Street Address	City	<u> </u>		State	Zip Code			
21 Metacomet Rd		Farmington		СТ	06032-1801			
Principal Occupation	•	Name of Employ	er	-				
Graphic Artist		WH M	edia					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or If a lobbyist? Yes	Amou	nt of Contribution			
If was indicate which branch or branches of		dependent child of	i u lobbyist:					
government the contract is with: Executive Legislative			X No					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 06222017a	06/2	23/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Taylor	1 1130	Lynn		IVII	1860			
Residential Street Address	City			State	Zip Code			
395 South Rd		New Hartford	1	СТ	06057-3620			
Principal Occupation		Name of Employ	er	l .				
Unemployed		None						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			555					
If yes list Event # Cash Personal Check No	06/2	23/2017	\$10.00		\$10.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			July 10 1 lilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Smith		Robert		М	1834
Residential Street Address	City			State	Zip Code
6 Cherry Hill Rd Principal Occupation	<u> </u>	Norwich Name of Employ		СТ	06360-5202
Correctional Counselor			tment of Correction		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	23/2017	\$50.00		\$25.00
Last Name	First			MI	Contribution ID #
Willis		Matthew			1920
Residential Street Address	City			State	Zip Code
65 Cider Mill Rd		Rockfall		СТ	06481-2011
Principal Occupation		Name of Employ	er		•
Attorney		Hallor	an & Sage, LLP		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna c	x No	,	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? Cash Personal Check	06/	23/2017	\$20.00		\$10.00
If yes, list Event # Money Order X Credit/Debit Card			7		
Last Name	First			MI	Contribution ID #
Wasch		William			1906
Residential Street Address	City			State	Zip Code
150 Coleman Rd	<u> </u>	Middletown Name of Employ	ou.	СТ	06457-5065
Principal Occupation Retired		Retire			
				Amou	ant of Contribution
Yes A No	0	dependent child of	37-	S	
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions	7	
an event reported in section 31:					
If yes, list Event # Cash Credit/Debit Card	06/	23/2017	\$200.00		\$100.00
Last Name	First			MI	Contribution ID #
Scotti		Audrey J			1805
Residential Street Address	City			State	Zip Code
950 Faybrook Rd		Middletown		СТ	06457
Principal Occupation		Name of Employ			
retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	S	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	7	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	06/	24/2017	\$10.00		\$10.00

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L MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	•	ŕ	TYPE OF REPORT		
Drew for CT	July 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals			
Last Name Beckeer	First	Kim		MI	Contribution ID #
Residential Street Address	City	Kiiii		State	Zip Code
149 Loomis St	City	North Granby	V	CT	06060-1206
Principal Occupation	_	Name of Employ		<u> </u>	00000 1200
SAHM		Mysel			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		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 Cash Personal Check Cash Credit/Debit Card Cash Credit/Debit Card Cash 06/	24/2017	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #
Galgano	First	Peter		IVII	1398
Residential Street Address	City	retei		State	Zip Code
59 Wilcox Ave	City	East Berlin		CT	06023-1012
Principal Occupation		Name of Employ	or	CI	00023-1012
Media Associate			esex Community College		
			obbyist, spouse, or	Amor	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o		Zimou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Duit	10001100	Tiggiogate commonions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	24/2017	\$100.00		\$100.00
T. AV	г			1.0	C C C D
Last Name	First	Dieboud		MI	Contribution ID #
Lautenbach Residential Street Address	City	Richard		State	1538
16 Brainard Ave	City	Middletown		CT	Zip Code 06457-3132
Principal Occupation		Name of Employ	or	CI	00437-3132
Clinical Psychologist			ord Hospital		
			· · · · · · · · · · · · · · · · · · ·	Amor	ant 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 Yes	Date	Received	Aggregate Contributions		
an event reported in Section 71:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	24/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
McCord		K			1601
Residential Street Address	City			State	Zip Code
135 Hungary Rd		Granby		СТ	06035-1816
Principal Occupation		Name of Employ	er	-	•
Paraprofessional		Grant	y Public Schools		
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	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	24/2017	\$20.00		\$20.00

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I. MONETARY RECEIP	TS (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions fr	om Ind	lividuals			
Last Name	First			MI	Contribution ID #
Markee		Linda			1584
Residential Street Address	City			State	Zip Code
179 Case St		West Granby	,	СТ	06090-1511
Principal Occupation		Name of Employ	er		-
Owner		Marke	ee Ptep		
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 (
government the contract is with: Executive Legislative	Dete	D i d			
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	06/	24/2017	\$20.00		\$20.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Peloquin		Kevin			1693
Residential Street Address	City			State	Zip Code
227 Salmon Brook St		Granby		СТ	06035-2332
Principal Occupation		Name of Employ			
Graphic designer			win college	A	-t -f.Ct-ilti
Is contributor a principal of a state contractor or prospective state contractor? Yes	No	dependent child of	obbyist, spouse, or	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?			1.66.48		
X No Cash Personal Check	06/	24/2017	\$55.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card		,			·
Last Name	First			MI	Contribution ID #
Porter Price		Mary			1715
Residential Street Address	City			State	Zip Code
PO Box 277		Canterbury		СТ	06331-0277
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	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 (x No		
government the contract is with:	Doto	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/	26/2017	\$25.00		\$25.00
If yes, list Event #					-
Last Name	First			MI	Contribution ID #
McQuillan		Jeffry			1614
Residential Street Address	City			State	Zip Code
59 Deerfield Ave		Middletown		СТ	06457-5308
Principal Occupation		Name of Employ			
Artist Instructor Is contributor a principal of a state contractor or prospective state contractor?		CREC	abbyigt groups or	Amon	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?	No	dependent child of	Vac	Amou	in of Contidution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			30 0		
If yes, list Event # Personal Check Money Order Cash Personal Check	06/	26/2017	\$20.00		\$20.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Drew for CT			July 10 Filling - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
O'Neil		John			1664			
Residential Street Address	City			State	Zip Code			
1450 Millbrook Rd		Middletown		СТ	06457-5538			
Principal Occupation Carpenter		Name of Employe	rpenters Local 24					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Yes Cash Responsible Check								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	26/2017	\$95.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Pehota		Judith			1691			
Residential Street Address	City			State	Zip Code			
549 East St		Middletown		СТ	06457-1908			
Principal Occupation		Name of Employe	er	-				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child o	Voc	111100	and of Commodulon			
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 Credit/Debit Card	06/	26/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Mccarthy		Richard			1598			
Residential Street Address	City			State	Zip Code			
150 Bay View Ave		Mystic		СТ	06355-2341			
Principal Occupation		Name of Employe	er					
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	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	1				
an event reported in section 31:								
If yes, list Event # Cash Credit/Debit Card	06/	26/2017	\$75.00		\$25.00			
Last Name	First			MI	Contribution ID #			
McCormack		Ann			1603			
Residential Street Address	City			State	Zip Code			
218 Tryon St		Middletown		СТ	06457-4536			
Principal Occupation		Name of Employe						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			30 -0					
If yes list Event # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	06/	26/2017	\$135.00		\$25.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			July 10 1 ming Chighian		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Jones		Fred			1493
Residential Street Address	City			State	Zip Code
163 Dora Dr		Middletown		СТ	06457-4173
Principal Occupation Jet Engine Mechanic		Name of Employ	^{er} & Whitney		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution
If we sindicate which branch or branches of)	dependent child 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		
Cash Personal Check	0.5.15	26/2017	\F0.00		450.00
If yes, list Event # Money Order Credit/Debit Card	06/2	26/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Jones		Jalen			1494
Residential Street Address	City			State	Zip Code
163 Dora Dr		Middletown		СТ	06457-4173
Principal Occupation		Name of Employ	er	•	
Sales Associate		The H	artford		
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 o	of a lobbyist?		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Butt	10001100	riggregate community		
If yes, list Event #	06/2	26/2017	\$25.00		\$25.00
				1	.
Last Name	First			MI	Contribution ID #
Grandelski Residential Street Address	City	Nancy		Ct-t-	1430
	City	Davvillo		State	Zip Code 06241-2228
877 Upper Maple St Principal Occupation		Dayville Name of Employe	er	Ci	00241-2220
School Social Worker			lly Board of Education		
				Amou	ınt of Contribution
Yes A 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 Yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # Cash Anney Order Credit/Debit Card	06/2	26/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Haley		Shawn			1450
Residential Street Address	City			State	Zip Code
48 Old Sawmill Rd		Trumbull		СТ	06611-3355
Principal Occupation		Name of Employ	er	4	•
DBA		Jaysta	arGroup		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		. p	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?		,	355		
If yes, list Event # 06302017a	06/2	26/2017	\$90.00		\$50.00

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Ellis		Georgia			1362
Residential Street Address	City			State	Zip Code
964 Shippan Ave		Stamford		СТ	06902-7423
Principal Occupation		Name of Employ	er		
Recruiter		The M	Icintyre		
			abbyigt groups or	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}		
Table 19 at 10 to	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash X Personal Check	06/	26/2017	\$60.00		\$20.00
If yes, list Event #		,			•
Last Name	First			MI	Contribution ID #
Chester		Glenn			1275
Residential Street Address	City	Gielini		State	Zip Code
10 Zoldak Dr	City	North Windh	am.	CT	06256-1247
Principal Occupation		Name of Employ	-	Ci	00230-1247
Union Rep			ocal 777		
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	int 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	06/2	26/2017	\$125.00		\$100.00
Last Name	First			MI	Contribution ID #
Shaw		Carolyn			1811
Residential Street Address	City			State	Zip Code
111 Bretton Rd		Middletown		СТ	06457-4111
Principal Occupation		Name of Employ	er		
retired		was V	Vesleyan University Admission	on Office	
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 31?					
X No Cash X Personal Check	06/2	26/2017	\$120.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Slisz		Judith			1829
Residential Street Address	City	344		State	Zip Code
570 Payne Dr	City	Cheshire		CT	06410-1720
Principal Occupation		Name of Employ	er		30410 1/20
Education Consultant			n Slisz		
			abbyigt groups or	Amou	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Aiiiou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		- "	x _{No}		
government the contract is with:	Б.	Di 4		ŀ	
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		26/2017			+4.F. O.C
If yes, list Event # Money Order Credit/Debit Card	06/2	26/2017	\$15.00		\$15.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPOR July 10 Filing - Original	Γ		
Drew for CT			July 10 1 lilling Chighlan			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI		Contribution ID #
Spaeth		John		W		1838
Residential Street Address	City			State		Zip Code
50 Pine St		Middletown Name of Employe		СТ		06457-3113
Principal Occupation Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Yes	Amount	of Contribution
If yes, indicate which branch or branches of		dependent child of	a lobbyist?			
government the contract is with: In this contribution associated with Mathod of contribution:	Date	Received	Aggregate Contributions	No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	26/2017	\$300.00		\$	100.00
Last Name	First			MI	-	Contribution ID #
Stochmal	1 1130	Joseph		1411		1847
Residential Street Address	City	эссер		State		Zip Code
9 Dolan Rd		Seymour		СТ		06483-2151
Principal Occupation		Name of Employ	er			
Teacher		Oxfor	d Public Schools			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amount	of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	if a lobbyist?	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_		
an event reported in Section J1? Yes X No Cash X Personal Check	06/	27/2017	\$375.00		¢	375.00
If yes, list Event #	00,	27/2017	ψ373.00		———	
Last Name	First			MI		Contribution ID #
Sheil		Wendy				1813
Residential Street Address	City			State		Zip Code
17 Laurel St		Middletown		СТ	$oldsymbol{\bot}$	06457-4616
Principal Occupation		Name of Employ				
Para-educator and coach Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		Amount	of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		Yes	Amount	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 Yes	Date	Received	Aggregate Contributions			
an event reported in Section J1? If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	27/2017	\$120.00		\$	100.00
				\dashv		
Last Name	First	i		MI		Contribution ID #
Shobe Residential Street Address	City	Larry		State		7in Code
5 Yellow Yellow Cir	City	Middletown		State		Zip Code 06457-4929
Principal Occupation		Name of Employe	er	101		00437 4323
Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Yes	Amount	of Contribution
If yes, indicate which branch or branches of government the contract is with:		S-pone omite o	x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\neg		
an event reported in Section 31?				1		
If yes list Event # Cash X Personal Check Money Order	06/	27/2017	\$50.00	1	\$	550.00

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Y MONETARY DECEME	G (G				
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF BERORE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Scalora		Sebastian			1795
Residential Street Address	City			State	Zip Code
25 Meadowood Dr		Middletown		СТ	06457-1913
Principal Occupation		Name of Employ	er		
Attorney		The S	calora Law Group		
			obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac		
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 x Personal Check	06/	27/2017	\$375.00		\$375.00
If yes, list Event #			44.4.4		
Last Name	First			MI	Contribution ID #
Scalora	1 1150	Nella		M	1793
Residential Street Address	City	ivella		State	Zip Code
	City	Aulinaton			22202-2010
1300 Army Navy Dr Apt 820	_	Arlington		VA	22202-2010
Principal Occupation		Name of Employ			
Attorney			M. Scalora		
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		dependent enna (·		
government the contract is with:					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Cash Responsal Check					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/2	27/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Canty		Leo			1260
Residential Street Address	City			State	Zip Code
27 Devin Way		Windsor		СТ	06095-2634
Principal Occupation		Name of Employ	er	-	•
None		None			
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	06/2	27/2017	\$52.00		\$52.00
If yes, list Event # Money Order X Credit/Debit Card		-			
Last Name	First			MI	Contribution ID #
Dacey		Helene			1315
Residential Street Address	City	Tierene		State	Zip Code
1615 Indian Shore Dr	City	Clermont		FL	34711-2981
Principal Occupation		Name of Employ	on.	''-	34711-2901
disabled			mployed		
			abbyigt groups or	Amon	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	Vac	Amou	in or Contribution
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}		
government the contract is with:	D.	D i d		1	
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
X No Cash Personal Check		27/2017			±5.00
If yes, list Event # Money Order X Credit/Debit Card	06/2	27/2017	\$5.00		\$5.00

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Y MONETARY DECEME	G (G							
I. MONETARY RECEIPT	5 (50	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Buchsbaum		Susan			1240			
Residential Street Address	City			State	Zip Code			
29 Highland Rd		Stamford		СТ	06902-2850			
Principal Occupation		Name of Employ	er					
Unemployed		Unem	ployed					
			obbyjet enouge or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	37					
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	06/	27/2017	\$5.00		\$5.00			
If yes, list Event # Money Order X Credit/Debit Card	Ĺ	•			·			
Last Name	First			MI	Contribution ID #			
Buhler		William			1245			
Residential Street Address	City	william		State	Zip Code			
	City	Cromwell		CT	06416-2636			
8 Winchester Way Principal Occupation		Name of Employ	ON.	CI	00410-2030			
RETIRED								
		RETIF						
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 second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	06/2	27/2017	\$225.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Gaudiano		Ashl			1404			
Residential Street Address	City			State	Zip Code			
58 Chestnut Hill Rd		Trumbull		CT	06611-4112			
Principal Occupation		Name of Employ	er					
Consultant		Self E	mployed					
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 31?								
X No Cash Personal Check	06/2	27/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Leibert		Joyce			1544			
Residential Street Address	City	30,00		State	Zip Code			
44 Clifford Dr	City	West Hartfor	d	CT	06107-1205			
Principal Occupation		Name of Employ		C1	00107 1203			
retired		Retire						
			obbyict chause or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	Vac	Amou	in or Contribution			
If yes, indicate which branch or branches of Executive Legislative		- "	x No					
government the contract is with:	D.	Danainad						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No Cash Personal Check		27/2017			+50.00			
If yes, list Event # Money Order X Credit/Debit Card	06/2	27/2017	\$50.00		\$50.00			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) July 19 Fings - Onjoin July 19 Fings - Onj
Last Name Mazzadra First Main Peter Mazzadra Main
First Firs
Mazzadra
Residential Steet Address
This contribution a principal of a state contractor or prospective start contractor?
Principal Occupation Retired So contributor a principal of a state contractor or prospective state contractor? Yes No.
Retired Ret
Is contributor a principal of a state contractor or prospective state contractor? Yes No
Fire Security Personal Check State Legislative
Is this contribution associated with an event reported in Section 31? Last Name Passmore Residential Street Address Retired Storting Contribution Retired Contribution prospective state contractor? If yes, list Event # Wethood of contribution: Retired Storting Contribution Re
Last Name Passmore Residential Street Address Principal Occupation Residential Street Makers Passmore Residential Street Address Principal Occupation Residential Street Address South Base on tributor a principal of a state contractor or prospective state contractor? Yes X No
Last Name Passmore Millofer Executive Legislative Personal Check South Passed with an event reported in Section J1? Yes Money Order Mone
Passmore Judith
Passmore Judith
Residential Street Address Last Name Last Name Residential Street Address Residential Street Residential Str
Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor?
Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor?
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: Is contribution associated with an event reported in Section J1? Yes Method of contribution: Date Received Aggregate Contributions
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 # Last Name Millhofer Last Name Millhofer Residential Street Address 167 Sheraton 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: Legislative Date Received Aggregate Contributions # MI Contribution ID # 1627 Residential Street Address City Norwich Norwich Norwich State Zip Code To 06360-6446 Retired Is contributor a principal of a state contractor or prospective state contractor? Yes X No Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name Method of contribution: Cash
an event reported in Section J1? If yes, list Event # Last Name Milhofer Residential Street Address 167 Sheraton Ln Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Properties and the properties of the properties of the properties of the properties of the properties and the personal Check of the persona
If yes, list Event # State Contributor a principal of a state contractor or prospective state contractor? Yes X No Money Order X Credit/Debit Card 06/27/2017 \$15.00 \$5.00
Last Name Millhofer Residential Street Address 167 Sheraton Ln Principal Occupation Retired Retired State contractor or prospective state contractor? Residential Street Address Principal Occupation Retired State Zip Code CT 06360-6446 Norwich Retired Retired Retired State contractor or prospective state contractor? Yes X No State Zip Code CT 06360-6446 Retired Amount of Contribution of dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Norwich Retired Amount of Contribution of Contribution of dependent child of a lobbyist?
Millhofer Residential Street Address 1627 Residential Street Address 167 Sheraton Ln Principal Occupation Retired Retired Retired Retired Retired Retired Is contributor a principal of a state contractor or prospective state contractor? Press X No Norwich Norwich CT 06360-6446 Retired Retired Scontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Norwich Norwich Name of Employer Retired Retired Scontributor a principal of a state contractor or prospective state contractor? Yes X No Norwich Norwich Norwich Norwich Norwich Retired Norwich Norwich Norwich Norwich Norwich Retired Norwich Norwich Norwich Norwich Norwich Retired Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Norwich Nor
Residential Street Address 167 Sheraton Ln Principal Occupation Retired Retired State Zip Code CT 06360-6446 Norwich Name of Employer Retired Retired Is contributor a principal of a state contractor or prospective state contractor? Tyes X No Legislative Residential Street Address State Zip Code CT 06360-6446 Tyes 0560-6446 Tyes 0660-6446 Tyes 0660-6446 Tyes 0660-6446 Tyes 0660-6446 Tyes 0660-6446
Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Properties o
Principal Occupation Retired Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Texaputive Legislative Name of Employer Retired Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution
Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Propultive Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution
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 Amount of Contribution Yes X No
If yes, indicate which branch or branches of Secondition Legislative Legislative Ves X No
Evaportiva I Lagislativa
government the contract is with:
Is this contribution associated with
an event reported in section 31?
If yes, list Event # Cash Personal Check
Last Name First MI Contribution ID #
Nadel Jacob 1644
Residential Street Address City State Zip Code
77 Sturges Hwy Westport CT 06880-2813
Principal Occupation Name of Employer
Student Student
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 Seventive Legislative Legislative Ves Ves Ves Ves Ves Ves Ves Ves Ves Ve
If yes, indicate which branch or branches of government the contract is with: Yes X No
If yes, indicate which branch or branches of Seventive Legislative Legislative Ves Ves Ves Ves Ves Ves Ves Ves Ves Ve

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I MONETA DV DECEME	0 (0	4° A T						
I. MONETARY RECEIPT	5 (5)	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Peterson		J			1702			
Residential Street Address	City			State	Zip Code			
149 Dublin Hill Rd		Higganum		СТ	06441-4130			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			abbyigt groups or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Table 19 at 10 to	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	27/2017	\$20.00		\$20.00			
If yes, list Event # Money Order X Credit/Debit Card		,	·		·			
Last Name	First			MI	Contribution ID #			
Reid		Marjory			1733			
Residential Street Address	City	Harjory		State	Zip Code			
24 Bunker Hill Rd	City	Lakeville		CT	06039			
Principal Occupation		Name of Employ	on.	CI	00039			
		1 '						
Retired		Retire						
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:								
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	06/	27/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Rodko		Eric			1750			
Residential Street Address	City			State	Zip Code			
4000 Robinson Rd Apt K		Rocky Hill		CT	06067			
Principal Occupation		Name of Employ	er					
Executive Director		St. Lu	ike's Community Services					
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 31?								
X No Cash Personal Check	06/	27/2017	\$100.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Rollefson		Virginia			1755			
Residential Street Address	City	*ga		State	Zip Code			
16 Red Orange Rd	City	Middletown		CT	06457-4916			
Principal Occupation		1	or	Ci	00437 4310			
Retired		Name of Employ Retire						
			abbyigt groups or	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	in or Commounon			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative	- F	p : ,						
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	06/	27/2017	\$135.00		\$50.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			Suly 101 lilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Rios		Elizabeth			1745
Residential Street Address	City			State	Zip Code
188 Bailey Rd		Middletown		СТ	06457-2059
Principal Occupation		Name of Employe	er		
Nurse		Dunca		_	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	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 X Cash Personal Check	06/	28/2017	\$50.00		\$50.00
If yes, list Event #	00,	20, 201,			
Last Name	First			MI	Contribution ID #
Rittman		Donald		R	1746
Residential Street Address	City			State	Zip Code
660 Lincoln St		New Britain		СТ	06052-1833
Principal Occupation	•	Name of Employe	er	•	
Consultant		Rittma	an Consulting		
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 o	f a lobbyist?	`[
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 J1?					
If yes, list Event # Cash Credit/Debit Card	06/	28/2017	\$375.00		\$375.00
l l	I .			1	I
Last Name	First	17		MI	Contribution ID #
Robinson Residential Street Address	City	Kristin		State	1747
10 Burr Ave	City	Middletown		CT	Zip Code 06457-3708
Principal Occupation	<u> </u>	Name of Employe	or	CI	00437-3708
Visual Manager		Expre			
-				Amou	ınt of Contribution
Yes A No	0	dependent child o	37 -	3	
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 Credit/Debit Card	06/	28/2017	\$50.00		\$50.00
I yos, us bronch					
Last Name	First			MI	Contribution ID #
Robinson		Shawn			1748
Residential Street Address	City			State	Zip Code
10 Burr Ave		Middletown		СТ	06457-3708
Principal Occupation		Name of Employe			
Sales			Lighting Solutions	1 4	
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child o	obbyist, spouse, or f a lobbyist? Yes	Amot	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date		Op Sant Continuations		
X No	06/	28/2017	\$175.00		\$50.00
If yes_list Event # Money Order Credit/Debit Card					

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			July 10 Filling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Pieper		John			1704
Residential Street Address	City			State	Zip Code
143 Acorn Dr		Middletown		СТ	06457-6125
Principal Occupation Purchasing Agent		Name of Employer City o	^{er} f New Britain		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	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	riggiogue Controutions		
If yes, list Event #	06/	28/2017	\$75.00		\$25.00
Last Name	First			MI	Contribution ID #
Nesci		Salvatore			1653
Residential Street Address	City			State	Zip Code
475 Higby Rd		Middletown		СТ	06457-2383
Principal Occupation		Name of Employe	er		
Public Health Official			Government	1	
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	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		aepenaent enna e	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 Credit/Debit Card	06/	28/2017	\$250.00		\$200.00
Last Name	First			MI	Contribution ID #
Nagle		Mary			1646
Residential Street Address	City			State	Zip Code
522 Town Colony Dr	<u> </u>	Middletown		СТ	06457-5910
Principal Occupation		Name of Employer			
Technology Solutions Developer			obbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child o		Amot	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 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	06/	28/2017	\$35.00		\$20.00
Last Name	First			MI	Contribution ID #
Nocera		Karen			1659
Residential Street Address	City			State	Zip Code
64 Reservoir Rd	<u> </u>	Middletown		СТ	06457
Principal Occupation		Name of Employe			
Recreation supervisor			f middletown		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	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 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?					
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	06/	28/2017	\$375.00		\$200.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			July 10 1 lilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Matzek-Cook		Kelley			1590
Residential Street Address	City			State	Zip Code
7 Brack Farm Rd		East Hampto		СТ	06424-1363
Principal Occupation Teacher		Name of Employ Middle	er etown Board of Education		
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Ye	Amo	unt of Contribution
If yes, indicate which branch or branches of	O	dependent child of	of a foodyfst?		
government the contract is with:			x No	4	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	28/2017	\$25.00		\$25.00
If yes, list Event #	00/	20/2017	\$23.00		\$25.00
Last Name	First			MI	Contribution ID #
Mazzotta		Vincent			1595
Residential Street Address	City			State	Zip Code
34 Jefferson Ave	<u> </u>	Middletown		СТ	06457-4317
Principal Occupation		Name of Employ			
Public Heatg Sanitorieu		-	f Middletown		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of	obbyist, spouse, or of a lobbyist?	s	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	1	
an event reported in Section J1?					
X No Cash X Personal Check	06/	28/2017	\$30.00		\$30.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Linkens		Jessica			1552
Residential Street Address	City			State	Zip Code
20 Wicker St	<u> </u>	Putnam		СТ	06260-1012
Principal Occupation Regulatory Support		Name of Employ	^{er} r Corporation		
			·	Amor	ant of Contribution
Yes 🔼 N	О	dependent child of	37.	s	
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	7	
an event reported in Section 31?					
If yes, list Event # Cash Personal Check No	06/	28/2017	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Lowry	Thist	Daniel		IVII	1560
Residential Street Address	City	24		State	Zip Code
34 Klein Dr		Prospect		СТ	06712-1619
Principal Occupation		Name of Employ	er	•	
Teacher		Middle	etown High School		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		cind (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		op-opare contributions		
If yes list Event # Cash Personal Check No Cash Personal Check X Credit/Debit Card	06/	28/2017	\$20.00		\$20.00

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I MONETARY DECEME	0 (0	4° A T)			
I. MONETARY RECEIPT	5 (50	ection A-I)	TWDE OF DEDORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Marino		Donna		K	1582
Residential Street Address	City			State	Zip Code
38 Ash Ct		Middletown		CT	06457-6128
Principal Occupation		Name of Employ	er		
Coordinator		Middle	etown Schools		
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:			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
Ŭ No ☐ ····	06/2	28/2017	\$50.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Malespini		Mary		J	1568
Residential Street Address	City	-		State	Zip Code
261 Sisk St		Middletown		СТ	06457-2317
Principal Occupation		Name of Employ	er		
Retired		Retire			
			obbyjet enouge or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	111104	in or commount
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		
Cash X Personal Check	06/	20/2017	±120.00		+20.00
If yes, list Event # Money Order Credit/Debit Card	06/	28/2017	\$120.00		\$20.00
					a . 1 . 1 m #
Last Name	First			MI	Contribution ID #
MacPherson		Brandon			1566
Residential Street Address	City			State	Zip Code
145 High St	ļ	Willimantic		СТ	06226-2203
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 l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child (•		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with A second of contribution: Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card	06/2	28/2017	\$80.00		\$80.00
Last Name	First			MI	Contribution ID #
Larson		David		Н	1535
Residential Street Address	City			State	Zip Code
108 Long Hill Rd		Middletown		CT	06457-4064
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	06/2	28/2017	\$35.00		\$10.00

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I MONETARY DECEME	0 (0	4° A T)			
I. MONETARY RECEIPT	5 (5)	ection A-1)	TYPE OF PEROPE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kuhn		Faith		G	1527
Residential Street Address	City			State	Zip Code
1008 Long Hill Rd		Middletown		СТ	06457-5067
Principal Occupation		Name of Employ	er		•
Political Business Communication		FGK (Communications LLC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
)	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 Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event # Cash Credit/Debit Card	06/	28/2017	\$100.00		\$100.00
in yes, list Evenit#					
Last Name	First			MI	Contribution ID #
Joy		Jeffrey			1497
Residential Street Address	City			State	Zip Code
8 Stevenson Rd		Meriden		CT	06451-4976
Principal Occupation		Name of Employ	er		•
Vocational Consultant		Vocat	ional Dynamics, LLC		
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 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	06/	28/2017	\$375.00		\$375.00
If yes, list Event #	00/	20,2017	Ψ373.00		ψ373.00
Last Name	First			MI	Contribution ID #
Grieco	riist	lool		IVII	1436
	City	Joel		Ct-t-	
Residential Street Address	City	\\\+ +6	ن	State	Zip Code
22 Ledyard Rd		West Hartfor		СТ	06117-1708
Principal Occupation		Name of Employ			
Executive Director			nan & Wakefield		
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 Executive Legislative		1	x No		
government the contract is with:	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	06.0	20/2017	+400.00		+400 00
If yes, list Event # Money Order X Credit/Debit Card	06/.	28/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Holden		Kristin		S	1472
Residential Street Address	City			State	Zip Code
282 Poplar Rd		Middletown		СТ	06457-7932
Principal Occupation		Name of Employ			
Manager			og Health		
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 (or a robbyist?		
government the contract is with:			x _{No}		
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	06/	28/2017	\$100.00		\$100.00

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF PEROPE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
English		Erin			1367
Residential Street Address	City			State	Zip Code
20 Horton St		Malverne		NY	11565-1511
Principal Occupation		Name of Employ	er		
Analyst		Ann I	nc		
			obbyist spanse or	Amou	ınt 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 an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
No Cash Personal Check	06/	28/2017	\$100.00		\$100.00
If yes, list Event # 06302017a		•			•
Last Name	First			MI	Contribution ID #
Erlacher JR		Carl			1372
Residential Street Address	City	Curi		State	Zip Code
97 Pheasant Dr	City	Middletown		CT	06457-5173
Principal Occupation			or.	CI	06437-3173
		Name of Employ			
Finance Director		-	f Middletown		
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		dependent enna (
government the contract is with:					
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	06/2	28/2017	\$140.00		\$40.00
Last Name	First			MI	Contribution ID #
Erlacher		Kristie			1373
Residential Street Address	City			State	Zip Code
97 Pheasant Dr		Middletown		СТ	06457-5173
Principal Occupation		Name of Employ	er	•	
Nurse		Mkdd	esex Gastro		
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	1	
an event reported in Section J1?					
X No Zash Personal Check	06/2	28/2017	\$140.00		\$40.00
If yes, list Event #		•			•
Last Name	First			MI	Contribution ID #
Dunn		Ronald		E	1354
Residential Street Address	City	Ronald		State	Zip Code
31 Old Farms W	City	Middletown		CT	06457-7505
	Ь		or	L	0073/-/303
Principal Occupation		Name of Employ			
Insurance Sales			Insurance Inc.		unt of Contailersi
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	int 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:	Date	Received	Aggregate Contributions		
an event reported in Section 31?	1				
If yes, list Event # Cash Credit/Debit Card	06/2	28/2017	\$375.00		\$375.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Drew for CT			July 10 1 lilling - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Alberino		Anthony		С	1179			
Residential Street Address	City			State	Zip Code			
300 Soundview Ave	<u> </u>	Stamford		СТ	06902-7124			
Principal Occupation Technology developer		Name of Employe	er I Partners Inc.					
			obbyist, spouse, or	Amo	unt of Contribution			
Yes X No	0	dependent child o	v	es				
If yes, indicate which branch or branches of government the contract is with:			x N	o				
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Cash Personal Check								
If yes, list Event # Cash Personal Check Value Va	06/2	28/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Adelstein		Richard			1177			
Residential Street Address	City			State	Zip Code			
106 Highland Ave		Middletown		СТ	06457-4123			
Principal Occupation	•	Name of Employe	er	•	-			
University Professor		Wesle	yan University					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amo	unt of Contribution			
If yes, indicate which branch or branches of		dependent child o	f 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 X Personal Check Money Order Credit/Debit Card	06/2	28/2017	\$250.00		\$100.00			
Last Name	First	•		MI	Contribution ID #			
D'Antonio	FIISt	Jim		IVII	1309			
Residential Street Address	City	31111		State	Zip Code			
235 Tryon St		Middletown		СТ	06457-4551			
Principal Occupation		Name of Employe	er	-	!			
Manager		City o	f Middletown					
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or	Amo	unt of Contribution			
If was indicate which branch or branches of		dependent child o	i u loboyist:					
government the contract is with:			X N	0				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/2	28/2017	\$75.00		\$25.00			
	L .				T			
Last Name	First	СМ		MI	Contribution ID #			
Carlson Residential Street Address	City	C.M.		State	1266 Zip Code			
20 Highview Dr	City	Rocky Hill		CT	06067-3616			
Principal Occupation		Name of Employe	er	1	00007 5010			
Insurance Agent			Insurance Inc.					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist? Y	Amo	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _N					
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	1.0001100						
If yes, list Event # Cash Cash Personal Check No Money Order Credit/Debit Card	06/2	28/2017	\$375.00		\$375.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			July 10 1 lilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bynum		April		E	1251
Residential Street Address	City			State	Zip Code
PO Box 454		Middletown		СТ	06457-0454
Principal Occupation Litigation Paralegal		Name of Employer Scalor	er ra Law Group		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le	obbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of	0	dependent child of	f a lobbyist?		
government the contract is with: Executive Legislative		D 1 1		4	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
x No Cash X Personal Check	06/	28/2017	\$375.00		\$375.00
If yes, list Event #	00,	20,201,	ψ373.00		
Last Name	First			MI	Contribution ID #
Chisem		Carl		R	1276
Residential Street Address	City			State	Zip Code
1092 Ridgewood Rd		Middletown		СТ	06457-1729
Principal Occupation		Name of Employe			
Supervisor Aid			of Connecticut	I	
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	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		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
No Tourism enter	06/	28/2017	\$150.00		\$50.00
If yes, list Event #					-
Last Name	First			MI	Contribution ID #
Cassella		Jacque			1269
Residential Street Address	City	No. 1 III i		State	Zip Code
6 Magnolia Ave Principal Occupation	<u> </u>	Middletown Name of Employe	or.	СТ	06457-4321
IT SME		State			
				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 31?	l				
If yes, list Event # Cash Credit/Debit Card	06/	28/2017	\$120.00		\$80.00
Last Name	First			MI	Contribution ID #
Scalora	l list	Paolo		S	1794
Residential Street Address	City			State	Zip Code
25 Meadowood Dr		Middletown		СТ	06457-1913
Principal Occupation		Name of Employ	er	-	•
Owner		Scalor	ra Enterprises		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		acpendent ciniu (x No		
government the contract is with: In this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	1	
an event reported in Section J1?	Date	1.0001700			
If yes list Event # Cash X Personal Check No Money Order Credit/Debit Card	06/	28/2017	\$375.00		\$375.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original					
Drew for CT			July 10 1 lilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Scalora		Vittoria		F	1796
Residential Street Address	City			State	Zip Code
25 Meadowood Dr		Middletown		СТ	06457-1913
Principal Occupation Owner		Name of Employ	er ra Enterprises		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution
Yes X No)	dependent child of	f a lobbyist?	es	
government the contract is with:			x N	0	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Rersonal Check	06/	20/2017	#27F 00		±27F 00
If yes, list Event #	06/.	28/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Samolis		Katherine			1780
Residential Street Address	City			State	Zip Code
84 Brettish Rd		Middletown		СТ	06457
Principal Occupation		Name of Employ	er	-	•
Mortgage underwriter		Key b	ank		
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 f a lobbyist?	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu o	x _N		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_	
an event reported in Section J1?			86 -8		
X No Cash X Personal Check	06/	28/2017	\$275.00		\$25.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Samolis		Joseph			1778
Residential Street Address	City			State	Zip Code
84 Bretton Rd		Middletown		СТ	06457-4150
Principal Occupation		Name of Employe			
Planning conservation and development			f middletown obbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	37	es	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	0	
Is this contribution associated with Associate	Date	Received	Aggregate Contributions	7	
an event reported in section 31:					
If yes, list Event # Cash Credit/Debit Card	06/	28/2017	\$375.00		\$25.00
Last Name	First			MI	Contribution ID #
Sisson	11130	Elaine C.		""	1826
Residential Street Address	City			State	Zip Code
82 Paul Hts		Southington		СТ	06489-4131
Principal Occupation		Name of Employ	er	•	
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of		sependent ennu e	x _N		
government the contract is with:	Doto	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	28/2017	\$215.00		\$150.00
If yes_list Event # Money Order Credit/Debit Card				1	

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I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals		_				
Last Name	First			MI	Contribution ID #			
Sisson		Mary		E	1827			
Residential Street Address	City			State	Zip Code			
82 Paul Hts Principal Occupation	<u> </u>	Southington Name of Employe		СТ	06489-4131			
student		Stude						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Fellowing Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child o	i 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?	Date	Received	Aggregate Contributions					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	06/	28/2017	\$30.00		\$30.00			
Last Name	First			MI	Contribution ID #			
Shaw	First	Carolyn		IVII	1812			
Residential Street Address	City	Carolyli		State	Zip Code			
111 Bretton Rd		Middletown		СТ	06457-4111			
Principal Occupation	•	Name of Employe	er					
retired		was W	esleyan University Admiss	ion Office				
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Ye	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	S	dependent child o	f a lobbyist?	,				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1? Yes X No Cash X Personal Check	06/	28/2017	\$145.00		\$25.00			
If yes, list Event #		20,201,	Ψ113.00		¥23.00			
Last Name	First			MI	Contribution ID #			
Stabnick		Richard		Т	1841			
Residential Street Address	City			State	Zip Code			
37 Trotwood Dr	<u> </u>	West Hartford		СТ	06117-1644			
Principal Occupation		Name of Employe						
Attorney Is contributor a principal of a state contractor or prospective state contractor?			patranz Drayton & Stabnick	Amou	ant of Contribution			
Yes A No	0	dependent child o	37-	3	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? X No	06/	28/2017	\$375.00		\$375.00			
	L .				T			
Last Name	First	Adala		MI	Contribution ID #			
Voli Residential Street Address	City	Adele		State	1892 Zip Code			
3421 Ridge Hill Rd Apt A	City	Boynton Bead	rh	FL	33435			
Principal Occupation	<u> </u>	Name of Employe		1	33 133			
retired		retired						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist? Ye	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 31?								
If yes list Event # Cash Credit/Debit Card	06/	28/2017	\$375.00		\$375.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Drew for CT July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Wiernasz		Margaret			1915			
Residential Street Address	City			State	Zip Code			
809 Holly Hill Dr		Rocky Hill		СТ	06067-4233			
Principal Occupation		Name of Employ	er					
retired		none	11.14	1 .				
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? Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		1	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 Cash Personal Check Money Order Credit/Debit Card	06/	28/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Wood Wood	FIISt	Peter		IVII	1926			
Residential Street Address	City	1 CtC1		State	Zip Code			
208 Breakers Ln		Stratford		СТ	06615-7569			
Principal Occupation	!	Name of Employ	er	1				
development consultant		self						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or See Labbraid 2	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative	5	dependent child of	f a lobbyist?					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Dute	10001100	riggiogate continuations					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	28/2017	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Wolf	1 1100	Gail A			1924			
Residential Street Address	City			State	Zip Code			
711 Cypress Rd		Newington		СТ	06111-5605			
Principal Occupation	-	Name of Employ	er	•	•			
associate director of business services		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist? Ye	Amou	ant of Contribution			
If yes, indicate which branch or branches of		аеренает сппа с	i u lobbyist:					
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					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	29/2017	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Tomczak	First	Stephen Mon	roe	IVII	1871			
Residential Street Address	City	Stephen Hon	100	State	Zip Code			
142 S Elm St	,	Wallingford		CT	06492-4707			
Principal Occupation		Name of Employ	er					
college professor		South	ern Connecticut State Unive	ersity				
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? Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		aspendent emili (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 No	06/	29/2017	\$20.00		\$20.00			

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I MONETA DV DECEDTO (CC A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Drew for CT	July 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Smeriglio		Je			1830				
Residential Street Address	City			State	Zip Code				
58 Old Ridge Rd		New Milford		СТ	06776-3961				
Principal Occupation		Name of Employ	er						
Homemaker		Self E	mployed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event concreted in Section 112 Yes Wethod of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash Personal Check	06/	29/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	Ĺ	•			·				
Last Name	First			MI	Contribution ID #				
Sapia		Angelo		F	1790				
Residential Street Address	City	Aligelo		State	Zip Code				
111 Olympus Pkwy	City	Middletown		CT	06457-2336				
Principal Occupation		Name of Employ	ON.	CI	00437-2330				
Retired		Retire							
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 second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Responsal Check									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/2	29/2017	\$100.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Alston		Patricia			1187				
Residential Street Address	City			State	Zip Code				
46 Washington St Fl 3		Middletown		CT	06457-2843				
Principal Occupation		Name of Employ	er						
Realtor		Sterli	ng Realtors						
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 31?									
X No Cash X Personal Check	06/2	29/2017	\$50.00		\$25.00				
If yes, list Event #			·						
Last Name	First			MI	Contribution ID #				
Barton		Teresa		М	1207				
Residential Street Address	City	101034		State	Zip Code				
655 Chestnut Hill Rd	City	Dayville		CT	06241-1706				
Principal Occupation		Name of Employ	or	<u> </u>	302-11-1700				
Contractor-Business Analyst			ide, Inc.						
			obbyjet enouge or	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	in or Commounon				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative	Б	D							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
_									
If yes, list Event #	06/2	29/2017	\$100.00		\$75.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Drew for CT			July 10 1 lilling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Holzberg		Robert		L	1474			
Residential Street Address	City			State	Zip Code			
192 Coleman Rd		Middletown		СТ	06457-5065			
Principal Occupation Attorney		Name of Employ	er an & Comley, LLC					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	if a lobbyist?					
government the contract is with:	D-4-	D i d		_				
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	06/	29/2017	\$250.00		\$250.00			
If yes, list Event #			7					
Last Name	First			MI	Contribution ID #			
Hennessey		Richard J			1467			
Residential Street Address	City			State	Zip Code			
34 John Smith Dr		West Hartfor		СТ	06107-3632			
Principal Occupation		Name of Employ						
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbyist spays or	Amou	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Va	s	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	1				
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/	29/2017	\$10.00		\$10.00			
				1	La . a . a . p. "			
Last Name	First	Carol		MI M	Contribution ID # 1486			
Jacques Residential Street Address	City	Cal Oi		State	Zip Code			
143 Timrod Trl	City	Glastonbury		CT	06033-1938			
Principal Occupation		Name of Employ	er		!			
Sales		Colon	ial Life Insurance					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Ye	Amou	ant of Contribution			
If was indicate which branch or branches of		dependent child of	i u ioooyist:					
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	06/	29/2017	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Jacques		Ronald		Р	1487			
Residential Street Address	City			State	Zip Code			
143 Timrod Trl		Glastonbury		СТ	06033-1938			
Principal Occupation New Homes		Name of Employ	^{er} es Building & Development					
To the first of th			obbyjet enouge 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 Credit/Debit Card	06/	29/2017	\$50.00	1	\$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									
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name Linehan	First	Liz		MI	Contribution ID #				
Residential Street Address	City	LIZ		Stata	Zip Code				
	City	Cheshire		State CT	06410-2023				
405 Sycamore Ln Principal Occupation		Name of Employ	ar .	CI	00410-2023				
Legislator			e of the State of CT						
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?						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event #	06/	29/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Montalbano	1 1130	John		.,,,	1636				
Residential Street Address	City	JOIIII		State	Zip Code				
11 Rocamora Rd		Rocky Hill		СТ	06067-2069				
Principal Occupation		Name of Employ	er	<u> </u>	1 00007 2003				
Attorney			albano Law, LLC						
			obbyjet enouse or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes Cash Personal Check									
X No	06/	29/2017	\$50.00		\$50.00				
if yes, list Event #									
Last Name	First			MI	Contribution ID #				
Raczka		Theodore		V	1724				
Residential Street Address	City			State	Zip Code				
7 Red Yellow Rd		Middletown		СТ	06457-4919				
Principal Occupation		Name of Employ							
Attorney			dore V. Raczka						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions	ł					
an event reported in Section J1?	Dute	110001100	riggiogate contributions						
X No Cash X Personal Check	06/	29/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Romanski		Heather			1757				
Residential Street Address	City			State	Zip Code				
297 Scotland Rd		Norwich		СТ	06360-1657				
Principal Occupation		Name of Employ	er						
IT Service Desk Manager			ecticut College						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	О	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 Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No	06/	29/2017	\$20.00		\$20.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original								
Drew for CT			Cary for ming Chightan					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Root		Antoinette		R	1760			
Residential Street Address	City			State	Zip Code			
31 Mellor Dr Principal Occupation	<u> </u>	Wallingford		СТ	06492-4954			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	ant of Contribution			
	0	dependent child of	Ta lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
x Cash Personal Check								
If yes, list Event # Money Order Credit/Debit Card	06/	29/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Rickenback	11130	Christina		F	1739			
Residential Street Address	City	00		State	Zip Code			
275 Blue Rd		Middletown		СТ	06457-5054			
Principal Occupation	•	Name of Employ	er	•	•			
Pediatric Nurse Practitioner		Wildw	ood Pediatrics					
Is contributor a principal of a state contractor or prospective state contractor?	D		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child of	i a loodyist?					
government the contract is with: Executive Legislative		n	X No	4				
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
x No Cash x Personal Check	06/	29/2017	\$125.00		\$125.00			
If yes, list Event #	00/	29/2017	φ125.00		\$125.00			
Last Name	First			MI	Contribution ID #			
Rickenback		Robert		J	1740			
Residential Street Address	City			State	Zip Code			
275 Blue Rd		Middletown		СТ	06457-5054			
Principal Occupation		Name of Employe	er					
Computer Analyst			of Connecticut	,				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		1	x No					
government the contract is with.	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	29/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Reynolds	1 1130	Joan			1737			
Residential Street Address	City			State	Zip Code			
23 Idlewood		Bethel		СТ	06801-1471			
Principal Occupation	•	Name of Employ	er	•				
Retired		N/A						
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?	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	1				
an event reported in Section J1?			-					
If yes list Event # Cash X Personal Check Cash X Personal Check Credit/Debit Card	06/	30/2017	\$75.00		\$75.00			

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I. MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-1)	TYPE OF DEPONT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original									
Drew for CT									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Riley		Lawrence			1743				
Residential Street Address	City			State	Zip Code				
447 Ridge Rd		Middletown		СТ	06457-5230				
Principal Occupation		Name of Employ	er	•	•				
Dog Trainer Self employed-An Educated Dog									
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int 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 X Credit/Debit Card	06/	30/2017	\$80.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Phillips		Stephanie			1703				
Residential Street Address	City			State	Zip Code				
41 Yarwood St		Stratford		СТ	06615-6930				
Principal Occupation		Name of Employ	er						
Computer Consultant			Group, Inc.						
			obbyict chance or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	711100	ant of continuation				
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						
Cash X Personal Check	06/	20/2017	#350.00		+250.00				
If yes, list Event # Money Order Credit/Debit Card	06/.	30/2017	\$250.00		\$250.00				
					La . z . m #				
Last Name	First			MI	Contribution ID #				
Middleton		Laur			1624				
Residential Street Address	City			State	Zip Code				
413 High St # 2		Middletown		СТ	06457-2632				
Principal Occupation		Name of Employ	er						
Forest City Marketing, LLC CEO		100							
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	int of Contribution				
If yes, indicate which branch or branches of		dependent child (*						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with on expert separated in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	30/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Murray		Mary Ellen			1642				
Residential Street Address	City			State	Zip Code				
46 Scenic View Dr		Middletown		СТ	06457-4920				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int 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 J1?									
If yes, list Event # Cash Credit/Debit Card	06/	30/2017	\$25.00		\$25.00				
11 Jos, 110 Livinity Order Livinity									

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original					
Drew for CT			July 10 1 lilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
N/A		Linda			1643
Residential Street Address	City			State	Zip Code
83 Mill Rock Rd Principal Occupation	<u> </u>	Hamden		СТ	06517-4021
Semi retired		Name of Employer Kelly	educational services		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or	Yes Amo	ount of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent cinia o		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	06/	30/2017	\$15.00		\$15.00
Last Name	First			MI	Contribution ID #
Nilan		Shannon			1656
Residential Street Address	City			State	Zip Code
43 Midland Rd		Trumbull		СТ	06611-3235
Principal Occupation		Name of Employe	er		•
Teacher		New Y	ork City Department of E	ducation	
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or	Yes Amo	ount of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child o	· –	No	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No X Cash Personal Check	06/	30/2017	\$20.00		\$20.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Oakes		Anthony			1665
Residential Street Address	City			State	Zip Code
710 SE Essex Dr	<u> </u>	Port Saint Lu		FL	34984-5217
Principal Occupation		Name of Employe			
Advance Staff Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amc	ount of Contribution
Yes A No	0	dependent child o		Yes	duit 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		
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/	30/2017	\$375.00		\$375.00
Lad Nove	First			MI	Contribution ID #
Last Name Oakes	FIISt	Mary		MI	Contribution ID # 1666
Residential Street Address	City	inal y		State	Zip Code
710 SE Essex Dr	City	Port Saint Lu	cie	FL	34984-5217
Principal Occupation		Name of Employ			
Secretary		Colem	nan Bros. Entertainment		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or if a lobbyist?	Yes Amo	ount of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X 1	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\exists	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	06/	30/2017	\$375.00		\$375.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Drew for CT			July 10 Filling - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Р		Karol			1672			
Residential Street Address	City			State	Zip Code			
673 Haddam Quarter Rd		Durham		СТ	06422-1804			
Principal Occupation Retired		Name of Employer Retire						
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No	0	dependent child of	Voc					
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? Cash Personal Check								
If yes, list Event # Cash Personal Check Cash Personal Check Cash Personal Check	06/	30/2017	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Patterson	First	Diane		IVII	1689			
Residential Street Address	City	Diane		State	Zip Code			
95 Kelsey St		Middletown		СТ	06457-5126			
Principal Occupation		Name of Employe	er	!				
Marketing and Communications		Not E	mployed					
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Gallaboriet Yes	Amou	nt 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?	Date	Received	Aggregate Contributions					
Cash Personal Check	06/	30/2017	¢20.00		¢20.00			
If yes, list Event # Money Order X Credit/Debit Card	00/.	30/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Parrotta		Peter		Α	1683			
Residential Street Address	City			State	Zip Code			
177 Stone Hill Dr		Rocky Hill		СТ	06067-4228			
Principal Occupation		Name of Employ	er					
Owner			1anagement					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with.	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?			1-80-18					
If yes, list Event # Cash X Personal Check Money Order	06/	30/2017	\$300.00		\$200.00			
If yes, list Event #					-			
Last Name	First			MI	Contribution ID #			
Luxenberg		Yvette			1565			
Residential Street Address	City	Cifi-1d		State	Zip Code			
82 S Maple Ave Principal Occupation	L	Springfield Name of Employe	or .	NJ	07081-1906			
teacher			rk Academy					
Is contributor a principal of a state contractor or prospective state contractor?			obbriet enouge 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 Method of contribution:	Date	Received	Aggregate Contributions]				
an event reported in Section 31?								
If yes list Event # Cash Credit/Debit Card	06/	30/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			July 10 1 lilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
McCain		Diana			1596
Residential Street Address	City			State	Zip Code
262 Skeet Club Rd	<u> </u>	Durham		СТ	06422-1016
Principal Occupation Writer		Name of Employ Self E	^{er} mployed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amor	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		D : 1	X N	<u> </u>	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	30/2017	\$10.00		\$10.00
If yes, list Event # Money Order X Credit/Debit Card	00,	30,201,	\$10.00		———
Last Name	First			MI	Contribution ID #
McDowell		Dona-Kay			1607
Residential Street Address	City			State	Zip Code
40 Carmen Hill Rd	<u> </u>	New Milford		СТ	06776-4510
Principal Occupation		Name of Employ			
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbreigt anguage or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	V	es	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x N	,	
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	06/	30/2017	\$5.00		\$5.00
Indicy order Creatibeth Card					
Last Name	First			MI	Contribution ID #
McLean	a:	Hugh			1612
Residential Street Address	City	South Winds	or.	State CT	Zip Code 06074-1040
58 Bailey Cir Principal Occupation	<u> </u>	Name of Employ		Ci	00074-1040
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yof a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of	D	dependent child of	i u loboyist:		
government the contract is with: Executive Legislative			x No)	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
x No Cash Personal Check	06.0	20/2017	+25.00		+25.00
If yes, list Event # Money Order X Credit/Debit Card	06/.	30/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Merckel		Wendy			1618
Residential Street Address	City			State	Zip Code
340 High St		Mystic		СТ	06355-1710
Principal Occupation		Name of Employ			
Homemaker			mployed		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	X No	, [
government the contract is with:	Date	Received	Aggregate Contributions	\exists	
an event reported in Section J1?			00 -0		
If yes list Event # Cash Personal Check No	06/	30/2017	\$20.00		\$20.00

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I MONETA DV DECEDTO (CC A. D.								
I. MONETARY RECEIPTS	5 (50	ection A-I)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Hunt		Ralph			1480			
Residential Street Address	City			State	Zip Code			
24 Blue Spruce Cir		Weston		СТ	06883-1104			
Principal Occupation		Name of Employ	er					
Veterinarian		Wiltor	n Hospital For Animals					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No	•	dependent child of	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 Cash X Personal Check	06/3	30/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Latronica		Mary Kate			1537			
Residential Street Address	City			State	Zip Code			
570 E Main St		Middletown		СТ	06457-4511			
Principal Occupation		Name of Employ	er	<u> </u>	00.07 .011			
Homemaker			maker					
			obbyist spouse or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child o	Vac	111104	nt of continuation			
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					
Cash Personal Check	067	20/2017	#10.00		±10.00			
If yes, list Event # Money Order X Credit/Debit Card	06/.	30/2017	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
На		Edward			1443			
Residential Street Address	City			State	Zip Code			
795 Long Hill Rd Apt F		Middletown		СТ	06457-5078			
Principal Occupation		Name of Employ						
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	nt of Contribution			
If yes, indicate which branch or branches of		dependent chira c	•					
government the contract is with:			x _{No}					
Is this contribution associated with A second of the seco	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/3	30/2017	\$20.00		\$20.00			
				l				
Last Name	First			MI	Contribution ID #			
Gray		Jennifer			1432			
Residential Street Address	City			State	Zip Code			
5 Boyce Rd		Danbury		CT	06811-4311			
Principal Occupation		Name of Employ	er					
Attorney		Keane	e & Beane, P.C.					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or of a lobbyist? Yes	Amou	nt 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 Method of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/3	30/2017	\$150.00		\$50.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	TWDE OF DEDORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original								
Drew for CT								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Gelderman		Laurie			1411			
Residential Street Address	City			State	Zip Code			
44 Chalon Rd		Trumbull		СТ	06611-3206			
Principal Occupation		Name of Employ	er					
Physical Therapist		Valley	Orthopaedic Specialists					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with A yes We have the property of the Section 112.	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 06302017a No Money Order X Credit/Debit Card	06/3	30/2017	\$50.00		\$50.00			
11 yes, list Event # GOSOZOT/B I Money Order Card								
Last Name	First			MI	Contribution ID #			
Dupuy		Alex			1355			
Residential Street Address	City			State	Zip Code			
981 Arbutus St		Middletown		СТ	06457-5181			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a 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?								
Ŭ No │☐ □	06/3	30/2017	\$20.00		\$20.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
DiGiulio		Katherine			1334			
Residential Street Address	City			State	Zip Code			
45 Franklin Ave		Plainville		СТ	06062-1601			
Principal Occupation		Name of Employ	er	-				
Development Director		Congr	regation of Notre Dame					
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 Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/3	30/2017	\$5.00		\$5.00			
in yes, list Event # Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Dodge		Alliso			1341			
Residential Street Address	City			State	Zip Code			
20 Massasoit Rd		Middlefield		СТ	06455-1070			
Principal Occupation		Name of Employ	er					
Congressional Staffer		US Re	ep. Rosa DeLauro					
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?					
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 Credit/Debit Card	06/3	30/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	TWDE OF DEDORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Drew for CT July 10 Filing - Original								
Drew for CT								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
DiStephan		Raymond			1337			
Residential Street Address	City			State	Zip Code			
11 Old Woods Rd		Brookfield		СТ	06804-3630			
Principal Occupation		Name of Employ	er					
Social Worker		Katon	ah-Lewisboro					
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:			x _{No}					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	06/3	30/2017	\$20.00		\$10.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
DiStephan		Raymond			1338			
Residential Street Address	City	-		State	Zip Code			
11 Old Woods Rd		Brookfield		СТ	06804-3630			
Principal Occupation		Name of Employ	er					
Social Worker			ah-Lewisboro					
			obbyict chance 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 Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Dute	Received	Aggregate Contributions					
X No Cash Personal Check	06/	20/2017	¢20.00		¢10.00			
If yes, list Event # Money Order X Credit/Debit Card	06/.	30/2017	\$20.00		\$10.00			
LadNama	Firet.			Lva	Contribution ID#			
Last Name	First			MI	Contribution ID #			
English	O.	Meagan		a	1371			
Residential Street Address	City	N. MIIG. I		State	Zip Code			
16 Dorwin Hill Rd		New Milford		СТ	06776-3818			
Principal Occupation		Name of Employ						
Teacher			ury PS					
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 enna (x No					
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					
_								
If yes, list Event # Cash Credit/Debit Card	06/3	30/2017	\$25.00		\$25.00			
-				1				
Last Name	First			MI	Contribution ID #			
English		Jerry		Р	1368			
Residential Street Address	City			State	Zip Code			
16 Dorwin Hill Rd	L	New Milford		СТ	06776-3818			
Principal Occupation		Name of Employ	er					
Business Consultant		Jerry	English					
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		acpendent child (or a roodyrst?					
government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?	l							
If yes, list Event # Cash Credit/Debit Card	06/3	30/2017	\$150.00		\$150.00			

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I MONETA DV DECEIDTS (C L A. D.								
I. MONETARY RECEIPT	5 (50	ection A-I)	TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
English		Lorraine		М	1369			
Residential Street Address	City			State	Zip Code			
16 Dorwin Hill Rd		New Milford		СТ	06776-3818			
Principal Occupation		Name of Employ	er					
Paraeducator		New I	Milford Board of Education					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash X Personal Check	06/	30/2017	\$100.00		\$100.00			
If yes, list Event #		-			-			
Last Name	First			MI	Contribution ID #			
English		Conor			1366			
Residential Street Address	City			State	Zip Code			
135 Placid Ave	City	Stratford		CT	06615-6651			
Principal Occupation		Name of Employ	or	Ci	00013-0031			
			CI					
Senior Content Manager		Mr.	-1.1i		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?	Атои	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Б.	D : 1						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Barsanal Chack								
If yes, list Event # 06302017a No Money Order X Credit/Debit Card	06/	30/2017	\$175.00		\$125.00			
				l				
Last Name	First			MI	Contribution ID #			
Fazzino		Frances			1381			
Residential Street Address	City			State	Zip Code			
82 Milardo Ln		Middletown		СТ	06457-4233			
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	nt 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 Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
× No F	06/	30/2017	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Gabriele		Timothy			1397			
Residential Street Address	City			State	Zip Code			
18 Renee Ln		North Haven		СТ	06473-3437			
Principal Occupation		Name of Employ	er					
Recruiting Coordinator			Jniversity					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	or a roodyrst?					
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	06/	30/2017	\$20.00		\$20.00			
If yes, list Event # Money Order X Credit/Debit Card	I / .	,	420.00					

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Basinger		John			1208			
Residential Street Address	City			State	Zip Code			
133 Lincoln St		Middletown		СТ	06457-2640			
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			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist? Yes					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event concreted in Section 112 Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31:								
× No	06/	30/2017	\$280.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Bartoli		Hector			1205			
Residential Street Address	City			State	Zip Code			
399 Pine St		Middletown		СТ	06457-4143			
Principal Occupation		Name of Employ	er	<u> </u>	00.07 12.0			
Retired		Retire						
			abbyist 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	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the conduct is with.	D-4-	D						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event #	06/.	30/2017	\$125.00		\$50.00			
•				l				
Last Name	First			MI	Contribution ID #			
Barron		Robert			1203			
Residential Street Address	City			State	Zip Code			
907 East St		Middletown		СТ	06457-1736			
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 dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (or a roodyrst:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	30/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Augeri		Luka			1196			
Residential Street Address	City			State	Zip Code			
21 Keefe Ln		Middletown		CT	06457-3019			
Principal Occupation		Name of Employ	er					
Customer Service Manager		Jerry'	s Pizza					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	1							
If yes, list Event #	06/	30/2017	\$375.00		\$375.00			
ii yes, nsi evenii # ivioney Order Credit/Debit Card	i			I				

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I. MONETARY RECEIPT	S (S	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Drew for CT			July 10 Filing - Original				
B. Itemized Contributions from	m Inc	lividuals					
Last Name	First			MI	Contribution ID #		
Anderson		Bryan			1188		
Residential Street Address	City			State	Zip Code		
49 Ingersol Rd		Milford		СТ	06460-3601		
Principal Occupation		Name of Employ	er				
Educator		NYC [Dept of Education				
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	30/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Angelopoulos	First	Patricia		IVII	1189		
Residential Street Address	City	T dti itid		State	Zip Code		
75 Coit St		Norwich		СТ	06360-4911		
Principal Occupation		Name of Employ	er		00000 1311		
Breakfast Hostess		Amer	icInn of Griswold				
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 foodyfst?				
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				
x No Cash Personal Check	06/	30/2017	\$10.00		\$10.00		
If yes, list Event #				<u> </u>			
Last Name	First			MI	Contribution ID #		
Angiletta		Irene			1190		
Residential Street Address	City			State	Zip Code		
40 Lake Shore Dr		Middlefield		СТ	06455-1053		
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 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 on event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in section 31:							
If yes, list Event # Cash Credit/Debit Card	06/	30/2017	\$25.00		\$25.00		
Last Name	First			MI	Contribution ID #		
Almeida		Al			1186		
Residential Street Address	City			State	Zip Code		
137 Great Plain Rd		Danbury		СТ	06811-3844		
Principal Occupation		Name of Employ	er				
Investigator		State	of Connecticut				
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 government the contract is with: 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?			34 4				
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	30/2017	\$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								
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals							
Last Name Abbamonte	First	Alix		MI	Contribution ID # 1176				
Residential Street Address	City	AllA		State	Zip Code				
415 E 82nd St # 1D		New York		NY	10028-6616				
Principal Occupation		Name of Employ	er	!					
publicist		Self E	mployed						
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						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	30/2017	\$25.00		\$25.00				
				I					
Last Name	First	5 1		MI	Contribution ID #				
Alexander Residential Street Address	City	Barbara		State	Zip Code				
987	City	Monroe		CT	06468				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00400				
Retired		Retire	ed						
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	o O	dependent child of	of a lobbyist?						
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	06/	30/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Alfieri		Peter			1184				
Residential Street Address	City			State	Zip Code				
22 Versailles Rd	<u> </u>	Lisbon		СТ	06351-7407				
Principal Occupation		Name of Employ							
Pipefitter Is contributor a principal of a state contractor or prospective state contractor?		Local	obbyist, spouse, or	Amor	unt of Contribution				
Yes 🔼 No	0	dependent child of		7 timot	ant of Contribution				
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	06/	30/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Bulkley		Angela			1246				
Residential Street Address	City			State	Zip Code				
2373 Huntington Tpke	<u> </u>	Trumbull		СТ	06611-4017				
Principal Occupation		Name of Employ							
Daycare Owner Is contributor a principal of a state contractor or prospective state contractor? Yes X No			Day Family Daycare obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of							
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	00.0	20/2017	# F 00		¢E 00				
If yes, list Event # Money Order X Credit/Debit Card	1 00/.	30/2017	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-I)	TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Drew for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Bennett		Jeffrey			1221			
Residential Street Address	City			State	Zip Code			
41 W Hartford Rd		Newington		СТ	06111-1122			
Principal Occupation		Name of Employ	er					
Rabbi		Temp	le Sinai of Newington					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Tati valo to tal a — Matte valo	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	30/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	,							
Last Name	First			MI	Contribution ID #			
Biyona		F			1224			
Residential Street Address	City	•		State	Zip Code			
75 Hockanum Blvd Unit 1825	City	Vernon		CT	06066-4069			
Principal Occupation		Name of Employ	on.	CI	00000-4009			
Electrical Engineer			ive Optics Associates					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section 112 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	06/	30/2017	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Cermola		Christine		Α	1273			
Residential Street Address	City			State	Zip Code			
104 White Hollow Rd		North Branfo	rd	CT				
Principal Occupation		Name of Employ	er					
RTI Instructional Paraprofessional		North	Branford Board of Education	1				
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	06/	30/2017	\$375.00		\$375.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Collins		Joy			1285			
Residential Street Address	City			State	Zip Code			
95 Hidden Lake Rd		Higganum		СТ	06441-4441			
Principal Occupation		Name of Employ	er		2-1 1-1 -			
Administrator			of Middletown					
				Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	X Vac	100				
If yes, indicate which branch or branches of Executive Legislative			□ No					
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions					
an event reported in Section J1?	Date	ACCEIVEU	Aggregate Contributions					
X No Cash Personal Check	067	20/2017	¢50.00		¢E0.00			
If yes, list Event # Money Order X Credit/Debit Card	J Ub/.	30/2017	\$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						
Drew for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Colodny		Nikki			1286				
Residential Street Address	City			State	Zip Code				
1208 Durham Rd		Guilford		СТ	06437-1690				
Principal Occupation		Name of Employ							
physician			mployed						
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 Executive Legislative		dependent ennu e	x _{No}						
government the contract is with	Date	Received	Aggregate Contributions	•					
an event reported in Section J1?			20 10						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	30/2017	\$20.00		\$20.00				
If yes, his Event#									
Last Name	First			MI	Contribution ID #				
Collins		Barbara			1283				
Residential Street Address	City			State	Zip Code				
95 Hidden Lake Rd	<u> </u>	Higganum		СТ	06441-4441				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbyjet enouge or	Amou	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		Alliot	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 # Cash Personal Check Money Order X Credit/Debit Card	06/	30/2017	\$20.00		\$20.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Calabrese		Christopher			1255				
Residential Street Address	City			State	Zip Code				
132 Apple Hill Dr		Watertown		СТ	06795-1147				
Principal Occupation		Name of Employ							
Policy Analyst, CT General Assembly			of Connecticut						
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	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with: Method of contribution:	Date	Received	Aggregate Contributions	ŀ					
an event reported in Section J1?			1.00.10						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	30/2017	\$50.00		\$50.00				
If yes, list Event #					-				
Last Name	First			MI	Contribution ID #				
Carbonella		Justin			1264				
Residential Street Address	City			State	Zip Code				
1678 Randolph Rd		Middletown		СТ	06457-4043				
Principal Occupation Administrator		Name of Employ	er of Middletown						
			obbyist, spouse, or	Amou	int 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 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 Credit	06/	30/2017	\$20.00		\$20.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			July 10 1 lilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Cummings		Morgan Jay			1306
Residential Street Address	City			State	Zip Code
26 Prospect St	<u> </u>	Manchester		СТ	06040-5861
Principal Occupation Department Director		Name of Employe Gileac	er I Community Services		
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a le	obbyist, spouse, or Ye.	Amou	unt of Contribution
If yes, indicate which branch or branches of	J	dependent child o	of a foodyist?		
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	06/	30/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00,	30, 201,	Ψ100.00		
Last Name	First			MI	Contribution ID #
Conley		Cheryl		Α	1289
Residential Street Address	City			State	Zip Code
PO Box 2482		Manchester		СТ	06045-2482
Principal Occupation		Name of Employe			
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbyjet enouge or	Amou	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child o	Va	3	an or commount
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	06/	30/2017	\$25.00		\$25.00
Last Name	First	•		MI	Contribution ID #
Scanlon	First	Anne		IVII	1797
Residential Street Address	City	7		State	Zip Code
101 Holcomb St		East Granby		СТ	06026-9531
Principal Occupation	•	Name of Employe	er	•	
retired		retired	d		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent enna o	x No		
Is this contribution associated with Mathed of contributions	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Dute	Received	Aggregate Contributions		
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	30/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Sambor		Richard			1776
Residential Street Address	City			State	Zip Code
139 Highridge Rd		Avon		СТ	06001-3257
Principal Occupation		Name of Employe			
structureal engineer			Corporation		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a lo dependent child o	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	1	
an event reported in Section J1?					
If yes list Event # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	06/	30/2017	\$150.00		\$150.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Drew for CT			July 10 Filling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Silberman		Alan			1822
Residential Street Address	City			State	Zip Code
769 Rock Rimmon Rd	<u> </u>	Stamford		СТ	06903-1216
Principal Occupation retailer		Name of Employ self	er		
			obbyist, spouse, or	Amo	unt of Contribution
Yes X No	0	dependent child of	· V	es	
If yes, indicate which branch or branches of government the contract is with:			x N)	
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	06/	30/2017	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Shonta	FIISt	Mike		L	1819
Residential Street Address	City	MIKE		State	Zip Code
118 Skyview Dr	,	Cromwell		СТ	06416-1875
Principal Occupation	!	Name of Employ	er		
Clerk		State	of Ct		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?		
government the contract is with:			x N	<u> </u>	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash X Personal Check	06.0	20/2017	+107.00		+100.00
If yes, list Event #	06/.	30/2017	\$107.00		\$100.00
Last Name	First			MI	Contribution ID #
Valenti		Jean			1881
Residential Street Address	City			State	Zip Code
156 N Orchard St		Wallingford		СТ	06492-3648
Principal Occupation		Name of Employ	er		
retired		NA			
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?	Amor	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x N		
government the contract is with:	Date	Received	Aggregate Contributions	<u>'</u>	
an event reported in Section J1?			1.00.10		
If yes, list Event # Cash	06/	30/2017	\$10.00		\$10.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Volovski		Daniel			1893
Residential Street Address	City			State	Zip Code
271 Merriman Rd	<u> </u>	Windsor		СТ	06095-1014
Principal Occupation Firefighter		Name of Employ	of Connecticut		
			11.14	Amo	unt of Contribution
Yes X No	0	dependent child of	· · · · · · · · · · · · · · · · · · · ·	es	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	,	
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	06/	30/2017	\$20.00		\$20.00

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Y MONETARY DECEME	G (G				
I. MONETARY RECEIPT	5 (5)	ection A-I)	I TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Drew for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Vinci		Joseph		J	1889
Residential Street Address	City			State	Zip Code
323 Old Mill Rd		Middletown		СТ	06457-2476
Principal Occupation		Name of Employ	er		
Retired		retire	d		
Is contributor a principal of a state contractor or prospective state contractor?			abbyigt groups or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
X No Cash X Personal Check	06/	30/2017	\$375.00		\$175.00
If yes, list Event #		•	·		·
Last Name	First			MI	Contribution ID #
Termine		Marie			1861
Residential Street Address	City	Haric		State	Zip Code
265 Toll Gate Rd	City	Middletown		CT	06457-5734
			or.	CI	00437-3734
Principal Occupation		Name of Employ	ei		
Retired		N/A			
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		dependent enna (
government the contract is with: Executive Legislative					
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	06/	30/2017	\$50.00		\$50.00
in you, not 2 feet to 2 feet and					
Last Name	First			MI	Contribution ID #
Tiernan		Claire			1867
Residential Street Address	City			State	Zip Code
95 Main St , Pox 516		Ivoryton		CT	06442-1044
Principal Occupation		Name of Employ	er		
RN		retire	d		
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 Check	06/	30/2017	\$20.00		\$20.00
If yes, list Event # Money Order X Credit/Debit Card		•	·		·
Last Name	First			MI	Contribution ID #
Xenelis		Mary			1929
Residential Street Address	City	rial y		State	Zip Code
29 Culver Ln	City	Portland		CT	06480-1325
			or	Ci	00700-1323
Principal Occupation		Name of Employ	Ci		
Middlesex Fruitery		self	obbyjet spayse or	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	-				
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	06/	30/2017	\$100.00		\$100.00

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		Total of Section B	\$68,756.80
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	(Total on Line 14, Column A of Summary Page)	\$68,756.80

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I. I	MONE	TARY RECE	EIPTS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as R	egistered	with Commission	on)				TYPE OF R	EPORT
Drew for CT						July 1	0 Filing - Origin	al
C1. Co	ntributi	ions from Othe	er Commi	ttees				
Name of Committee U.A. Plumbers & Pipefitte				Name of Treasurer Michael Rosario)			
Address 1250 E Main St	Is this event				an	Yes	x No	Amount of Contribution
City Meriden	State	Zip Code 06450-4806		If yes, list Event # eceived 9/2017	Aggregate Contr	ributions	\$375.00	\$375.00
Name of Committee Roofers Political Educati				Name of Treasurer Harold Davidson				
Address 15 Bernhard Rd				ibution associated with ed in Section J1? If yes, list Event #	an	Yes	X No	Amount of Contribution
City North Haven	State CT	Zip Code 06473-3906		eceived	Aggregate Contr	ibutions	\$375.00	\$375.00
Name of Committee IUPAT Committee				Name of Treasurer Dominick Cieri				
Address 1492 Berlin Tpke				ibution associated with ed in Section J1? If yes, list Event #	an	Yes	x No	Amount of Contribution
City Berlin	State CT	Zip Code 06037-3230	Date R 05/12		Aggregate Contr	ibutions	\$375.00	\$375.00
Name of Committee IBEW Local 90 Political A				Name of Treasurer sean daly				
Address 2 N Plains Industrial Rd				ibution associated with ed in Section J1? If yes, list Event #	an	Yes	x No	Amount of Contribution
City Wallingford	State CT	Zip Code 06492-2381		eceived 2/2017	Aggregate Contr	ributions	\$375.00	\$375.00

	I. M	IONE	TARY	RECEI	IPTS (S	Section A-I)				
NAME OF COMMITTEE (Provide Complete N	ame as Reg	gistered	with C	ommission	1)				TYPE OF R	EPORT
Drew for CT								July ·	10 Filing - Origin	al
	C1. Con	tribut	ions fr	om Other	· Comm	ittees				
Name of Committee I.B.E.W Local Union 35 PA						Name of Treasurer Bruce Silva	r			
Address 208 Murphy Rd						ribution associated wi tted in Section J1?		Yes	x No	Amount of Contribution
City		State	Zip Co	de	Date I	Received	_	regate Contributions		
Hartford		СТ	0611	4-2107	06/0	7/2017			\$375.00	\$375.00
Name of Committee IUOE Local 478 Political						Name of Treasurer Craig Metz	r			
Address 1965 Dixwell Ave						ribution associated wi rted in Section J1? If yes, list Event #		Yes	X No	Amount of Contribution
City		State	Zip Co	de	Date I	Received	Aggi	regate Contributions		
Hamden		СТ	0651	4-2407	06/0	8/2017			\$375.00	\$375.00
								Total o	of Section C1	\$2,250.00
I. I	MONET.	ARY	RECE	EIPTS (S	ection	A-I)				
NAME OF COMMITTEE								TYPE	OF REPORT	
Drew for CT								July 10 Filing - O	riginal	
C2. Reimburse	ements or	Surpl	us Dist	ributions	from o	ther Committe	ees			
Name of Committee						Name of Treasurer				
Address							I	Date Received		Amount of Receipt
City		State		Zip Code		Payment Type Reimbursemen		-		
<u> </u>						Surplus distrib	oution fro	om exploratory comr	mittee	
Expenditure # Description										
								Total of	Section C2	

	I. MONI	ETARY RECEIF	PTS (Section A-I)						
NAME OF COMMITTEE					T	YPE (OF REPOR	T	
Drew for CT					July 10) Filing	- Original		
	D. Loan	s Received this Per	riod		<u> </u>				
Name of Lender			Source of Loan:						Date of Receipt
			Bank Cand	idate		dividual		ther	
Street Address		City				State	Zip Code		Is there a cosigner or Guarantor of this loan?
									Yes No
Name of Cosigner/Guarantor (if application)	able)								Amount Received
Street Address		City			:	State	Zip Code		
							Total of S	ection	D
	I. MONE	TARY RECEIP	TS (Section A-I)						
NAME OF COMMITTEE						7	TYPE OF R	REPO	RT
Drew for CT						July 1	0 Filing - Ori	iginal	
E. Personal	Funds of the Candidate Rec	eived this Period (Candidate Committee	es ON	LY)				
Date of Receipt	Method of Payment Cash	Personal Check	Credit/Deb	it Card				I	Amount
					То	tal of	Section E		
	I. Mo	netary Receipts	(Section A-I)						
NAME OF COMMITTEE						Т	YPE OF RI	EPOR	Т
Drew for CT					Ju	ily 10 F	iling - Origina	al	
	G. Interest from	m Deposits in Aut	horized Accounts						
Name of Institution					Date Rece	eived			Amount
Street Address		City		State		Zip (Code		
				<u> </u>			tal of Sectio	n G	

Total of Section I

LM		DECEIDTS (S4' A.D.				
I. MC	JNETAKY F	RECEIPTS (Section A-I)				
NAME OF COMMITTEE				1	ΓΥΡΕ OF REPOR	Γ
Drew for CT				July '	10 Filing - Original	
H Pakis Court	F d- Di	ed from the Citizens' Electi	F d			
n. Public Grant	r unus Receivo	ed from the Citizens Electi	on runa			
Purpose of Grant:	Grant Cycle:				Date Received	Amount
Initial Grant Adjustment						
Supplemental/Post Election Deficit	Primary	y General Election	Special Ele	ction		
T. C.						
					Total of Section H	
I.	MONETAR	RY RECEIPTS (Section A	A-I)			
NAME OF COMMITTEE					TYPE OF REPO	RT
Drew for CT				July '	10 Filing - Original	
I. Miscellaneo	ous Monetary	Receipts not Considered Co	ontribution	18		
Name				Date o	of Transaction	Amount Received
Street Address	City		Sta	te	Zip Code	
Description						_

	II. EVENT ACTIVITY	(Sections J	J1 - J4)					
NAME OF COMMITTEE (Provide Cor	nplete Name as Registered with Com	mission)			TYPE	OF REPOR	RT.	
Drew for CT					July 10 Filing - O	riginal		
	J1. Event Inform	nation		1				
Event # Date of Event 04/20/2017 Letter a	Description Dinner Event					Was this a 1	fundraising	g event?
Location: Street Address 1420 Main St				City Glastonbur	ry			Zip Code 06033
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requi	ired information for			d
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contributions	and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Rec	ceipts here.)				\$0.00
Event # Date of Event 05/12/2017 Letter a	Description Dinner Event					Was this a t	fundraising	g event?
Location: Street Address 600 Cold Spring Rd				City Rocky Hill			State CT	Zip Code
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requi	ired information for			d
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	sess entity of up to \$200 or items	Yes No	If yes, to to Section J3 complete required info		ons not Considered	Contributions	and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Rec	ceipts here.)				\$0.00
Event # Date of Event	Description Reception Event					Was this a t	fundraising	g event?
Location: Street Address 132 Mack Rd				City Middlefield				Zip Code 06455
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requi	ired information for			d
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contributions	and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Rec	ceipts here.)				\$0.00

	II. EVENT ACTIVITY	(Sections J	J1 - J4)					
NAME OF COMMITTEE (Provide Cor	nplete Name as Registered with Com	nmission)			TYPE	OF REPO	RT	
Drew for CT					July 10 Filing - O	riginal		
	J1. Event Inform	nation						
Event # Date of Event 06/05/2017 Letter a	Description Cocktail Event						fundraisin	g event?
Location: Street Address 98 Washington St				City Middletow	'n	•	State CT	Zip Code 06457
Was this event hosted at a personal residence?		Yes No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Red	ceipts here.)				\$0.00
Event # Date of Event 06/05/2017 Letter b	Description Reception Event					l—	fundraisin	g event?
Location: Street Address 695 Main St				City Middletow	'n		State CT	Zip Code 06457
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Red	ceipts here.)				\$0.00
Event # Date of Event	Description Reception Event						a fundraisin	g event?
Location: Street Address 80 Harbor Dr				City Middletow	'n		State CT	Zip Code 06457
Was this event hosted at a personal residence?		Yes No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes No	(If yes, enter Total Red	ceipts here.)				\$0.00

	II. EVENT ACTIVITY	(Sections J	J1 - J4)					
NAME OF COMMITTEE (Provide Cor	mplete Name as Registered with Com	nmission)			TYPE	OF REPO	RT	
Drew for CT					July 10 Filing - O	riginal		
	J1. Event Inform	nation						
Event # Date of Event 06/20/2017 Letter a	Description Cocktail Event						fundraisin	g event?
Location: Street Address 139 Main Street Ext				City Middletow	'n	•	State CT	Zip Code 06457
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	aired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Red	ceipts here.)				\$0.00
Event # Date of Event	Description Home Fundraiser					l—	ı fundraisin Yes	g event?
Location: Street Address 55 Metacomet Rd				City Farmingto	on		State CT	Zip Code
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	aired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Red	ceipts here.)				\$0.00
Event # Date of Event	Description Dinner Event						ı fundraisin Yes	g event?
Location: Street Address South Main St				City Middletow	'n		State CT	Zip Code
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	aired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes No	(If yes, enter Total Red	ceipts here.)				\$0.00

	II. EVENT	T ACTIVITY	(Section	s J1 - J4)						
NAME OF COMMITTEE (Provide	Complete Name as Regi	stered with Com	mission)				ТҮРЕ (OF REP	ORT	
Drew for CT							July 10 Filing - Oı	riginal		
	J1	. Event Inforn	nation							
Event # Date of Event	Description Cocktail Event							Was this	s a fundra Yes	ising event?
Location: Street Address 2505 Main St						City Stratford			State CT	Zip Code
Was this event hosted at a personal residence?			Ye X No	with a H		complete req	tions not Considered uired information for ions.			
Did this fundraiser include items donated by a bedonated by an individual of up to \$100?	usiness entity of up to \$200 or	items	Ye X No	complete	to Section J3 In e required inform		tions not Considered	Contributio	ons and	
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	tal of Section J1			\$0.00
	II.EV	ENT ACTIV	ITY (Sec	tions J1 -	J4)					
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Con	nmission)				TYPE OF	REPOR	Т	
Drew for CT						Ju	ıly 10 Filing - Origin	nal		
	J3. In-Kind Donat	ions Not Cons	idered Co	ntribution	ıs					
Name of the Donor										
Street Address				City					State	Zip Code
Donation Given by:	Description of Donation									arket Value of Donation
Individual		ı			1			_	1	
Business Entity	Date Received	Event #			Ag	gregate value	for this event			
Sole Proprietorship										
							Total of Section	n 13		

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	II.J	EVENT	Γ ACTIV	ITY (Section	ns J1 - J	J4)					
NAME OF COMMITTEE (Provide	Complete Name as Regi	stered w	ith Commiss	sion)				TYPE OF	REP	ORT	
Drew for CT							,	July 10 Filing - O	rigina	I	
J4. In-Kii	nd Donations Not Co	nsidere	d Contribu	utions Associ	ated with	ı a House	e Party				
Name of Host						Is th	his event sur	Ma	yes, c		temization in
Street Address				Ci	tv	•				State	Zip Code
Description of Donation										Fair M	Market Value of Donation
Event # Aggregate value of this Event - all hosts Aggregate value of all Events								this host/candidate			
									'		
							To	otal of Section J	4		
	III. NONM	10NE	ΓARY RE	ECEIPTS (S	Sections	K - L)					
NAME OF COMMITTEE (Provide C	Complete Name as Regis	stered wi	th Commiss	sion)				TYPE OF	REP	ORT	
Drew for CT							July 10	Filing - Original			
	K. Ir	1-Kind	Contributi	ions							
Name											
Street Address					Cit	ty				State	Zip Code
Is this contribution associated with an event reported in Section J1? Description of In-Kind Contribution No											
If yes, list Event#											
Is Contributor a lobbyist, spouse, or dependent chil of a lobbyist?	d Yes	contract		al of a state contractorich branch or branch or tract is with:			ecutive	Yo No Legislativ	0		Iarket Value of this Contribution
Type of Contributor:				Date Received			Aggrega	ate contributions			
Individual Com	mittee	Sole Propr	ietorship								
							Т	otal of Section	K		

III. Non Monetary Receipts (Sections K - L)						
NAME OF COMMITTEE (Provide Complete Name as Registered v	vith (Commission)		TYPE OF REPORT		
Drew for CT				July 10 Filing -	Original	
L. Refundable Deposit to Telephone Company						
Last Name of Individual		First Name	MI	Date I	Deposit Made	
Residential Street Address	Cit	ty	State	Zip Code		Amount of Deposit
Name of Telephone company						
Street Address	City		Zip Code			
Total of Section L						

	IV. EXPENDITURES (S	ections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					F REPORT	F REPORT	
Drew for CT			J	luly 10 Filing - C	Driginal		
	N. Expenses Paid By Comm	ittee	l				
Name of Payee Sage Payment Solutions			Date of Paym 04/03/202		X D	yment heck # ebit Card FT	
Street Address 12120 Sunset Hills Road	St # 500	City Reston			State VA	Zip Code 20190-5853	
Purpose of Expend BNK	Description					Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # dicable)	Event #			\$1,060.02	
Name of Payee Date of Payment Perceptions Photography 04/13/2017					Method of Payment X Check # 1048 Debit Card EFT		
Street Address 116 Goodman Dr		City Middletown			State CT	Zip Code 06457-1954	
Purpose of Expend Misc *	Description photography services					Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	— I …i	diture # dicable)	Event#			\$350.00	
Name of Payee Kyle Buda			Date of Paym 04/13/20			yment heck # <u>1051</u> ebit Card FT	
Street Address 420 James St		City Bay City			State MI	Zip Code 48706-3930	
Purpose of Expend RMB	Description					Amount	
which reimbursement is sough		diture # slicable)	Event #			\$120.12	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF						F REPORT	
Drew for CT				July 10 Filing - C	Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee GPS Impact			Date of Payn 04/13/20		1 —	neck# <u>1047</u> ebit Card	
Street Address 100 E Grand Ave Ste 38	0	City Des Moines			State IA	Zip Code 50309-1801	
Purpose of Expend CNSLT	Description					Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		\$4,600.00					
Name of Payee The Vinci Group Date of Payment 04/13/2017					Method of Payment X Check # 1052 Debit Card EFT		
Street Address 54 Robert Rd		City Manchester			State CT	Zip Code 06040	
Purpose of Expend CNSLT	Description Treasury Services					Amount	
which reimbursement is sough	— I …i	diture # blicable)	Event #	:		\$500.00	
Name of Payee Jerald Lentini			Date of Payr 04/13/20		ı =	neck# <u>1050</u> ebit Card	
Street Address 349 Dennison Ridge Dr		City Manchester			State CT	Zip Code 06040	
Purpose of Expend CNSLT	Description					Amount	
which reimbursement is sough		diture# olicable)	Event #			\$3,500.00	

NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		TYPE O	F REPORT			
Drew for CT			July 10 Filing - O	Original			
	N. Expenses Paid By Comm	ittee					
Name of Payee Aaron Schrag			e of Payment /13/2017	1 —	neck # 1049 ebit Card		
Street Address 14 Quentin St		City Waterbury		State CT	Zip Code 06706-2725		
Purpose of Expend RMB	Description				Amount		
Is this expenditure coordinate which reimbursement is soughtful to the sou	— I	nditure # plicable)	Event #		\$115.16		
Name of Payee The Vinci Group Date of Payment 04/22/2017					Method of Payment X Check # 1001 Debit Card EFT		
Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040-4520		
Purpose of Expend CNSLT	Description				Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	— — — — — — — — — — — — — — — — — — —	nditure # plicable)	Event #		\$5,000.00		
Name of Payee The Vinci Group			e of Payment /22/2017	1 —	neck # 1002 ebit Card		
Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040-4520		
Purpose of Expend CNSLT	Description				Amount		
which reimbursement is soug		nditure # plicable)	Event #		\$8,000.00		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OI								
Drew for CT				July 10 Filing - C	Original			
	N. Expenses Paid By Committee							
Name of Payee The Vinci Group			Date of Payr 04/22/20		1 —	neck # 1003 ebit Card		
Street Address 54 Robert Rd	_	City Manchester			State CT	Zip Code 06040-4520		
Purpose of Expend PRNT	Description					Amount		
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		\$1,189.76						
Name of Payee The Vinci Group			Date of Payr 04/22/20			neck # <u>1004</u> ebit Card		
Street Address 54 Robert Rd		City Manchester			State CT	Zip Code 06040-4520		
Purpose of Expend FNDR *	Description invites					Amount		
which reimbursement is sough	— — — — — — — — — — — — — — — — — — —	Expenditure # (if applicable)	Event #	1	\$2,332.93			
Name of Payee Sage Payment Solutions			Date of Payr 04/26/20		1 =	neck # ebit Card		
Street Address 12120 Sunset Hills Road	St # 500	City Reston			State VA	Zip Code 20190-5853		
Purpose of Expend BNK	Description					Amount		
which reimbursement is sough		Expenditure # (if applicable)	Event #			\$80.00		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF						F REPORT	
Drew for CT				July 10 Filing - C	Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Main St Market LLC			Date of Payr		ı −	neck # 1005 bbit Card	
Street Address 386 Main St		City Middletown			State CT	Zip Code 06457-3361	
Purpose of Expend OVHD	Description					Amount	
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure	\$300.00						
Name of Payee TD Bank Date of Payment 04/28/2017					Method of Payment Check # X Debit Card EFT		
Street Address West Main St		City Waterbury			State CT	Zip Code 06705	
Purpose of Expend BNK	Description					Amount	
which reimbursement is sough	— I	nditure # plicable)	Event #	i		\$10.00	
Name of Payee Sage Payment Solutions			Date of Payr		. =	neck #	
Street Address 12120 Sunset Hills Road	St # 500	City Reston			State VA	Zip Code 20190-5853	
Purpose of Expend BNK	Description	·				Amount	
which reimbursement is soug	□ 1 as	oditure # olicable)	Event #			\$246.20	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF						F REPORT	
Drew for CT				July 10 Filing - C	Original		
Name of Payee The Vinci Group			Date of Payr		1 =	neck# <u>1116</u> ebit Card	
Street Address 54 Robert Rd		City Manchester			State CT	Zip Code 06040-4520	
Purpose of Expend CNSLT	Description					Amount	
Is this expenditure coordinate which reimbursement is soughtful to the sou	\$5,000.00						
Name of Payee Chandler Howard Date of Payment 05/10/2017					Method of Payment X Check # 1101 Debit Card EFT		
Street Address 28 Wakefield Ln		City Farmington			State CT	Zip Code 06032-3182	
Purpose of Expend REF	Description					Amount	
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure	— I …i	diture # licable)	Event #	i		\$375.00	
Name of Payee Miriam Lopez-Howard			Date of Payr 05/10/20		. =	neck # <u>1102</u> ebit Card	
Street Address 28 Wakefield Ln		City Farmington			State CT	Zip Code 06032-3182	
Purpose of Expend REF	Description					Amount	
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		diture # licable)	Event #			\$375.00	

NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		TY	PE OF REPORT
Drew for CT			July 10 Fil	ing - Original
	N. Expenses Paid By Comm	ittee		
Name of Payee Jerald Lentini			Date of Payment 05/15/2017	Method of Payment X Check # 1103 Debit Card EFT
Street Address 349 Dennison Ridge Dr		City Manchester	•	State Zip Code CT 06040
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinate which reimbursement is soughtful to the soughtful the soughtful to the soughtful the soughtful to the soughtful		diture # blicable)	Event #	\$3,500.00
Name of Payee Blue State Digital	Method of Payment X Check # 1105 Debit Card EFT			
Street Address 62187 Collections Center	r Dr	City Chicago		State Zip Code IL
Purpose of Expend WEB	Description			Amount
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		iditure # blicable)	Event #	\$1,050.00
Name of Payee Kyle Buda			Date of Payment 05/15/2017	Method of Payment X Check # 1104 Debit Card EFT
Street Address 420 James St		City Bay City		State Zip Code MI 48706-3930
Purpose of Expend RMB	Description			I Amount
which reimbursement is soug		diture # blicable)	Event #	\$252.70

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O						OF REPORT	
Drew for CT				July 10 Filing - 0			
	N. Expenses Paid By Con	nmittee					
Name of Payee Political Accounting Cons	uting Services		Date of Payr			rment neck # 1106 ebit Card	
Street Address 134 Brault Hill Rd		City Higganum			State CT	Zip Code 06441-4457	
Purpose of Expend CNSLT	Description					Amount	
Is this expenditure coordinate which reimbursement is soughtful to the sou	\$500.00						
Name of Payee GPS Impact Date of Payment 05/18/2017				Method of Payment X Check # 1108 Debit Card EFT			
Street Address 100 E Grand Ave Ste 380	0	City Des Moines			State IA	Zip Code 50309-1801	
Purpose of Expend A-WEB	Description					Amount	
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		xpenditure # f applicable)	Event #	ŧ		\$7,000.00	
Name of Payee The Vinci Group			Date of Pays 05/24/20		D D	vment neck # <u>1109</u> ebit Card FT	
Street Address 54 Robert Rd		City Manchester			State CT	Zip Code 06040-4520	
Purpose of Expend CNSLT	Description					Amount	
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure		xpenditure # f applicable)	Event #	‡		\$5,000.00	

	IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF						F REPORT	
Drew for CT				July 10 Filing - C	Original		
	N. Expenses Paid By Con	ımittee					
Name of Payee The Vinci Group			Date of Payr 05/26/20			neck# <u>1112</u> ebit Card	
Street Address 54 Robert Rd		City Manchester			State CT	Zip Code 06040-4520	
Purpose of Expend PRNT	Description					Amount	
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		\$67.21					
Name of Payee TD Bank Date of Payment 05/31/2017					Method of Payment Check # Debit Card EFT		
Street Address West Main St		City Waterbury			State CT	Zip Code 06705	
Purpose of Expend BNK	Description					Amount	
which reimbursement is sough		xpenditure # Capplicable)	Event #	1		\$10.00	
Name of Payee Main St Market LLC			Date of Payr 06/01/20		1 =	neck# <u>1113</u> ebit Card	
Street Address 386 Main St		City Middletown			State CT	Zip Code 06457-3361	
Purpose of Expend OVHD	Description					Amount	
which reimbursement is sough	— 1	xpenditure # Capplicable)	Event #	·		\$300.00	

	IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT		
Drew for CT				July 10 Filing - C	Original Priginal Pri		
	N. Expenses Paid By Com	mittee					
Name of Payee Sage Payment Solutions			Date of Payr 06/02/20		X D	yment heck # lebit Card FT	
Street Address 12120 Sunset Hills Road	St # 500	City Reston			State VA	Zip Code 20190-5853	
Purpose of Expend BNK	Description					Amount	
Is this expenditure coordinate which reimbursement is sough		penditure # applicable)	Event #	ŧ		\$813.14	
Name of Payee Political Accounting Consuting Services Date of Payment 06/06/2017					Method of Payment X Check # 1121 Debit Card EFT		
Street Address 134 Brault Hill Rd		City Higganum			State CT	Zip Code 06441-4457	
Purpose of Expend CNSLT	Description					Amount	
Is this expenditure coordinate which reimbursement is sough	□ 1	penditure # applicable)	Event #	ŧ		\$1,000.00	
Name of Payee GPS Impact			Date of Payr			yment heck# <u>1115</u> ebit Card FT	
Street Address 100 E Grand Ave Ste 380		City Des Moines			State IA	Zip Code 50309-1801	
Purpose of Expend A-WEB	Description					Amount	
Is this expenditure coordinate which reimbursement is sough	□ 1	penditure # applicable)	Event #	ŧ		\$4,627.09	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF						OF REPORT		
Drew for CT					July 10 Filing - 0	Original		
N. Expenses Paid By Committee								
Name of Payee Kyle Buda				Date of Pay 06/07/20		1 =	heck# <u>1114</u> ebit Card	
Street Address 420 James St			City Bay City			State MI	Zip Code 48706-3930	
Purpose of Expend RMB	Description						Amount	
which reimbursement is sough	ed with another candidate for this end of the second secon	Expendi (if appli		Event :			\$202.00	
Name of Payee Kyle Buda Date of Payment 06/08/2017					X CI	Method of Payment X Check # 1111 Debit Card EFT		
Street Address 420 James St			City Bay City			State MI	Zip Code 48706-3930	
Purpose of Expend RMB	Description						Amount	
which reimbursement is sough	ed with another candidate for thi? # and complete Itemization in Addendum	Expendi (if appli		Event :	#		\$99.55	
Name of Payee Ashley Gaudino				Date of Pay 06/08/20		1 —	heck# <u>1126</u> ebit Card	
Street Address 58 Chestnut Hill Rd			City Trumbull			State CT	Zip Code 06611-4112	
Purpose of Expend CNSLT	Description						Amount	
which reimbursement is sough	ed with another candidate for tht? # and complete Itemization in Addendum	Expendi (if appli		Event :	-		\$480.00	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
Drew for CT				July 10 Filing - Original			
N. Expenses Paid By Committee							
Name of Payee Marketing Solution				Date of Payment 06/08/2017		Method of Payment X Check # 1117 Debit Card EFT	
			City West Hartford		State CT	Zip Code 06110-1228	
Purpose of Expend PRNT	Description				Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # (if applicable)				ŧ	\$3,752.00		
Name of Payee TD Bank Date of Payment 06/20/2017					Method of Payment Check # X Debit Card EFT		
Street Address City West Main St Waterbury				State CT	Zip Code 06705		
Purpose of Expend BNK	Description Amount						
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) Event # (if applicable)					\$20.00		
Name of Payee Date of Payment Main St Market LLC 06/28/2017					Method of Payment X Check # 1124 Debit Card EFT		
Street Address 386 Main St City Middletown					State CT	Zip Code 06457-3361	
Purpose of Expend OVHD	Description					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Expenditure # (if applicable)					\$300.00		

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commis	sion)			ТҮРЕ С	E OF REPORT			
Drew for CT					July 10 Filing - 0	Original			
	N. Expenses Paid By C	Commit	tee						
Name of Payee Jerald Lentini				Date of Pay 06/28/20		1 =	neck# 1123 ebit Card		
Street Address 349 Dennison Ridge Dr			City Manchester			State CT	Zip Code 06040		
Purpose of Expend RMB	Description						Amount		
Is this expenditure coordinate which reimbursement is soughtful to the sou		\$622.58							
Name of Payee Political Accounting Cons		neck# <u>1176</u> ebit Card							
Street Address 134 Brault Hill Rd			City Higganum			State CT	Zip Code 06441-4457		
Purpose of Expend CNSLT	Description						Amount		
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		Expendi (if appli		Event #	#		\$1,000.00		
Name of Payee Daniel Zak				Date of Pay 06/29/20		1 —	neck# <u>1180</u> ebit Card		
Street Address 1420 Main St			City Glastonbury			State CT	Zip Code 06033-3110		
Purpose of Expend RMB	Description						Amount		
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure	\$1,274.00								

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OI	F REPOR	Т			
Drew for CT			July 10 Filing - O	riginal				
N. Expenses Paid By Com	mittee							
Name of Payee GPS Impact		Date of Payri 06/29/20			Payment Check # 1177 Debit Card EFT			
Street Address 100 E Grand Ave Ste 380	City Des Moines			State IA	Zip Code 50309-1801			
Purpose of Expend A-WEB					Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		\$8,000.00						
Name of Payee GPS Impact	Method of Payment X Check # 1178 Debit Card EFT							
Street Address 100 E Grand Ave Ste 380	City Des Moines			State IA	Zip Code 50309-1801			
Purpose of Expend A-WEB					Amount			
	penditure # applicable)	Event #			\$4,680.00			
Name of Payee TD Bank		Date of Payn 06/30/20		X	Payment Check # Debit Card EFT			
Street Address West Main St	City Waterbury			State CT	Zip Code 06705			
Purpose of Expend BNK Description					Amount			
• = 1	penditure# ppplicable)	Event #		,	\$10.00			
			Total of S	ection N	\$77.714.46			

	IV.	EXPENDITUI	RES (Sectio	ns N - S)					
NAME OF COMMITTEE (I	Provide Complete Name as Re	egistered with Com	mission)			TYI	PE OF REPO	ORT	
						July 10 Filing	- Original		
	O. Expe	enses Paid By Car	ndidate						
Name of Payee (Name of vendor who	candidate paid directly)				Date of Paym	nent	Is Reimburser	nent Claimed Yes	? No
Street Address		City		State	Zip Co	ode		Amount	
Purpose of Expenditure (by code)	cription			,	Event #				
						Total	l of Section O		
	IV. EXP	ENDITURES (S	Sections N -	S)					
NAME OF COMMITTEE (I	Provide Complete Name as Re	egistered with Com	mission)			TYPE	OF REPOR	Т	
Drew for CT						July 10 Filing - C	Original		
	P. Expenses	Incurred on Co	mmittee Cred	it Card	<u> </u>				
Name of Issuing Institution				Type of Credit C Visa Other	Card: Master	Card E	Discover	America	n Express
Name of Vendor				•			Date of	Transaction	
Street Address				City			State	2	Cip Code
Purpose of Expenditure (by code)	Description							Amoun	t
Is this expenditure coordinated which reimbursement is sought?	vith another candidate for	Yes No		Expenditure # (if applicable)	Even	t #			
If yes, assign an Expenditure # a	nd complete Itemization in Adden	dum							
						Total of Sec	tion P		

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	n)			TYPE O	F REPORT			
Drew for CT					July 10 Filing - Orig	jinal			
	Q. Expenses Incurred By Committee but No	ot Paid	During this Period						
Name of Creditor Cheryl A Pizzo						Date Incurre			
Street Address 75 Long Hill Rd		City Middle	efield			State	Zip Code 06455-1140		
Purpose of Expenditure (bv code) Description fundraiser expenses							Amount Incurred (Estimate or Actual)		
reimbursement is sought?	with another candidate for which Yes X No and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #			\$415.00		
Name of Creditor The Vinci Group						Date Incurred 06/05/2017			
Street Address 54 Robert Rd		City Manch	nester			State	Zip Code 06040-4520		
Purpose of Expenditure (bv code) Description committee paraphernalia						Amount Incurred (Estimate or Actual)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q							\$1,000.00		

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IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission	n)	TYPE O	F REPORT					
Drew for CT			July 10 Filing - Orig	uly 10 Filing - Original					
	Q. Expenses Incurred By Committee but No	t Paid During this Period							
Name of Creditor Ashley Gaudino	Date Incurre								
Street Address 58 Chestnut Hill Rd	State	Zip Code 06611-4112							
Purpose of Expenditure (by code)	Description PR consulting				unt Incurred ate or Actual)				
Is this expenditure coordinated v reimbursement is sought? If yes, assign an Expenditure # a		\$1,588.67							
	Total of Section Q \$3,003.67								

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	EE (Provide Complete N	ame as Registered with Comm	nission)			TYPE OF RI	EPOR	Т	
Drew for CT						July 10 Filing - Original			
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	nyees					
Last Name of Worker/Consultar	nt	First		МІ	Date of Payment to Vendor 04/13/2017		Payment to Reimburse Comn Worker/Consultant as reporte Section N: X Check # 1049 Debit Card		Itant as reported in k # 1049
								EFT	
Name of Vendor Paid by Committee Worker/Consultant Staples									
Street Address of Vendor 910 Wolcott Rd			City Waterbury					State CT	Zip Code 06705
Purpose of Expenditure (by code) OFFICE Description Treasury Supplies									
Is this expenditure coordinated which reimbursement is sought. If yes, assign an Expenditure # a	?	Yes X No	Expenditure # (if applicable)			Event #			Amount \$69.43
Last Name of Worker/Consultar	at	First		MI		of Payment to Vendor	Work Section	er/Consul	
Name of Vendor Paid by Comm Staples	nittee Worker/Consultant			-					
Street Address of Vendor 910 Wolcott Rd			City Waterbury					State CT	Zip Code 06705
Purpose of Expenditure (by code) OFFICE	Description Treasury Supplies								
Is this expenditure coordinated which reimbursement is sought. If yes, assign an Expenditure # a	?	Yes X No	Expenditure # (if applicable)			Event#			Amount \$36.37

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	EE (Provide Complete N	fame as Registered with Comm	nission)			TYPE OF RI	EPOR'	Т	
Drew for CT						July 10 Filing - Original			
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	iyees					
Last Name of Worker/Consultan	nt				of Payment to Vendor 13/2017	Section N:			
Name of Vendor Paid by Committee Worker/Consultant Staples									
Street Address of Vendor 910 Wolcott Rd			City Waterbury					State CT	Zip Code 06705
Purpose of Expenditure (by code) OFFICE Description Treasury Supplies									
Is this expenditure coordinated which reimbursement is sought. If yes, assign an Expenditure # a	?	Yes X No	Expenditure # (if applicable)			Event#	Amount \$1.75		
Last Name of Worker/Consultan	nt	First		MI		of Payment to Vendor 13/2017	Work Secti		
Name of Vendor Paid by Comm staples	nittee Worker/Consultant								
Street Address of Vendor 900 Washington St			City Middletown					State CT	Zip Code 06457
Purpose of Expenditure (by code) OFFICE	Description Treasury Supplies								
Is this expenditure coordinated which reimbursement is sought. If yes, assign an Expenditure # a	?	Yes X No	Expenditure # (if applicable)			Event#			Amount \$3.28

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Pro	ovide Complete N	ame as Registered with Comm	nission)			TYPE OF RI	EPOR	Т		
Drew for CT						July 10 Filing - Original				
	R. Itemizatio	n of Reimbursements and	l Secondary Pa	nyees						
				.						
Last Name of Worker/Consultant		First		MI	Date	of Payment to Vendor	Work	ker/Consu	imburse Committee Itant as reported in	
schrag		aaron			04/	13/2017	Section N: X Check # 1049			
							_			
							Debit Card			
Name of Vendor Paid by Committee Wo	orker/Consultant									
staples										
Street Address of Vendor			City				5	State	Zip Code	
900 Washington St			Middletown				(CT	06457	
Purpose of Expenditure (by code) OFFICE Description Treasury Supplies										
Is this expenditure coordinated with anot	ther candidate for	Yes	Expenditure #			Event #			Amount	
which reimbursement is sought?		x No	(if applicable)						\$4.33	
If yes, assign an Expenditure # and comp	oletes Itemization in Ad	ldendum R								
Last Name of Worker/Consultant		First		MI	Date	of Payment to Vendor	-		imburse Committee Itant as reported in	
Buda		Kyle			04/	13/2017	Section		num us reported in	
								X Chec	k # 1051	
								Debi	t Card	
N CV 1 Dill C iv W	1 /0 1							EFT		
Name of Vendor Paid by Committee Wo First and Last Tavern	rker/Consultant									
Street Address of Vendor			City				5	State	Zip Code	
220 Main St			Middletown				(СТ	06457	
Purpose of Expenditure (by code) FOOD Descri	ption for Campaign Me	eeting								
Is this expenditure coordinated with another candidate for							Amount			
If yes, assign an Expenditure # and comp	oletes Itemization in Ad	X No	, ,,						\$90.35	

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTE	E (Provide Complete N	ame as Registered with Comn	nission)			TYPE OF RI	EPOR	Т		
Drew for CT						July 10 Filing - Original				
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	iyees						
Last Name of Worker/Consultan	ıt					worker/C /13/2017 Worker/C Section N			imburse Committee Itant as reported in k # 1051 t Card	
Name of Vendor Paid by Committee Worker/Consultant staples										
Street Address of Vendor 900 Washington St City Middletown								State CT	Zip Code 06457	
Purpose of Expenditure (by code) OFFICE Description Office Supplies										
Is this expenditure coordinated which reimbursement is sought? If yes, assign an Expenditure # a		Yes X No Idendum R	Expenditure # Event #			Event#	Amount \$29.77			
Last Name of Worker/Consultan	it	First Buda		MI		of Payment to Vendor	Wor	ker/Consuion N:	imburse Committee Itant as reported in k # 1051 t Card	
Name of Vendor Paid by Comm First and Last	uittee Worker/Consultant									
Street Address of Vendor Main St			City Middletown					State CT	Zip Code 06457	
Purpose of Expenditure (by code) FOOD	Description									
Is this expenditure coordinated which reimbursement is sought? If yes, assign an Expenditure # a		Yes X No Idendum R	Expenditure # (if applicable)			Event #			Amount \$90.35	

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE	(Provide Complete N	ame as Registered with Comn	nission)			TYPE OF RI	EPOR	Т	
Drew for CT						July 10 Filing - Original			
	R. Itemizatio	n of Reimbursements and	l Secondary Pa	iyees					
Last Name of Worker/Consultant Kyle					Payment to Reimburse Worker/Consultant as r Section N: X Check # 1			itant as reported in k # 1051	
Name of Vendor Paid by Committee Worker/Consultant Staples									
Street Address of Vendor Washington St City Middletown							State CT	Zip Code 06457	
Purpose of Expenditure (by code) OFFICE Description									
Is this expenditure coordinated with which reimbursement is sought? If yes, assign an Expenditure # and		Yes X No dendum R	Expenditure # (if applicable)			Event#	Amount \$29.77		
Last Name of Worker/Consultant Daniel		First Zak		MI		of Payment to Vendor 19/2017	Worl Secti		
Name of Vendor Paid by Committe New Haven Pizza Truck	ee Worker/Consultant			-					
Street Address of Vendor 86 Leonardo Dr			City North Haven					State CT	Zip Code 06473-2527
Purpose of Expenditure	Description fundraiser expenses								
Is this expenditure coordinated with which reimbursement is sought? If yes, assign an Expenditure # and		Yes X No dendum R	Expenditure # (if applicable)			Event # 04202017a			Amount \$1,274.00

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	EE (Provide Complete N	ame as Registered with Comn	nission)			TYPE OF R	EPOR	Т	
Drew for CT						July 10 Filing - Original			
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	iyees					
Last Name of Worker/Consultan	nt .					to of Dormont to Vandor			
Name of Vendor Paid by Committee Worker/Consultant Casa Mia									
Street Address of Vendor 600 Cold Spring Rd			City Rocky Hill					State CT	Zip Code 06067-3182
Purpose of Expenditure (by code) FNDR * Description food									
Is this expenditure coordinated which reimbursement is sought. If yes, assign an Expenditure # a	?	Yes X No	Expenditure # (if applicable) Event # 05122017a				Amount \$252.70		
Last Name of Worker/Consultan	nt	First Buda		MI		of Payment to Vendor 18/2017	Worl Secti	ker/Consultion N:	imburse Committee Itant as reported in k # 1111
Name of Vendor Paid by Comm Fed Ex	nittee Worker/Consultant			-					
Street Address of Vendor 1612 K St NW			City Washington					State DC	Zip Code 20006-2802
Purpose of Expenditure (by code) PRNT	Description								
Is this expenditure coordinated which reimbursement is sought. If yes, assign an Expenditure # a	?	Yes X No Idendum R	Expenditure # (if applicable)			Event#			Amount \$99.55

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	EE (Provide Complete N	fame as Registered with Comm	nission)			TYPE OF RI	EPOR	Т	
Drew for CT						July 10 Filing - Original			
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	iyees					
Last Name of Worker/Consultan	nt				of Payment to Vendor 24/2017	Payment to Reimburse Communication Worker/Consultant as reported Section N: X Check # 1114 Debit Card EFT			
Name of Vendor Paid by Committee Worker/Consultant O'Rourkes Diner									
Street Address of Vendor 728 Main St			City Middletown					State CT	Zip Code 06457-2733
Purpose of Expenditure (by code) FOOD									
Is this expenditure coordinated which reimbursement is sought. If yes, assign an Expenditure # a	?	Yes X No	Expenditure # Event #			Event #	Amount \$65.87		
Last Name of Worker/Consultan	nt	First Buda		MI		of Payment to Vendor 26/2017	Worl Secti		
Name of Vendor Paid by Comm Barnes and Noble	nittee Worker/Consultant			-					
Street Address of Vendor 270 Buckland Hills Dr S	te 1024		City Manchester					State CT	Zip Code 06042-8700
Purpose of Expenditure (by code) OFFICE	Description								
Is this expenditure coordinated which reimbursement is sought. If yes, assign an Expenditure # a	?	Yes X No	Expenditure # (if applicable)			Event #			Amount \$38.24

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT					
Drew for CT					July 10 Filing - Original					
	R. Itemizatio	on of Reimbursements and	d Secondary Pa	iyees						
Last Name of Worker/Consultan	nt	First		МІ				Payment to Reimburse Committee Worker/Consultant as reported in Section N:		
Kyle		Buda			06/	04/2017	X Check # 1114			
							Debit Card		t Card	
								EFT		
Name of Vendor Paid by Comm Staples	nittee Worker/Consultant									
Street Address of Vendor Washington St			City Middletown				State CT	Zip Code 06457		
Purpose of Expenditure (by code) OFFICE Description										
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Expenditure # Event # (if applicable)			Event #	Amount			
If yes, assign an Expenditure # and completes Itemization in Addendum R									\$24.23	
Last Name of Worker/Consultan	Last Name of Worker/Consultant First			MI	Date of Payment to Vendor Worker/Consul			imburse Committee		
Kyle	yle Buda				06/05/2017 Section N: X Check # 1			sk# 1114		
				Debit Card						
					EFT					
Name of Vendor Paid by Committee Worker/Consultant Eli Cannon's										
Street Address of Vendor 695 Main St			City Middletown					State CT	Zip Code 06457-2732	
Purpose of Expenditure (by code) FNDR *	Description beverages									
Is this expenditure coordinated with another candidate for Wes which reimbursement is sought?			Expenditure # Event # (if applicable)			Event #	Amount			
If we assign an Expenditure # and completes Itemization in Addendum R			06052017b				\$75.00			

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT					
Drew for CT			July 10 Filing - Origina			July 10 Filing - Original			
R. Itemization of Reimbursements and Secondary Payees									
							Payment t	to Reimburse Committee	
Last Name of Worker/Consultant		First				of Payment to Vendor	-	Vorker/Consultant as reported in	
Jerald		Lentini			06/13/2017		X Check # 1123		
							Debit Card		
							EFT		
Name of Vendor Paid by Committee Worker/Consultant USPS									
Street Address of Vendor		City				State	_ ·		
538 Manchester Rd			East Glastonbury				СТ	06025-9992	
Purpose of Expenditure (by code) POST	Description								
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes Expenditure # (if applicable)		Event #		Event #		Amount	
If yes, assign an Expenditure # and completes Itemization in A		X No						\$49.00	
Last Name of Worker/Consultant First		First	irst MI Date		to of Doromont to Vandor		ayment to Reimburse Committee		
Jerald Lentini		Lentini		06/27/2017			Section N	-	
							X	X Check # 1123	
							Debit Card		
Name of Vendor Paid by Committee Worker/Consultant						EFT			
Taino Smokehouse									
Street Address of Vendor			City				State	Zip Code	
482 S Main St			Middletown CT 06457-4215					06457-4215	
Purpose of Expenditure (by code) FNDR *	Description food								
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes	Expenditure # (if applicable)		Event #		Amount		
If yes, assign an Expenditure # a	and completes Itemization in Ac	X No				06272017a		\$573.58	
						Total of Section R		\$2,807.57	

IV. EXPENDITURES (Sectuibs N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
Drew for CT				July 10 Filing - Original			
S. Surplus D	Distribution of Equipmen	t and Furniture					
Name of Recipient							
Street Address	City		State	Zip Code	Original Purchase Amount of Item		
Description of Item	I		1		1		
				Total of Section S			
Section J4. ADDENDUM							
NAME OF COMMITTEE				TYPE OF REPORT			
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum							
Event #							
Name of Candidate							
Section N. ADDENDUM							
NAME OF COMMITTEE				TYPE OF REPORT			
N. Expenses Paid By Committee - Addendum							
Expenditure # Amount of Expenditure				Expenditure			
Name of Candidate		Offic	ce Sought				

Section P. ADDENDUM						
NAME OF COMMITTEE	TYPE OF REPORT					
P. Expenses Incurred on Committee Cred	it Card - Add	dendum				
Expenditure #	Amount of Expenditure					
Name of Candidate	Office Sought					
Section Q. ADDENDUM						
NAME OF COMMITTEE		TYPE OF REPORT				
Q. Expenses Incurred by Committee but Not Paid	During this I	Period - Addendum				
Expenditure #	Amount of Expenditure					
Name of Candidate	Office Sought					
Section R. ADDENDUM						
NAME OF COMMITTEE	TYPE OF REPORT					
R. Itemization of Reimbursements and Secondary Payees - Addendum						
Expenditure #	Amount of Expenditure					
Name of Candidate		Office Sought				