

**SEEC FORM 30**

## Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



Electronic Filing

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Page 1 of 232

**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
<b>Drew for CT</b>				<input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
First <b>Dianna</b>		MI <b>J</b>	Last <b>Kulmacz</b>		Suffix
4. TREASURER ADDRESS					
Street Address <b>134 Brault Hill Rd</b>		City <b>Higganum</b>		State <b>CT</b>	Zip Code <b>06441</b>
5. ELECTION DATE <b>11/06/2018</b>		6. OFFICE SOUGHT (Complete only if Candidate Committee) <b>Undetermined</b>			7. DISTRICT NUMBER (if applicable)
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Daniel</b>		MI <b>T</b>	Last <b>Drew</b>		Suffix
9. TYPE OF REPORT <b>July 10 Filing - Original</b>					
10. PERIOD COVERED					
Beginning Date                      Ending Date  <b>04/01/2017</b> thru <b>06/30/2017</b>					
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b> SIGNATURE		<b>Dianna Kulmacz</b> PRINT NAME OF THE SIGNER		<b>07/10/2017 10:38:21PM</b> DATE CERTIFIED	
<b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b>					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>Drew for CT</b>	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$33,100.97</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$68,756.80</b>	<b>\$174,883.80</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$2,250.00</b>	<b>\$2,250.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$71,006.80</b>	<b>\$177,133.80</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$104,107.77</b>	<b>\$177,133.80</b>
20. Expenses Paid by Committee (Section N)	<b>\$77,714.46</b>	<b>\$150,740.49</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$26,393.31</b>	<b>\$26,393.31</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$1,151.27</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$3,003.67</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$3,003.67</b>	

**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>A. Total Contributions from Small Contributors-Received this Period ONLY</b>		For Nonparticipating Candidates ONLY	
		<b>\$0.00</b>	
<b>B. Itemized Contributions from Individuals</b>			

Last Name Beisley		First Michelle		MI	Contribution ID # 1215
Residential Street Address 1615 Bluemont Ave SW		City Roanoke		State VA	Zip Code 24015-4903
Principal Occupation teacher		Name of Employer Roanoke City Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/01/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Clayton		First Jacey		MI	Contribution ID # 1280
Residential Street Address 60 Spring St		City Manchester		State CT	Zip Code 06040-6639
Principal Occupation Seamstress		Name of Employer Comfy's Corner			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/01/2017	Aggregate Contributions \$10.00	\$10.00

Last Name Hanrahan		First Connie		MI	Contribution ID # 1453
Residential Street Address 93 Seaview Ave		City Branford		State CT	Zip Code 06405-5443
Principal Occupation Retired RN		Name of Employer YNHH			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/01/2017	Aggregate Contributions \$5.00	\$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Heidelberg</b>		First <b>Cynthia</b>		MI	Contribution ID # <b>1464</b>
Residential Street Address <b>1616B N 45th St</b>		City <b>Seattle</b>		State <b>WA</b>	Zip Code <b>98103-6702</b>
Principal Occupation <b>Lawyer</b>		Name of Employer <b>Breskin Johnson and Townsend</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/01/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Wilson</b>		First <b>Brenda</b>		MI	Contribution ID # <b>1921</b>
Residential Street Address <b>163 Cynthia Ln Apt A2</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2126</b>
Principal Occupation <b>Director</b>		Name of Employer <b>Ryan Woods Autism Foundation</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/01/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Guilmartin</b>		First <b>Cullen</b>		MI	Contribution ID # <b>1440</b>
Residential Street Address <b>50 Brace Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-1803</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/02/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Deer-Mirek</b>		First <b>Tracy</b>		MI	Contribution ID # <b>1326</b>
Residential Street Address <b>180 Quail St</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614-2654</b>
Principal Occupation <b>Associate Director of Communications</b>		Name of Employer <b>Sacred Heart University</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/02/2017</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$40.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Heinrich		First Eric		MI H	Contribution ID # 1465
Residential Street Address 41 Brent Rd		City Manchester		State CT	Zip Code 06042-2806
Principal Occupation Park Maintainer		Name of Employer Town of Glastonbury			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/03/2017	Aggregate Contributions \$10.00	\$5.00

Last Name Boccalatte		First John		MI L	Contribution ID # 1226
Residential Street Address 71 Mountain Laurel Dr		City Middletown		State CT	Zip Code 06457-5657
Principal Occupation Attorney/Owner		Name of Employer Farrell, Geenty, Sheeley			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/03/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Backman		First Kevin		MI S	Contribution ID # 1197
Residential Street Address 8 Foley Rd		City Portland		State CT	Zip Code 06480-1816
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/03/2017	Aggregate Contributions \$35.00	\$35.00

Last Name Hunt		First Barbara		MI B	Contribution ID # 1479
Residential Street Address 28 Autumn Ln		City Middletown		State CT	Zip Code 06457-4787
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/03/2017	Aggregate Contributions \$25.00	\$25.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Hunt		First William		MI E	Contribution ID # 1481
Residential Street Address 28 Autumn Ln		City Middletown		State CT	Zip Code 06457-4787
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/03/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Rose		First Mary		MI J	Contribution ID # 1764
Residential Street Address 274 Wall St		City Hebron		State CT	Zip Code 06248-1328
Principal Occupation Teacher		Name of Employer Marlborough BOE			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/03/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Shlien		First Stuart		MI E	Contribution ID # 1816
Residential Street Address 10 Hale Rd		City Portland		State CT	Zip Code 06480-1146
Principal Occupation Owner		Name of Employer Shlien's Furniture			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/03/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Sauer		First Claire		MI E	Contribution ID # 1791
Residential Street Address 47 Mitchell Hill Rd		City Lyme		State CT	Zip Code 06371-3021
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/04/2017	Aggregate Contributions \$25.00	\$25.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Murray</b>		First <b>Dennis</b>		MI <b>M</b>	Contribution ID # <b>1641</b>
Residential Street Address <b>46 Scenic View Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4920</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>04/04/2017</b>	Aggregate Contributions <b>\$40.30</b>	<b>\$40.30</b>

Last Name <b>Palomino</b>		First <b>Quynh</b>		MI	Contribution ID # <b>1674</b>
Residential Street Address <b>894 W Washington St</b>		City <b>San Diego</b>		State <b>CA</b>	Zip Code <b>92103-1805</b>
Principal Occupation <b>Principal</b>		Name of Employer <b>Virtua Partners, Versant, Clear Vista Management</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/04/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Patel</b>		First <b>Parul</b>		MI	Contribution ID # <b>1686</b>
Residential Street Address <b>97 Redwood Ln</b>		City <b>East Berlin</b>		State <b>CT</b>	Zip Code <b>06023-1035</b>
Principal Occupation <b>Assistant Attorney General</b>		Name of Employer <b>Connecticut Attorney General's office</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/04/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Caffrey</b>		First <b>Karen</b>		MI	Contribution ID # <b>1252</b>
Residential Street Address <b>30 Jenny Clfs</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-6825</b>
Principal Occupation <b>Psychotherapist</b>		Name of Employer <b>Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/05/2017</b>	Aggregate Contributions <b>\$35.00</b>	<b>\$20.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Gionfriddo		First Paul		MI	Contribution ID # 1415
Residential Street Address 705 S Palmway		City Lake Worth		State FL	Zip Code 33460-4938
Principal Occupation President		Name of Employer Mental Health America			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/06/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Minkoff		First Ronnie		MI	Contribution ID # 1628
Residential Street Address 200 Henry St Apt 3108		City Stamford		State CT	Zip Code 06902-5888
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/06/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Leary		First Albert		MI	Contribution ID # 1542
Residential Street Address 73 Virginia Dr		City Middletown		State CT	Zip Code 06457-4826
Principal Occupation Deputy Chief - Fire Department		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/06/2017	Aggregate Contributions \$100.00	\$100.00

Last Name McShane		First Robin		MI	Contribution ID # 1615
Residential Street Address 30 Cornfield Ln		City Madison		State CT	Zip Code 06443-1625
Principal Occupation Director of Communications		Name of Employer St Thomas More Chapel & Center at Yale			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/06/2017	Aggregate Contributions \$100.00	\$100.00



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

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

**B. Itemized Contributions from Individuals**

Last Name Rose		First Kim		MI	Contribution ID # 1763
Residential Street Address 292 Naugatuck Ave		City Milford		State CT	Zip Code 06460-5542
Principal Occupation Administrative			Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$50.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/06/2017	
				Aggregate Contributions \$50.00	

Last Name Thompson		First Elizabeth		MI	Contribution ID # 1865
Residential Street Address 12 Spectacle Ln		City Ridgefield		State CT	Zip Code 06877-5714
Principal Occupation retired			Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$20.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/06/2017	
				Aggregate Contributions \$20.00	

Last Name Forrest		First Matthew		MI	Contribution ID # 1393
Residential Street Address 72 Somerset St		City Wethersfield		State CT	Zip Code 06109-3031
Principal Occupation Attorney			Name of Employer Forrest Law		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$375.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/07/2017	
				Aggregate Contributions \$375.00	

Last Name Chernoff		First Barry		MI	Contribution ID # 1274
Residential Street Address 163 Mount Vernon St		City Middletown		State CT	Zip Code 06457-3214
Principal Occupation Professor			Name of Employer Wesleyan		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$50.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/07/2017	
				Aggregate Contributions \$50.00	

**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 <b>Burns</b>		First <b>Susan</b>		MI	Contribution ID # <b>1250</b>
Residential Street Address <b>126 Kennerson Rd</b>		City <b>Eastford</b>		State <b>CT</b>	Zip Code <b>06242-9448</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>04/10/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Blaine</b>		First <b>William</b>		MI	Contribution ID # <b>1225</b>
Residential Street Address <b>6406 Garners Way</b>		City <b>Spotsylvania</b>		State <b>VA</b>	Zip Code <b>22553-4496</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>04/10/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Harris</b>		First <b>Elsie</b>		MI	Contribution ID # <b>1456</b>
Residential Street Address <b>3 Afton Ter</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1620</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>04/10/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Haymond</b>		First <b>John</b>		MI	Contribution ID # <b>1460</b>
Residential Street Address <b>100 Norwood Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117-2236</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Haymond Law</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>04/10/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Reynolds</b>		First <b>James</b>		MI <b>M</b>	Contribution ID # <b>1736</b>
Residential Street Address <b>8 Oakwood Rd</b>		City <b>Simsbury</b>		State <b>CT</b>	Zip Code <b>06070-2123</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>04/10/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Williams</b>		First <b>Robert</b>		MI <b>CT</b>	Contribution ID # <b>1918</b>
Residential Street Address <b>126 Kennerson Rd</b>		City <b>Eastford</b>		State <b>CT</b>	Zip Code <b>06242-9448</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>04/10/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Rechin</b>		First <b>Jeff</b>		MI <b>VA</b>	Contribution ID # <b>1732</b>
Residential Street Address <b>187 Rollins Ford Rd</b>		City <b>Amissville</b>		State <b>VA</b>	Zip Code <b>20106-4223</b>
Principal Occupation <b>Artist</b>		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>04/11/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Johnson</b>		First <b>Dava</b>		MI <b>CT</b>	Contribution ID # <b>1489</b>
Residential Street Address <b>9 Deer Run</b>		City <b>Bethel</b>		State <b>CT</b>	Zip Code <b>06801-1461</b>
Principal Occupation <b>Counselor</b>		Name of Employer <b>Self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/11/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Dresser</b>		First <b>James Van</b>		MI <b>B</b>	Contribution ID # <b>1349</b>
Residential Street Address <b>1 E Main St</b>		City <b>Salisbury</b>		State <b>CT</b>	Zip Code <b>06068-1820</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>04/11/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kupiec</b>		First <b>Jared</b>		MI	Contribution ID # <b>1528</b>
Residential Street Address <b>86 Buff Cap Rd Apt E5</b>		City <b>Tolland</b>		State <b>CT</b>	Zip Code <b>06084-2643</b>
Principal Occupation <b>Public Affairs</b>		Name of Employer <b>Watkins Strategies</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/12/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Marashlian</b>		First <b>Janette</b>		MI	Contribution ID # <b>1579</b>
Residential Street Address <b>309B Heritage Vlg</b>		City <b>Southbury</b>		State <b>CT</b>	Zip Code <b>06488-3737</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/12/2017</b>	Aggregate Contributions <b>\$65.00</b>	<b>\$5.00</b>

Last Name <b>Marquis</b>		First <b>Julia</b>		MI	Contribution ID # <b>1585</b>
Residential Street Address <b>1 Crystal Ridge Dr</b>		City <b>Ellington</b>		State <b>CT</b>	Zip Code <b>06029-3050</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>UnitedHealthcare</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/13/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$5.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Passmore		First Judith		MI	Contribution ID # 1684
Residential Street Address 251 Court St Apt 32		City Middletown		State CT	Zip Code 06457-3323
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/13/2017	Aggregate Contributions \$10.00	\$10.00

Last Name Burger		First Frederick P.		MI	Contribution ID # 1247
Residential Street Address 79 Post Rd		City Danbury		State CT	Zip Code 06810-8367
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/13/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Bell		First John		MI	Contribution ID # 1216
Residential Street Address 32 Brickyard Rd		City Clinton		State CT	Zip Code 06413-1435
Principal Occupation marketing		Name of Employer Bell's Virtual Mall			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/14/2017	Aggregate Contributions \$15.00	\$15.00

Last Name Kordonsky		First Alex		MI	Contribution ID # 1517
Residential Street Address 888 Arbutus St		City Middletown		State CT	Zip Code 06457-5177
Principal Occupation Student		Name of Employer UConn			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/14/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Orr</b>		First <b>Jean</b>		MI	Contribution ID # <b>1668</b>
Residential Street Address <b>11 Hamlin Ct</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3253</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/15/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Camilluci</b>		First <b>Anthony</b>		MI	Contribution ID # <b>1259</b>
Residential Street Address <b>169 Baltic Rd</b>		City <b>North Franklin</b>		State <b>CT</b>	Zip Code <b>06254-1406</b>
Principal Occupation <b>Steamfitter</b>		Name of Employer <b>Local 777 Plumbers and Pipefitters</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/15/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Crawford</b>		First <b>Jule</b>		MI	Contribution ID # <b>1303</b>
Residential Street Address <b>291 Long Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4060</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>Law Offices of Jule A Crawford</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/15/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Pugliese</b>		First <b>Richard</b>		MI	Contribution ID # <b>1720</b>
Residential Street Address <b>1703 Randolph Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4041</b>
Principal Occupation <b>Physician - retired</b>		Name of Employer <b>Middlesex Hospital</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$5.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Meyers</b>		First <b>Arthur S.</b>		MI	Contribution ID # <b>1622</b>
Residential Street Address <b>854 Long Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5063</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/18/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Herdman</b>		First <b>Aaron</b>		MI	Contribution ID # <b>1468</b>
Residential Street Address <b>95 Lakeside Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4153</b>
Principal Occupation <b>Machinist</b>		Name of Employer <b>Pratt &amp; Whitney</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/18/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Sheridan</b>		First <b>Richard</b>		MI <b>M</b>	Contribution ID # <b>1815</b>
Residential Street Address <b>28 N Meadows Ln</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903-5151</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>04/18/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Santangelo</b>		First <b>Robert</b>		MI	Contribution ID # <b>1787</b>
Residential Street Address <b>11 Prospect St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2621</b>
Principal Occupation <b>Substance abuse counselor</b>		Name of Employer <b>DMHAS - State of CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>04/18/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$175.00</b>

**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 <b>Crescimano</b>		First <b>Matthew</b>		MI	Contribution ID # <b>1304</b>
Residential Street Address <b>18 Olympus Pkwy</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2337</b>
Principal Occupation <b>Sales &amp; Fabrication</b>		Name of Employer <b>Baldwin Pergola's</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/19/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Davidson</b>		First <b>Harold</b>		MI	Contribution ID # <b>1320</b>
Residential Street Address <b>74 Abbey Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424-2103</b>
Principal Occupation <b>Business manager Financial Secretay-Treasurer</b>		Name of Employer <b>Roofers / Waterproofers Local 12</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/19/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Becker</b>		First <b>Neal T.</b>		MI	Contribution ID # <b>1214</b>
Residential Street Address <b>PO Box 1056</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1056</b>
Principal Occupation <b>Fed Govt contractor</b>		Name of Employer <b>Self/ nolamit holdings</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/19/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Riley</b>		First <b>Lawrence</b>		MI	Contribution ID # <b>1742</b>
Residential Street Address <b>447 Ridge Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5230</b>
Principal Occupation <b>Dog Trainer</b>		Name of Employer <b>Self employed-An Educated Dog</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/19/2017</b>	Aggregate Contributions <b>\$30.00</b>	<b>\$15.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Rogers</b>		First <b>Anna</b>		MI	Contribution ID # <b>1752</b>
Residential Street Address <b>18 Forest Ct S</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06518-2713</b>
Principal Occupation <b>Project Manager</b>		Name of Employer <b>Community Health Center Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/19/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Marashlian</b>		First <b>J.</b>		MI	Contribution ID # <b>1578</b>
Residential Street Address <b>309B Heritage Vlg</b>		City <b>Southbury</b>		State <b>CT</b>	Zip Code <b>06488-3737</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/19/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Marino</b>		First <b>Preston</b>		MI	Contribution ID # <b>1583</b>
Residential Street Address <b>19 High St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3741</b>
Principal Occupation <b>Superintendent</b>		Name of Employer <b>American Contractors</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Marino</b>		First <b>Alexsa</b>		MI	Contribution ID # <b>1581</b>
Residential Street Address <b>40 Linden St</b>		City <b>Riverside</b>		State <b>RI</b>	Zip Code <b>02915-4447</b>
Principal Occupation <b>Lawyer</b>		Name of Employer <b>Lock Lorde</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Lupo</b>	First <b>Armondo</b>	MI	Contribution ID # <b>1564</b>
Residential Street Address <b>222 Williams St E Apt 128</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-2372</b>
Principal Occupation <b>State Marshal</b>	Name of Employer <b>Armondo Lupo - Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04202017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Rasmussen</b>	First <b>Lisa</b>	MI	Contribution ID # <b>1730</b>
Residential Street Address <b>288 Naubuc Ave</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-2081</b>
Principal Occupation <b>Office Manager</b>	Name of Employer <b>Metro Property Management</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04202017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Plourde</b>	First <b>Wayne</b>	MI <b>R</b>	Contribution ID # <b>1711</b>
Residential Street Address <b>71 Thorniley St</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06051-1636</b>
Principal Occupation <b>Contractor</b>	Name of Employer <b>Wayne Plourde - Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04202017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$40.00</b>
		Amount of Contribution <b>\$40.00</b>	

Last Name <b>Allison</b>	First <b>Jeanne</b>	MI	Contribution ID # <b>1185</b>
Residential Street Address <b>8 Mazzotta Pl</b>	City <b>Middletown</b>	State <b>CT</b>	Zip Code <b>06457-2617</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$65.00</b>
		Amount of Contribution <b>\$15.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Cardillo</b>	First <b>Joseph</b>	MI	Contribution ID # <b>1265</b>
Residential Street Address <b>10 Prospect Hill Rd</b>	City <b>Cromwell</b>	State <b>CT</b>	Zip Code <b>06416-2028</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04202017a</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Rudewicz</b>	First <b>Robert</b>	MI	Contribution ID # <b>1769</b>
Residential Street Address <b>29 E Robbins Ave</b>	City <b>Newington</b>	State <b>CT</b>	Zip Code <b>06111-3910</b>
Principal Occupation <b>Non Profit Director</b>	Name of Employer <b>CMHA</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04202017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Spadaccini</b>	First <b>Teri D.</b>	MI <b>D</b>	Contribution ID # <b>1837</b>
Residential Street Address <b>773 Bartholomew Rd</b>	City <b>Middletown</b>	State <b>CT</b>	Zip Code <b>06457-5609</b>
Principal Occupation <b>Laboratory</b>	Name of Employer <b>Middlesex Hospital</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Urso</b>	First <b>Robert</b>	MI	Contribution ID # <b>1879</b>
Residential Street Address <b>18-3 Arthur Dr</b>	City <b>South Windsor</b>	State <b>CT</b>	Zip Code <b>06074-6903</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04202017a</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Ward</b>	First <b>Brian</b>	MI	Contribution ID # <b>1903</b>
Residential Street Address <b>40 Purtill St</b>	City <b>South Glastonbury</b>	State <b>CT</b>	Zip Code <b>06073-2502</b>
Principal Occupation <b>Owner</b>	Name of Employer <b>Ward Anhmr Hive</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04202017a</b>		Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Wentworth</b>	First <b>Ralph</b>	MI	Contribution ID # <b>1912</b>
Residential Street Address <b>12 Stuart Dr</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002-1525</b>
Principal Occupation <b>Insurance Agent</b>	Name of Employer <b>Wentworth DeAngelis Inc.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04202017a</b>		Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$250.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$250.00</b>	

Last Name <b>Williams</b>	First <b>James</b>	MI <b>M</b>	Contribution ID # <b>1917</b>
Residential Street Address <b>15 Hartford Ave</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109-1806</b>
Principal Occupation <b>Retired HPD</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04202017a</b>		Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$50.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Zak, Jr</b>	First <b>Daniel</b>	MI	Contribution ID # <b>1930</b>
Residential Street Address <b>1288 Main St</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-3124</b>
Principal Occupation <b>Foreman</b>	Name of Employer <b>Metro Property Management</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04202017a</b>		Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Zak</b>		First <b>Kaitlin</b>		MI	Contribution ID # <b>1931</b>
Residential Street Address <b>222 Williams St E Apt 119</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-2372</b>
Principal Occupation <b>Account manager</b>		Name of Employer <b>Wentworth d'angelis kaufman insurance</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04202017a</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/20/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Corvo</b>		First <b>Elizabeth</b>		MI	Contribution ID # <b>1298</b>
Residential Street Address <b>12 Sonoma Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2077</b>
Principal Occupation <b>Corp Sec</b>		Name of Employer <b>WM Consultants Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/21/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Corvo</b>		First <b>William</b>		MI	Contribution ID # <b>1299</b>
Residential Street Address <b>12 Sonoma Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2077</b>
Principal Occupation <b>Developer</b>		Name of Employer <b>WM.Corvo Consultants Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/21/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Cook</b>		First <b>Katherine</b>		MI	Contribution ID # <b>1291</b>
Residential Street Address <b>159 Rowayton Woods Dr</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06854-3942</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Self-employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/22/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Deaton	First Inez	MI	Contribution ID # 1325
Residential Street Address 9 Lake Dr	City New Fairfield	State CT	Zip Code 06812-2543
Principal Occupation Payment Processing	Name of Employer BPS LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/22/2017	Aggregate Contributions \$390.00
		Amount of Contribution \$15.00	

Last Name Moninger-Elia	First Mary	MI	Contribution ID # 1635
Residential Street Address 1 Templeton St	City West Haven	State CT	Zip Code 06516-7023
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/22/2017	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Krall	First Elizabeth	MI	Contribution ID # 1519
Residential Street Address 54 Orchard Rd	City West Hartford	State CT	Zip Code 06117-2912
Principal Occupation artist	Name of Employer self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/22/2017	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Salo-Markowski	First Anna	MI	Contribution ID # 1775
Residential Street Address 1 Red Bud St	City Middletown	State CT	Zip Code 06457-4935
Principal Occupation Librarian	Name of Employer West hartford public library		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/22/2017	Aggregate Contributions \$15.00
		Amount of Contribution \$15.00	

**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 <b>Smith</b>		First <b>Diane</b>		MI	Contribution ID # <b>1831</b>
Residential Street Address <b>76 N Mountain Rd Apt D</b>		City <b>New Britain</b>		State <b>CT</b>	Zip Code <b>06053-3471</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/22/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Dennen</b>		First <b>Robert</b>		MI	Contribution ID # <b>1329</b>
Residential Street Address <b>20 Roberts St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4623</b>
Principal Occupation <b>retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/23/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$5.00</b>

Last Name <b>Capelle</b>		First <b>Jeffrey</b>		MI	Contribution ID # <b>1261</b>
Residential Street Address <b>1 Gold St Apt 6C</b>		City <b>Hartford</b>		State <b>CT</b>	Zip Code <b>06103-2930</b>
Principal Occupation <b>Disabled</b>		Name of Employer <b>Cigna Healthcare</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/23/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Caffrey</b>		First <b>Karen</b>		MI	Contribution ID # <b>1253</b>
Residential Street Address <b>30 Jenny Clfs</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-6825</b>
Principal Occupation <b>Psychotherapist</b>		Name of Employer <b>Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/24/2017</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$5.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Marashlian		First Janette		MI	Contribution ID # 1580
Residential Street Address 309B Heritage Vlg		City Southbury		State CT	Zip Code 06488-3737
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/24/2017	Aggregate Contributions \$70.00	\$5.00

Last Name McFadden		First Laurie		MI	Contribution ID # 1609
Residential Street Address 484 Long Hill Rd		City Middletown		State CT	Zip Code 06457-4917
Principal Occupation Disabled		Name of Employer Not Applicable			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/24/2017	Aggregate Contributions \$50.00	\$25.00

Last Name Kniola		First Robert Kniola		MI	Contribution ID # 1513
Residential Street Address 25 Eagle Run		City South Windsor		State CT	Zip Code 06074-1588
Principal Occupation retired		Name of Employer Mr. and Mrs.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/25/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Nagle		First Mary		MI	Contribution ID # 1645
Residential Street Address 522 Town Colony Dr		City Middletown		State CT	Zip Code 06457-5910
Principal Occupation Technology Solutions Developer		Name of Employer PPI Benefits, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/25/2017	Aggregate Contributions \$15.00	\$15.00



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

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

**B. Itemized Contributions from Individuals**

Last Name Dixon		First Christa		MI	Contribution ID # 1339
Residential Street Address 15 Bellevue Ter		City Cromwell		State CT	Zip Code 06416-2106
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/25/2017	Aggregate Contributions \$25.00	\$15.00

Last Name Shoretll		First William		MI	Contribution ID # 1820
Residential Street Address 947 W Main St Apt 102		City New Britain		State CT	Zip Code 06053-3497
Principal Occupation machinist		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/25/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Duggan		First Lloyd		MI	Contribution ID # 1353
Residential Street Address 94 Chelsea Ct		City Middletown		State CT	Zip Code 06457-7538
Principal Occupation Marketing Consultant		Name of Employer gL Marketing Consultants			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/26/2017	Aggregate Contributions \$55.00	\$5.00

Last Name Garden		First Phillip		MI	Contribution ID # 1402
Residential Street Address 119 Constitution St		City Wallingford		State CT	Zip Code 06492-3824
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/26/2017	Aggregate Contributions \$5.00	\$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Buhler</b>		First <b>William</b>		MI	Contribution ID # <b>1242</b>
Residential Street Address <b>8 Winchester Way</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-2636</b>
Principal Occupation <b>RETIRED</b>		Name of Employer <b>RETIRED</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/26/2017</b>	Aggregate Contributions <b>\$125.00</b>	<b>\$25.00</b>

Last Name <b>Jones</b>		First <b>Steven</b>		MI	Contribution ID # <b>1496</b>
Residential Street Address <b>401 Talcottville Rd Apt 150</b>		City <b>Vernon</b>		State <b>CT</b>	Zip Code <b>06066-4047</b>
Principal Occupation <b>Executive Assistant</b>		Name of Employer <b>S&amp;S Management Services</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/26/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Stuckey</b>		First <b>Glenda</b>		MI	Contribution ID # <b>1850</b>
Residential Street Address <b>10-6 Countryside Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-6004</b>
Principal Occupation <b>Clerk Typist</b>		Name of Employer <b>State of Connecticut Dept of Education</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/27/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Zelaya</b>		First <b>Sonia</b>		MI	Contribution ID # <b>1933</b>
Residential Street Address <b>400 N Main St Apt 8</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06042-1916</b>
Principal Occupation <b>Aerospace Quality Inspector</b>		Name of Employer <b>UTC Aerospace Systems</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/27/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Winkler</b>		First <b>Phylis</b>		MI	Contribution ID # <b>1923</b>
Residential Street Address <b>20 Gottier Dr</b>		City <b>Vernon</b>		State <b>CT</b>	Zip Code <b>06066-4605</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>04/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Luckenbach</b>		First <b>J.K.</b>		MI	Contribution ID # <b>1561</b>
Residential Street Address <b>21 Tibbals Bridge Rd</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443-1636</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/28/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Lockwood</b>		First <b>Carmella</b>		MI	Contribution ID # <b>1557</b>
Residential Street Address <b>635 S Main St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4252</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Carmella's on The Ext</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/28/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Lockwood</b>		First <b>Matt</b>		MI	Contribution ID # <b>1558</b>
Residential Street Address <b>635 S Main St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4252</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Carmella's on the Extension</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/28/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Paro</b>		First <b>Roberta</b>		MI	Contribution ID # <b>1679</b>
Residential Street Address <b>246A Yantic St</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-4134</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Vista Life Innovations</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/28/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Corvo</b>		First <b>Alessandra</b>		MI	Contribution ID # <b>1297</b>
Residential Street Address <b>15 Vale St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5334</b>
Principal Occupation <b>Sec</b>		Name of Employer <b>Cromwell Board of Ed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Floryan</b>		First <b>Kenneth J.</b>		MI	Contribution ID # <b>1391</b>
Residential Street Address <b>71 Penn Dr</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06119-1153</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/28/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Haley</b>		First <b>Shawn</b>		MI	Contribution ID # <b>1448</b>
Residential Street Address <b>48 Old Sawmill Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-3355</b>
Principal Occupation <b>DBA</b>		Name of Employer <b>JaystarGroup</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/30/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Riley</b>		First <b>Larry</b>		MI	Contribution ID # <b>1741</b>
Residential Street Address <b>447 Ridge Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5230</b>
Principal Occupation <b>Dog Trainer</b>		Name of Employer <b>Self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/30/2017</b>	Aggregate Contributions <b>\$105.00</b>	<b>\$5.00</b>

Last Name <b>Marquis</b>		First <b>Victor</b>		MI	Contribution ID # <b>1586</b>
Residential Street Address <b>15 Wilson Ln</b>		City <b>Danielson</b>		State <b>CT</b>	Zip Code <b>06239-3632</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>04/30/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Sulick</b>		First <b>James</b>		MI	Contribution ID # <b>1851</b>
Residential Street Address <b>71 Masters Way</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-7059</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Law Offices of Attorney James Sulick</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/02/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Santangelo</b>		First <b>Elizabeth</b>		MI	Contribution ID # <b>1785</b>
Residential Street Address <b>11 Prospect St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2621</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/02/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$225.00</b>

**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 <b>Johnston</b>		First <b>Brianna</b>		MI	Contribution ID # <b>1492</b>
Residential Street Address <b>625 Millbrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5521</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/03/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Leon</b>		First <b>Frank</b>		MI	Contribution ID # <b>1545</b>
Residential Street Address <b>40 Knollwood Rd</b>		City <b>East Hartford</b>		State <b>CT</b>	Zip Code <b>06118-1732</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Leone, Throne, Teller, Nagle</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/03/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Post</b>		First <b>Connie</b>		MI	Contribution ID # <b>1716</b>
Residential Street Address <b>25 Charles Mary Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2075</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/03/2017</b>	Aggregate Contributions <b>\$120.00</b>	<b>\$50.00</b>

Last Name <b>Pendrys</b>		First <b>David Francis</b>		MI	Contribution ID # <b>1694</b>
Residential Street Address <b>66 Church St Fl 1</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-3644</b>
Principal Occupation <b>Communications Coordinator</b>		Name of Employer <b>Connecticut REALTORS</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/03/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Parker</b>		First <b>Heather</b>		MI	Contribution ID # <b>1676</b>
Residential Street Address <b>35 Tall Timbers Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7116</b>
Principal Occupation <b>Writer</b>		Name of Employer <b>Parker Prose LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/03/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$50.00</b>

Last Name <b>Patel</b>		First <b>Paul</b>		MI	Contribution ID # <b>1687</b>
Residential Street Address <b>117 Grouse Hill Rd</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-2720</b>
Principal Occupation <b>Sales Executive</b>		Name of Employer <b>Wentworth Insurance</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/03/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Nanfito</b>		First <b>Mary</b>		MI	Contribution ID # <b>1649</b>
Residential Street Address <b>29 Cedar Meadow Rd</b>		City <b>Moodus</b>		State <b>CT</b>	Zip Code <b>06469-1154</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/03/2017</b>	Aggregate Contributions <b>\$30.00</b>	<b>\$25.00</b>

Last Name <b>Elliott</b>		First <b>Joshua</b>		MI	Contribution ID # <b>1360</b>
Residential Street Address <b>59 Macarthur Dr</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06518-1408</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>The Common Bond Market</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/03/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Emmons</b>		First <b>Sharron</b>		MI	Contribution ID # <b>1364</b>
Residential Street Address <b>625 Millbrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5521</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/03/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Esposito</b>		First <b>Carmine</b>		MI	Contribution ID # <b>1374</b>
Residential Street Address <b>685 Matson Hill Rd</b>		City <b>South Glastonbury</b>		State <b>CT</b>	Zip Code <b>06073-3522</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/03/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Cosenza</b>		First <b>Julie</b>		MI	Contribution ID # <b>1300</b>
Residential Street Address <b>83 Johnson Rd</b>		City <b>Marlborough</b>		State <b>CT</b>	Zip Code <b>06447-1222</b>
Principal Occupation <b>Social Worker</b>		Name of Employer <b>State of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/03/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Caffrey</b>		First <b>Karen</b>		MI	Contribution ID # <b>1254</b>
Residential Street Address <b>30 Jenny Clfs</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-6825</b>
Principal Occupation <b>Psychotherapist</b>		Name of Employer <b>Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/04/2017</b>	Aggregate Contributions <b>\$60.00</b>	<b>\$20.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name Casey		First Lorelei		MI	Contribution ID # 1267
Residential Street Address 1725 Randolph Rd		City Middletown		State CT	Zip Code 06457-4041
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/04/2017	Aggregate Contributions \$20.00	\$5.00

Last Name Ellis		First Georgia		MI	Contribution ID # 1361
Residential Street Address 964 Shippan Ave		City Stamford		State CT	Zip Code 06902-7423
Principal Occupation Recruiter		Name of Employer The McIntyre			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/04/2017	Aggregate Contributions \$40.00	\$20.00

Last Name DeLibero		First Geraldine		MI	Contribution ID # 1327
Residential Street Address 432 Asbury Ridge Rd		City Shelton		State CT	Zip Code 06484
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/04/2017	Aggregate Contributions \$110.00	\$10.00

Last Name Galle		First Rebecca		MI	Contribution ID # 1399
Residential Street Address 27 Buckley Hwy		City Stafford Springs		State CT	Zip Code 06076-4426
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/04/2017	Aggregate Contributions \$5.00	\$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Skandera</b>		First <b>Anne</b>		MI	Contribution ID # <b>1828</b>
Residential Street Address <b>38 Concord Rd</b>		City <b>Danbury</b>		State <b>CT</b>	Zip Code <b>06810-6349</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/04/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Taylor</b>		First <b>Alison</b>		MI	Contribution ID # <b>1857</b>
Residential Street Address <b>280 Riverside Dr Apt 5J</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10025-9019</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>BSR</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/04/2017</b>	Aggregate Contributions <b>\$70.00</b>	<b>\$20.00</b>

Last Name <b>Whalen</b>		First <b>Joseph</b>		MI	Contribution ID # <b>1913</b>
Residential Street Address <b>766 H Ave</b>		City <b>Coronado</b>		State <b>CA</b>	Zip Code <b>92118-2134</b>
Principal Occupation <b>Executive</b>		Name of Employer <b>Virtua Partners, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/04/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Weiss</b>		First <b>Jessica</b>		MI	Contribution ID # <b>1910</b>
Residential Street Address <b>103 Wool St</b>		City <b>San Francisco</b>		State <b>CA</b>	Zip Code <b>94110-5551</b>
Principal Occupation <b>People Development Specialist</b>		Name of Employer <b>Google</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/04/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Zambrello Jr.		First Phil		MI	Contribution ID # 1932
Residential Street Address 282 Blue Rd		City Middletown		State CT	Zip Code 06457-5007
Principal Occupation Manager		Name of Employer Tower Laboratories Ltd			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/05/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Traskos		First David		MI	Contribution ID # 1872
Residential Street Address 50 John St		City Clinton		State CT	Zip Code 06413-1723
Principal Occupation Transportation coordinator		Name of Employer Estuary Council of Seniors			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/05/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Camarro		First Barbara		MI	Contribution ID # 1258
Residential Street Address 55 Reid St		City Fairfield		State CT	Zip Code 06824-3441
Principal Occupation Instructional Designer		Name of Employer GP Strategies			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/05/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Concanom		First Jean		MI	Contribution ID # 1288
Residential Street Address 3 Barley Hill Rd		City Old Saybrook		State CT	Zip Code 06475-1105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/05/2017	Aggregate Contributions \$5.00	\$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Boulrice</b>		First <b>Jeff</b>		MI	Contribution ID # <b>1229</b>
Residential Street Address <b>15 Hilltop Ave</b>		City <b>Vernon</b>		State <b>CT</b>	Zip Code <b>06066-4914</b>
Principal Occupation <b>Insurance Agent</b>			Name of Employer <b>Howe/First Assurance Associates</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution  <b>\$50.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/05/2017</b>	
				Aggregate Contributions <b>\$50.00</b>	

Last Name <b>McNamara</b>		First <b>John</b>		MI	Contribution ID # <b>1613</b>
Residential Street Address <b>56 Brighton St</b>		City <b>New Britain</b>		State <b>CT</b>	Zip Code <b>06053-3202</b>
Principal Occupation <b>Director of Advancement</b>			Name of Employer <b>CCC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$50.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/05/2017</b>	
				Aggregate Contributions <b>\$50.00</b>	

Last Name <b>Pugliese</b>		First <b>Richard</b>		MI	Contribution ID # <b>1721</b>
Residential Street Address <b>1703 Randolph Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4041</b>
Principal Occupation <b>Physician - retired</b>			Name of Employer <b>Middlesex Hospital</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$20.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/05/2017</b>	
				Aggregate Contributions <b>\$120.00</b>	

Last Name <b>Krefting</b>		First <b>Robert</b>		MI	Contribution ID # <b>1520</b>
Residential Street Address <b>4 Woodcrest Ln</b>		City <b>Danbury</b>		State <b>CT</b>	Zip Code <b>06810-7143</b>
Principal Occupation <b>Consultant</b>			Name of Employer <b>Self Employed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$5.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/06/2017</b>	
				Aggregate Contributions <b>\$5.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Estell</b>		First <b>Andrea</b>		MI	Contribution ID # <b>1375</b>
Residential Street Address <b>12 Lawson Rd</b>		City <b>Union</b>		State <b>CT</b>	Zip Code <b>06076-4807</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/06/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Villa</b>		First <b>Elisa</b>		MI	Contribution ID # <b>1887</b>
Residential Street Address <b>88 Dyer Ave</b>		City <b>Collinsville</b>		State <b>CT</b>	Zip Code <b>06019-3234</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>State of CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/06/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Shonta</b>		First <b>Mike</b>		MI <b>L</b>	Contribution ID # <b>1818</b>
Residential Street Address <b>118 Skyview Dr</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-1875</b>
Principal Occupation <b>Clerk</b>		Name of Employer <b>State of Ct</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/06/2017</b>	Aggregate Contributions <b>\$7.00</b>	<b>\$7.00</b>

Last Name <b>Rodko</b>		First <b>Eric</b>		MI	Contribution ID # <b>1749</b>
Residential Street Address <b>4000 Robinson Rd Apt K</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067</b>
Principal Occupation <b>Executive Director</b>		Name of Employer <b>St. Luke's Community Services</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05122017a</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/07/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Ringler-Jayanthan		First Elizabeth		MI	Contribution ID # 1744
Residential Street Address 888 S Douglas Rd Apt 1114		City Coral Gables		State FL	Zip Code 33134-7568
Principal Occupation Social Worker		Name of Employer Gulf Coast Jewish Family Services			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/09/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Needleman		First Norman		MI	Contribution ID # 1651
Residential Street Address 24 Book Hill Woods Rd		City Essex		State CT	Zip Code 06426-1331
Principal Occupation Executive		Name of Employer tower labs ltd			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/09/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Jayanthan		First Prem		MI	Contribution ID # 1488
Residential Street Address 888 S Douglas Rd Apt 1114		City Coral Gables		State FL	Zip Code 33134-7568
Principal Occupation Physician		Name of Employer Westchester General Hospital			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/09/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Manoranjan		First Ranjan		MI	Contribution ID # 1574
Residential Street Address 3935 Tarrington Ln		City Columbus		State OH	Zip Code 43220-2299
Principal Occupation CPA		Name of Employer Manoranjan & Shaffer, CPA's, Inc			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/09/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Manoranjana</b>		First <b>Ratneswary</b>		MI	Contribution ID # <b>1575</b>
Residential Street Address <b>3935 Tarrington Ln</b>		City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220-2299</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/09/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Dilley</b>		First <b>Nathan</b>		MI	Contribution ID # <b>1335</b>
Residential Street Address <b>1003 Sun Ridge St</b>		City <b>Lancaster</b>		State <b>OH</b>	Zip Code <b>43130-8096</b>
Principal Occupation <b>Sales Director</b>		Name of Employer <b>PRIME AE Group</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/09/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Greenwell</b>		First <b>Louis</b>		MI	Contribution ID # <b>1434</b>
Residential Street Address <b>344 Benjamin Blvd</b>		City <b>Fisherville</b>		State <b>KY</b>	Zip Code <b>40023-7535</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>3SG plus</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/09/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Barlow</b>		First <b>Malcom</b>		MI <b>F</b>	Contribution ID # <b>1202</b>
Residential Street Address <b>627 Spring St</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-6745</b>
Principal Occupation <b>Lawyer</b>		Name of Employer <b>Malcolm F Barlow Attorney at Law</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/09/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bartlett-Josie</b>		First <b>Christine</b>		MI	Contribution ID # <b>1204</b>
Residential Street Address <b>1 University Pl</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511-3240</b>
Principal Occupation <b>Deputy Chief of Staff</b>		Name of Employer <b>City of Bridgeport</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/09/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Conn</b>		First <b>Joan</b>		MI	Contribution ID # <b>1290</b>
Residential Street Address <b>33 Terrace Place Ext</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-2818</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>New Milford Board of Education</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/09/2017</b>	Aggregate Contributions <b>\$125.00</b>	<b>\$25.00</b>

Last Name <b>Clements</b>		First <b>Rodger</b>		MI	Contribution ID # <b>1282</b>
Residential Street Address <b>3685 Prestwoud Close</b>		City <b>New Albany</b>		State <b>OH</b>	Zip Code <b>43054-9491</b>
Principal Occupation <b>Mama get</b>		Name of Employer <b>Mphasis</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/09/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Scott</b>		First <b>Darlene</b>		MI	Contribution ID # <b>1804</b>
Residential Street Address <b>462 Westgreen Ln</b>		City <b>Westerville</b>		State <b>OH</b>	Zip Code <b>43082-6073</b>
Principal Occupation <b>GIS Director</b>		Name of Employer <b>3SG Plus</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/09/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name Samuel		First Milroy J.		MI	Contribution ID # 1783
Residential Street Address 7708 Roxton Ct		City New Albany		State OH	Zip Code 43054-8426
Principal Occupation Doctor		Name of Employer Complete healthcare for women			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/09/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Wallace		First Gary		MI	Contribution ID # 1896
Residential Street Address 14 Hayes Rd		City East Hampton		State CT	Zip Code 06424-1712
Principal Occupation Law Enforcement		Name of Employer City of Middletown CT			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/09/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Samuel		First Mallikha		MI	Contribution ID # 1781
Residential Street Address 7953 Kennedy Rd		City Blacklick		State OH	Zip Code 43004-9682
Principal Occupation house wife		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/10/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Samuel		First Mervyn		MI	Contribution ID # 1782
Residential Street Address 7953 Kennedy Rd		City Blacklick		State OH	Zip Code 43004-9682
Principal Occupation Doctor		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/10/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Clements</b>		First <b>Jasmine</b>		MI	Contribution ID # <b>1281</b>
Residential Street Address <b>3685 Prestwoud Close</b>		City <b>New Albany</b>		State <b>OH</b>	Zip Code <b>43054-9491</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/10/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Kitchel</b>		First <b>Yvonne</b>		MI	Contribution ID # <b>1509</b>
Residential Street Address <b>73 Wolf Hill Ct</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410-1731</b>
Principal Occupation <b>School Secretary</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/10/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$50.00</b>

Last Name <b>Nair</b>		First <b>Nanda</b>		MI	Contribution ID # <b>1647</b>
Residential Street Address <b>298 Beckley Ln</b>		City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43017-1346</b>
Principal Occupation <b>Business Development</b>		Name of Employer <b>3SG Plus, LLC.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/10/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Nair</b>		First <b>Sujatha</b>		MI	Contribution ID # <b>1648</b>
Residential Street Address <b>298 Beckley Ln</b>		City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43017-1346</b>
Principal Occupation <b>Data Analyst</b>		Name of Employer <b>Doctors Consulting Services</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/10/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Moch Poirier</b>		First <b>Susan</b>		MI	Contribution ID # <b>1630</b>
Residential Street Address <b>12 Woodchuck Hill Rd</b>		City <b>Weston</b>		State <b>CT</b>	Zip Code <b>06883-2227</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Moch Law</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/11/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Oliver</b>		First <b>Bill</b>		MI	Contribution ID # <b>1667</b>
Residential Street Address <b>258 Edgewood Ave</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511-4107</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>PRIME 3SG</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/11/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Rasiah</b>		First <b>Anton</b>		MI	Contribution ID # <b>1728</b>
Residential Street Address <b>4209 Clifton Ct</b>		City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43016-6908</b>
Principal Occupation <b>Accountant</b>		Name of Employer <b>PRIME AE GROUP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/11/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Rasiah</b>		First <b>Sivakamasundari</b>		MI	Contribution ID # <b>1729</b>
Residential Street Address <b>4209 Clifton Ct</b>		City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43016-6908</b>
Principal Occupation <b>Deputy Auditor, Tax Accounting</b>		Name of Employer <b>FRANKLIN COUNTY AUDITOR</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/11/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Casserino-Strang		First Carleen		MI	Contribution ID # 1271
Residential Street Address 1149 Long Hill Rd		City Middletown		State CT	Zip Code 06457-5043
Principal Occupation Quality Inspector		Name of Employer Pratt & Whitney			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/11/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Falber		First Harold		MI	Contribution ID # 1376
Residential Street Address 5 Oak Ln		City Weston		State CT	Zip Code 06883-1110
Principal Occupation Consultant		Name of Employer Trade Area Marketing Group LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/11/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Sisson		First Elaine C.		MI	Contribution ID # 1823
Residential Street Address 82 Paul Hts		City Southington		State CT	Zip Code 06489-4131
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/11/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Strang		First Jeffrey		MI	Contribution ID # 1848
Residential Street Address 1149 Long Hill Rd		City Middletown		State CT	Zip Code 06457-5043
Principal Occupation Production		Name of Employer Pratt & Whitney			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/11/2017	Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Rozen</b>		First <b>Kate</b>		MI	Contribution ID # <b>1767</b>
Residential Street Address <b>10</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>Senior Executive Assistant</b>			Name of Employer <b>Yale</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$20.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/12/2017</b>	
				Aggregate Contributions <b>\$20.00</b>	

Last Name <b>Rosenthal</b>		First <b>Jonathan</b>		MI	Contribution ID # <b>1765</b>
Residential Street Address <b>64 Ferndale Dr</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612-1936</b>
Principal Occupation <b>Economic Developer</b>			Name of Employer <b>none</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$5.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/12/2017</b>	
				Aggregate Contributions <b>\$5.00</b>	

Last Name <b>Zocco</b>		First <b>Frank</b>		MI <b>P</b>	Contribution ID # <b>1937</b>
Residential Street Address <b>30 Salem Dr</b>		City <b>Newington</b>		State <b>CT</b>	Zip Code <b>06111-5241</b>
Principal Occupation <b>Partner/Retirement Plan Specialist</b>			Name of Employer <b>The River Suite Wealth Partners</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$50.00</b>
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05122017a</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/12/2017</b>	
				Aggregate Contributions <b>\$50.00</b>	

Last Name <b>Duff</b>		First <b>Christopher</b>		MI	Contribution ID # <b>1352</b>
Residential Street Address <b>61 Brookwood Dr Apt B</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-2717</b>
Principal Occupation <b>Sr. Account Manager</b>			Name of Employer <b>Burgess Group LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/12/2017</b>	
				Aggregate Contributions <b>\$25.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Emmanuel		First John		MI	Contribution ID # 1363
Residential Street Address 200 Starr Dr		City Rocky Hill		State CT	Zip Code 06067-1232
Principal Occupation Property Manager		Name of Employer GPE Group			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event # <u>05122017a</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/12/2017	Aggregate Contributions \$40.00
				\$40.00	

Last Name Fazzino		First Salvatore		MI	Contribution ID # 1382
Residential Street Address 858 Long Hill Rd		City Middletown		State CT	Zip Code 06457-5063
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/12/2017	Aggregate Contributions \$35.00
				\$10.00	

Last Name Dibella		First Robert		MI	Contribution ID # 1332
Residential Street Address 8 Stevens Ln		City Glastonbury		State CT	Zip Code 06033-2956
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event # <u>05122017a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/12/2017	Aggregate Contributions \$50.00
				\$50.00	

Last Name Hayden		First Edward		MI M	Contribution ID # 1459
Residential Street Address 795F Long Hill Rd # F		City Middletown		State CT	Zip Code 06457-5013
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/12/2017	Aggregate Contributions \$200.00
				\$25.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Hicks</b>		First <b>Richard</b>		MI	Contribution ID # <b>1470</b>
Residential Street Address <b>69 Eagle Holw</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-8744</b>
Principal Occupation <b>Musician</b>		Name of Employer <b>Self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05122017a</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/12/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Heneghan</b>		First <b>Stephanie</b>		MI	Contribution ID # <b>1466</b>
Residential Street Address <b>9 Maxwell Dr</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-1198</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05122017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/12/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Coon</b>		First <b>Donn</b>		MI <b>M</b>	Contribution ID # <b>1292</b>
Residential Street Address <b>91 Ellis St , FCR 2</b>		City <b>New Britain</b>		State <b>CT</b>	Zip Code <b>06051-3424</b>
Principal Occupation <b>Bus Driver</b>		Name of Employer <b>Dattco Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05122017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/12/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Baio-Downes</b>		First <b>Claudia</b>		MI	Contribution ID # <b>1198</b>
Residential Street Address <b>10 Ten Rod Hwy</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-2803</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Howard Kohn Sprague &amp; FitzGerald, LLP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05122017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/12/2017</b>	Aggregate Contributions <b>\$45.00</b>	<b>\$25.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Boske</b>		First <b>Laurie</b>		MI <b>J</b>	Contribution ID # <b>1228</b>
Residential Street Address <b>18 Highland St</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-3152</b>
Principal Occupation <b>Principal</b>		Name of Employer <b>Portland Board of Education</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05122017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/12/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Krol</b>		First <b>Erin</b>		MI <b>CT</b>	Contribution ID # <b>1521</b>
Residential Street Address <b>108 Dorothy Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5304</b>
Principal Occupation <b>Photographer</b>		Name of Employer <b>Daphne and Dean</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/12/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Krol</b>		First <b>Peter</b>		MI <b>CT</b>	Contribution ID # <b>1522</b>
Residential Street Address <b>108 Dorothy Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5304</b>
Principal Occupation <b>Retail Managment</b>		Name of Employer <b>Pedal Power</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/12/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Kitchel</b>		First <b>Ryan</b>		MI <b>CT</b>	Contribution ID # <b>1508</b>
Residential Street Address <b>73 Wolf Hill Ct</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410-1731</b>
Principal Occupation <b>Scientist</b>		Name of Employer <b>Ultimate Nutrition</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/13/2017</b>	Aggregate Contributions <b>\$275.00</b>	<b>\$275.00</b>



**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 <b>LaMonica</b>		First <b>Rocco</b>		MI	Contribution ID # <b>1532</b>
Residential Street Address <b>70 White Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2321</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>Eli Cannons Tap Room LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/13/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kitchel</b>		First <b>Yvonne</b>		MI	Contribution ID # <b>1510</b>
Residential Street Address <b>73 Wolf Hill Ct</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410-1731</b>
Principal Occupation <b>School Secretary</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/13/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$225.00</b>

Last Name <b>Rapp</b>		First <b>Lee</b>		MI	Contribution ID # <b>1727</b>
Residential Street Address <b>31 Laurel St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4616</b>
Principal Occupation <b>Chef</b>		Name of Employer <b>Eli Cannons Tap Room</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/13/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Maniscalco</b>		First <b>Michael</b>		MI	Contribution ID # <b>1573</b>
Residential Street Address <b>23 Hidden Springs Rd</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443-1670</b>
Principal Occupation <b>Bartender</b>		Name of Employer <b>Eli Cannons Tap Room</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/14/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Duso</b>		First <b>Melinda</b>		MI	Contribution ID # <b>1356</b>
Residential Street Address <b>23 Hidden Springs Rd</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443-1670</b>
Principal Occupation <b>Legal</b>		Name of Employer <b>Eversource</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/14/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Watson</b>		First <b>Aubrey</b>		MI	Contribution ID # <b>1908</b>
Residential Street Address <b>70 White Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2321</b>
Principal Occupation <b>Eli Cannon's</b>		Name of Employer <b>Bartender</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/14/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Scacca</b>		First <b>Tony</b>		MI	Contribution ID # <b>1792</b>
Residential Street Address <b>46 Ralph Dr</b>		City <b>Berlin</b>		State <b>CT</b>	Zip Code <b>06037-4043</b>
Principal Occupation <b>Self Employed</b>		Name of Employer <b>Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/14/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Sabatino</b>		First <b>Toni</b>		MI	Contribution ID # <b>1774</b>
Residential Street Address <b>18 Northwest Dr</b>		City <b>Northport</b>		State <b>NY</b>	Zip Code <b>11768-1628</b>
Principal Occupation <b>Interior Designer</b>		Name of Employer <b>Toni Sabatino</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/15/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Tewksbury</b>		First <b>Kevin</b>		MI	Contribution ID # <b>1863</b>
Residential Street Address <b>124 Gifford Ln</b>		City <b>Bozrah</b>		State <b>CT</b>	Zip Code <b>06334-1319</b>
Principal Occupation <b>Producer</b>		Name of Employer <b>Out of Shot</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/15/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Zetoff</b>		First <b>Richard</b>		MI	Contribution ID # <b>1934</b>
Residential Street Address <b>1028 Farmington Ave Apt 1E</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-2125</b>
Principal Occupation <b>Back and Stone Distributor</b>		Name of Employer <b>Tai-State Brick of Connecticut, Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/15/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Manoranjana</b>		First <b>Tasha</b>		MI	Contribution ID # <b>1576</b>
Residential Street Address <b>3935 Tarrington Ln</b>		City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220-2299</b>
Principal Occupation <b>Lawyer</b>		Name of Employer <b>Sidley Austin LLP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/15/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Jukonski</b>		First <b>Richard</b>		MI	Contribution ID # <b>1498</b>
Residential Street Address <b>197 Butternut St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3000</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Jukonski Truck Sales &amp; Service</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/15/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Kannan</b>		First <b>Suresh</b>		MI	Contribution ID # <b>1500</b>
Residential Street Address <b>12 Deerfield Trce</b>		City <b>Burlington</b>		State <b>CT</b>	Zip Code <b>06013-1514</b>
Principal Occupation <b>Chief Scientist</b>		Name of Employer <b>NodeIn</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/15/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Kannan</b>		First <b>Suzanne</b>		MI	Contribution ID # <b>1501</b>
Residential Street Address <b>12 Deerfield Trce</b>		City <b>Burlington</b>		State <b>CT</b>	Zip Code <b>06013-1514</b>
Principal Occupation <b>Human Resources Coordinator</b>		Name of Employer <b>Prime AE</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/15/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Ivldi</b>		First <b>Margaret</b>		MI <b>M</b>	Contribution ID # <b>1484</b>
Residential Street Address <b>18 Northwest Dr</b>		City <b>Northport</b>		State <b>NY</b>	Zip Code <b>11768-1628</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/15/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Peruzzotti</b>		First <b>Carl</b>		MI	Contribution ID # <b>1699</b>
Residential Street Address <b>69 Noble Ave</b>		City <b>Groton</b>		State <b>CT</b>	Zip Code <b>06340-5624</b>
Principal Occupation <b>Finical Advisory</b>		Name of Employer <b>Everest</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/15/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Rollefson		First Virginia		MI	Contribution ID # 1753
Residential Street Address 16 Red Orange Rd		City Middletown		State CT	Zip Code 06457-4916
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/16/2017	Aggregate Contributions \$75.00	\$20.00

Last Name Heffernon		First Richard		MI	Contribution ID # 1463
Residential Street Address 12 Winston Dr		City Washington Depot		State CT	Zip Code 06794-1418
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/16/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Labbadia		First David		MI	Contribution ID # 1529
Residential Street Address 49 De		City Portland		State CT	Zip Code 06480
Principal Occupation Executive		Name of Employer ForecastRx			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/16/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Labbadia		First Jessica		MI	Contribution ID # 1530
Residential Street Address 49 Deerfield Ln		City Portland		State CT	Zip Code 06480-1713
Principal Occupation Homemaker		Name of Employer Casa de Labbadia			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/16/2017	Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name McCue		First George		MI	Contribution ID # 1604
Residential Street Address 4598 Bridle Path Ln		City Dublin		State OH	Zip Code 43017-2597
Principal Occupation Attorney		Name of Employer Crabbe, Brown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/16/2017	Aggregate Contributions \$375.00	\$375.00

Last Name McCue		First Mary		MI	Contribution ID # 1605
Residential Street Address 4598 Bridle Path Ln		City Dublin		State OH	Zip Code 43017-2597
Principal Occupation Realtor		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/16/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Drake		First Charles		MI	Contribution ID # 1347
Residential Street Address 399 New England Rd		City Guilford		State CT	Zip Code 06437-1876
Principal Occupation Financial advisor		Name of Employer Sterling wealth mgmt			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/16/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Farrei		First Gary		MI W	Contribution ID # 1379
Residential Street Address 25 Schuyler Ave		City Middletown		State CT	Zip Code 06457-4328
Principal Occupation Building Maintenance Supervisor		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/16/2017	Aggregate Contributions \$25.00	\$25.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bausola</b>		First <b>Frank</b>		MI	Contribution ID # <b>1210</b>
Residential Street Address <b>220 Charter Oak St</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-6213</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/16/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Appell</b>		First <b>Phil</b>		MI	Contribution ID # <b>1191</b>
Residential Street Address <b>430 Arbutus St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5121</b>
Principal Occupation <b>Funeral Director</b>		Name of Employer <b>Keenan Funeral Home</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/17/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$50.00</b>

Last Name <b>Gillies</b>		First <b>Peter</b>		MI <b>W</b>	Contribution ID # <b>1414</b>
Residential Street Address <b>429 Ridge Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5230</b>
Principal Occupation <b>Compliance Officer</b>		Name of Employer <b>Community Health Center</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/17/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$200.00</b>

Last Name <b>McDougal</b>		First <b>Robert</b>		MI	Contribution ID # <b>1606</b>
Residential Street Address <b>107 Carleton St</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06517-2703</b>
Principal Occupation <b>Research Scientist</b>		Name of Employer <b>Yale</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/17/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Perry		First Travis		MI	Contribution ID # 1698
Residential Street Address 5 May St		City New Haven		State CT	Zip Code 06511-2711
Principal Occupation Roofer		Name of Employer Roofers Local 12			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/17/2017	Aggregate Contributions \$10.00	\$10.00

Last Name Turenne		First Lauren		MI	Contribution ID # 1874
Residential Street Address 565 Newfield St Apt 3		City Middletown		State CT	Zip Code 06457-1835
Principal Occupation Assistant Director of Recruitment & Admissions		Name of Employer Central Connecticut State University			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/17/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Turenne		First Paul		MI	Contribution ID # 1875
Residential Street Address 565 Newfield St Apt 3		City Middletown		State CT	Zip Code 06457-1835
Principal Occupation Senior Associate Registrar		Name of Employer Wesleyan University			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/17/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Romano		First Rick		MI	Contribution ID # 1756
Residential Street Address 67 Wildwood Ln		City Middletown		State CT	Zip Code 06457-5197
Principal Occupation Inspector		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/18/2017	Aggregate Contributions \$100.00	\$100.00



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

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

**B. Itemized Contributions from Individuals**

Last Name Jackson		First Faith		MI	Contribution ID # 1485
Residential Street Address 34 Cotenview Dr		City Cromwell		State CT	Zip Code 06416
Principal Occupation Director of Equal Opportunity, diversity			Name of Employer City of Middletown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/18/2017	
				Aggregate Contributions \$100.00	

Last Name Becker		First Anong		MI D	Contribution ID # 1213
Residential Street Address Broad St		City Middletown		State CT	Zip Code 06457
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/18/2017	
				Aggregate Contributions \$100.00	

Last Name Bellmore Steele		First Denise		MI	Contribution ID # 1217
Residential Street Address 35 Louis Rd		City Middlefield		State CT	Zip Code 06455-1108
Principal Occupation Homemaker			Name of Employer Denise Steele		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$25.00
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	
				Aggregate Contributions \$25.00	

Last Name Beretta		First Rianna		MI	Contribution ID # 1222
Residential Street Address 127 Birch St		City North Haven		State CT	Zip Code
Principal Occupation Student			Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	
				Aggregate Contributions \$100.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Brown</b>	First <b>James</b>	MI <b>E</b>	Contribution ID # <b>1233</b>
Residential Street Address <b>97 Long Hill Rd</b>	City <b>Middlefield</b>	State <b>CT</b>	Zip Code <b>06455-1103</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Brown</b>	First <b>Patricia</b>	MI	Contribution ID # <b>1235</b>
Residential Street Address <b>97 Long Hill Rd</b>	City <b>Middlefield</b>	State <b>CT</b>	Zip Code <b>06455-1103</b>
Principal Occupation <b>retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Browne</b>	First <b>Rosa</b>	MI	Contribution ID # <b>1236</b>
Residential Street Address <b>125 Barbara Rd</b>	City <b>Middletown</b>	State <b>CT</b>	Zip Code <b>06457-2401</b>
Principal Occupation <b>Community Access Coordinator</b>	Name of Employer <b>Yale new Haven Hosp</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Burgess</b>	First <b>Christine</b>	MI	Contribution ID # <b>1248</b>
Residential Street Address <b>50 Burt Dr</b>	City <b>Middlefield</b>	State <b>CT</b>	Zip Code <b>06455-1124</b>
Principal Occupation <b>CASE MANAGER</b>	Name of Employer <b>State of CT - DDS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Burgess</b>		First <b>David</b>		MI	Contribution ID # <b>1249</b>
Residential Street Address <b>50 Burt Dr</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1124</b>
Principal Occupation <b>Social Worker</b>		Name of Employer <b>State of CT - DDS</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Bufithis</b>		First <b>Carol</b>		MI	Contribution ID # <b>1241</b>
Residential Street Address <b>7 Way Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1002</b>
Principal Occupation <b>Massage Therapist</b>		Name of Employer <b>Self - Carol Bufithis</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Aresco</b>		First <b>Sebastian</b>		MI	Contribution ID # <b>1193</b>
Residential Street Address <b>11 Elvira Dr</b>		City <b>Rockfall</b>		State <b>CT</b>	Zip Code <b>06481-2020</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Attawar</b>		First <b>Shashi</b>		MI <b>R</b>	Contribution ID # <b>1194</b>
Residential Street Address <b>22 Glenview Dr</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-2574</b>
Principal Occupation <b>Architect</b>		Name of Employer <b>Landmark Architects</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Daley</b>		First <b>Gerald</b>		MI <b>E</b>	Contribution ID # <b>1316</b>
Residential Street Address <b>70 Autumn Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4787</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Currin</b>		First <b>Jenna</b>		MI <b></b>	Contribution ID # <b>1307</b>
Residential Street Address <b>84 Jackson Hill Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1209</b>
Principal Occupation <b>Realtor</b>		Name of Employer <b>William Raveis real estate</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$90.00</b>	<b>\$40.00</b>

Last Name <b>Chisem</b>		First <b>Isadore</b>		MI <b></b>	Contribution ID # <b>1277</b>
Residential Street Address <b>219 Windham Ave</b>		City <b>Colchester</b>		State <b>CT</b>	Zip Code <b>06415-2817</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Giroux</b>		First <b>Gary</b>		MI <b>J</b>	Contribution ID # <b>1418</b>
Residential Street Address <b>860 Bullet Hill Rd</b>		City <b>Southbury</b>		State <b>CT</b>	Zip Code <b>06488-4611</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Cardinal Engineering Assoc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Goldman		First Norman		MI	Contribution ID # 1423
Residential Street Address 152 Georgetown Dr		City Glastonbury		State CT	Zip Code 06033-2339
Principal Occupation Business Development		Name of Employer Desman			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05192017a	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	Aggregate Contributions \$150.00	\$150.00

Last Name Golub		First Donna		MI	Contribution ID # 1424
Residential Street Address 460 Main St		City Middlefield		State CT	Zip Code 06455-1207
Principal Occupation Town Clerk		Name of Employer Town of Middlefield			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05192017a	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Gaunichaux		First Anthony		MI J	Contribution ID # 1405
Residential Street Address 194 E Main St		City Middletown		State CT	Zip Code 06457-4401
Principal Occupation Retired		Name of Employer Retied			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05192017a	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Gibbons		First James		MI	Contribution ID # 1412
Residential Street Address 51 Lake Shore Dr		City Middlefield		State CT	Zip Code 06455-1089
Principal Occupation Contractor		Name of Employer James Gibbons - Self			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05192017a	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	Aggregate Contributions \$25.00	\$25.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Gauthier</b>		First <b>Joyce</b>		MI <b>M</b>	Contribution ID # <b>1408</b>
Residential Street Address <b>76 Saw Mill Hill Rd</b>		City <b>Sterling</b>		State <b>CT</b>	Zip Code <b>06377-1410</b>
Principal Occupation <b>Paralegal</b>		Name of Employer <b>Chase Ruttenberg &amp; Freeman, LLP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Gebrian</b>		First <b>Jeffrey</b>		MI	Contribution ID # <b>1409</b>
Residential Street Address <b>56 Sunrise Hill Dr</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-3350</b>
Principal Occupation <b>Landmark Architect</b>		Name of Employer <b>Jeffrey Gebrian</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$150.00</b>

Last Name <b>Hage-Sleiman</b>		First <b>Farah</b>		MI	Contribution ID # <b>1445</b>
Residential Street Address <b>2057 Hartford Tpke</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473-1046</b>
Principal Occupation <b>Lawyer</b>		Name of Employer <b>KPMG</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Faulkner</b>		First <b>Jennette</b>		MI	Contribution ID # <b>1380</b>
Residential Street Address <b>35 Snow Rdg S</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1566</b>
Principal Occupation <b>Sports Trainer</b>		Name of Employer <b>JVEST, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Fitzpatrick</b>		First <b>Grady</b>		MI	Contribution ID # <b>1389</b>
Residential Street Address <b>113 Goodman Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1954</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Drega</b>		First <b>Connie</b>		MI <b>G</b>	Contribution ID # <b>1348</b>
Residential Street Address <b>100 Ross Rd</b>		City <b>Rockfall</b>		State <b>CT</b>	Zip Code <b>06481-2030</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Dowling</b>		First <b>Joyce</b>		MI <b>M</b>	Contribution ID # <b>1346</b>
Residential Street Address <b>246 Baileyville Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1084</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Dowling</b>		First <b>James</b>		MI	Contribution ID # <b>1344</b>
Residential Street Address <b>246 Baileyville Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1084</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Elder		First Alma		MI D	Contribution ID # 1358
Residential Street Address 106 West St		City Middlefield		State CT	Zip Code 06455-1121
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Elder		First Robert		MI W	Contribution ID # 1359
Residential Street Address 106 West St		City Middlefield		State CT	Zip Code 06455-1121
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Dimauro		First Barbara		MI J	Contribution ID # 1336
Residential Street Address 2 Oxford Dr		City Middlefield		State CT	Zip Code 06455-1233
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Dempsey		First William		MI	Contribution ID # 1328
Residential Street Address 38 Oak Ridge Dr		City Deep River		State CT	Zip Code 06417-1511
Principal Occupation O Proprieton		Name of Employer Lighthouse Printing			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	Aggregate Contributions \$25.00	\$25.00



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>De Armitt</b>		First <b>Chantal</b>		MI	Contribution ID # <b>1324</b>
Residential Street Address <b>26 Roberts St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4636</b>
Principal Occupation <b>Consumer Liaison</b>		Name of Employer <b>Region II Regional Mental Mental Health Board, Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Hunter</b>		First <b>Mathew</b>		MI <b>T</b>	Contribution ID # <b>1482</b>
Residential Street Address <b>77 Long Hill Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1140</b>
Principal Occupation <b>Laborer</b>		Name of Employer <b>Universal Paeservain Group</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kalinowski</b>		First <b>Michael</b>		MI	Contribution ID # <b>1499</b>
Residential Street Address <b>23 Louis Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1108</b>
Principal Occupation <b>Doctor</b>		Name of Employer <b>Prohealth Physicians</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$50.00</b>

Last Name <b>Lang</b>		First <b>Pamela</b>		MI	Contribution ID # <b>1533</b>
Residential Street Address <b>183 Cherry Hill Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1223</b>
Principal Occupation <b>Prop Master</b>		Name of Employer <b>Pamela Lang - Self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Konefal</b>		First <b>Evelyn</b>		MI	Contribution ID # <b>1516</b>
Residential Street Address <b>39 Cider Mill Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Leary</b>		First <b>Albert</b>		MI	Contribution ID # <b>1543</b>
Residential Street Address <b>73 Virginia Dr Middletown Ct .</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</b>
Principal Occupation <b>Firefighter</b>		Name of Employer <b>Middletown fire dept</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Maurer</b>		First <b>Ann</b>		MI <b>E</b>	Contribution ID # <b>1591</b>
Residential Street Address <b>112 Oxbow Ln</b>		City <b>Northford</b>		State <b>CT</b>	Zip Code <b>06472-1152</b>
Principal Occupation <b>Nurse RN</b>		Name of Employer <b>YNHH</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Malespini</b>		First <b>Mary</b>		MI <b>J</b>	Contribution ID # <b>1567</b>
Residential Street Address <b>261 Sisk St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2317</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Malespini</b>		First <b>Michele</b>		MI	Contribution ID # <b>1569</b>
Residential Street Address <b>38 Oak Ridge Dr</b>		City <b>Deep River</b>		State <b>CT</b>	Zip Code <b>06417-1511</b>
Principal Occupation <b>Florist</b>		Name of Employer <b>Essex Flower Shop</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Malespini</b>		First <b>Sebastian</b>		MI	Contribution ID # <b>1570</b>
Residential Street Address <b>261 Sisk St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2317</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Lindner</b>		First <b>John</b>		MI	Contribution ID # <b>1550</b>
Residential Street Address <b>26 Fowler Ln</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1000</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Liptak</b>		First <b>Robert</b>		MI	Contribution ID # <b>1553</b>
Residential Street Address <b>38 High St</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1001</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Lockton		First Lisa		MI M	Contribution ID # 1555
Residential Street Address 83 Merriam Ln		City Watertown		State CT	Zip Code 06795-2013
Principal Occupation Office Manager			Name of Employer Landmark Architects		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$200.00
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	
				Aggregate Contributions \$200.00	

Last Name Polinsky		First Eric		MI	Contribution ID # 1713
Residential Street Address 4 Oak Hill Ln		City Woodbridge		State CT	Zip Code 06525-1938
Principal Occupation Real Estate Management			Name of Employer Carabetta Enterprises Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$125.00
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	
				Aggregate Contributions \$375.00	

Last Name Pizzo		First Heide		MI T	Contribution ID # 1709
Residential Street Address 16 Woodland Hts		City Rockfall		State CT	Zip Code 06481-2043
Principal Occupation Homemaker			Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	
				Aggregate Contributions \$100.00	

Last Name Pizzo		First Paul		MI S	Contribution ID # 1710
Residential Street Address 16 Woodland Hts		City Rockfall		State CT	Zip Code 06481-2043
Principal Occupation Optical Engineer			Name of Employer Canberra		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	
				Aggregate Contributions \$100.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Nowakowski</b>		First <b>Denise</b>		MI	Contribution ID # <b>1660</b>
Residential Street Address <b>24 Oakland Ct # A</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450-2460</b>
Principal Occupation <b>Office Manager</b>		Name of Employer <b>Landmark</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$30.00</b>	<b>\$30.00</b>

Last Name <b>Monarca</b>		First <b>Marianne</b>		MI	Contribution ID # <b>1632</b>
Residential Street Address <b>191 Clark Hill Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424-1918</b>
Principal Occupation <b>Special Projects Manager</b>		Name of Employer <b>Meriden Housing Authority</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Micciulla</b>		First <b>Angelo</b>		MI	Contribution ID # <b>1623</b>
Residential Street Address <b>88 Powder Hill Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1118</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Neidhardt</b>		First <b>Peter</b>		MI <b>T</b>	Contribution ID # <b>1652</b>
Residential Street Address <b>4 Pond Meadow Pl</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1287</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Eversource</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Morin</b>		First <b>Paul</b>		MI <b>E</b>	Contribution ID # <b>1640</b>
Residential Street Address <b>270 Stone Hill Rd</b>		City <b>Jewett City</b>		State <b>CT</b>	Zip Code <b>06351-1230</b>
Principal Occupation <b>Project Designer</b>			Name of Employer <b>Landmark Architects</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$50.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	
				Aggregate Contributions <b>\$50.00</b>	

Last Name <b>Tischio</b>		First <b>Elizabeth</b>		MI <b>J</b>	Contribution ID # <b>1868</b>
Residential Street Address <b>5 Lakeview Pl</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1042</b>
Principal Occupation <b>Retired</b>			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$40.00</b>
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	
				Aggregate Contributions <b>\$40.00</b>	

Last Name <b>Unger</b>		First <b>Barry</b>		MI <b>D</b>	Contribution ID # <b>1878</b>
Residential Street Address <b>219 Unity Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-4930</b>
Principal Occupation <b>Architect Field</b>			Name of Employer <b>Barry Unger Assoc</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$250.00</b>
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	
				Aggregate Contributions <b>\$250.00</b>	

Last Name <b>Walleth</b>		First <b>Craig</b>		MI <b></b>	Contribution ID # <b>1900</b>
Residential Street Address <b>133 Powder Hill Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1133</b>
Principal Occupation <b>Facilities Manager</b>			Name of Employer <b>UCONN</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$50.00</b>
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	
				Aggregate Contributions <b>\$70.00</b>	

**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 Walsh		First Jessica		MI	Contribution ID # 1901
Residential Street Address 132 Spring St		City Middletown		State CT	Zip Code 06457-2263
Principal Occupation Waitress		Name of Employer Eli Cannons			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Voigt		First Susan		MI	Contribution ID # 1891
Residential Street Address 29 Fowler Ln		City Middlefield		State CT	Zip Code 06455-1000
Principal Occupation State Marshal		Name of Employer Susan Voigt - Self			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Szymanski		First Walter		MI	Contribution ID # 1855
Residential Street Address 46 Powder Hill Rd		City Middlefield		State CT	Zip Code 06455-1118
Principal Occupation Energy Efficiency		Name of Employer Town of Wallingford			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Summer Lerch		First Nancy		MI	Contribution ID # 1852
Residential Street Address 110 Mack Rd		City Middlefield		State CT	Zip Code 06455-1115
Principal Occupation Cosmetic Dentist		Name of Employer Ctr. for Esthetic Dentistry			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05192017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/19/2017	Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Stele</b>		First <b>John-Henry</b>		MI <b>M</b>	Contribution ID # <b>1843</b>
Residential Street Address <b>35 Louis Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1108</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Dey Smith Steele, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Siebert</b>		First <b>Edward</b>		MI <b>CT</b>	Contribution ID # <b>1821</b>
Residential Street Address <b>48 Barberry Ln</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06451-2602</b>
Principal Occupation <b>Housing Specialist</b>		Name of Employer <b>Meriden Housing Authority</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Santangelo</b>		First <b>Jamie</b>		MI <b>CT</b>	Contribution ID # <b>1786</b>
Residential Street Address <b>77 Long Hill Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1140</b>
Principal Occupation <b>Owner, Aesthetician</b>		Name of Employer <b>Art of Aesthetics</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Rossi</b>		First <b>Gordon</b>		MI <b>J</b>	Contribution ID # <b>1766</b>
Residential Street Address <b>101 Penwood Xing</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-2756</b>
Principal Occupation <b>Territory Manager</b>		Name of Employer <b>Garland Company</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Wray</b>		First <b>Carol</b>		MI	Contribution ID # <b>1928</b>
Residential Street Address <b>49 Saw Mill Rd</b>		City <b>Durham</b>		State <b>CT</b>	Zip Code <b>06422-2603</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Collins</b>		First <b>Gary</b>		MI	Contribution ID # <b>1284</b>
Residential Street Address <b>38 Bartlett St</b>		City <b>Portland</b>		State <b>CT</b>	Zip Code <b>06480-1570</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>BNP Paribas</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/20/2017</b>	Aggregate Contributions <b>\$45.00</b>	<b>\$20.00</b>

Last Name <b>D'Aquila</b>		First <b>Mara</b>		MI	Contribution ID # <b>1310</b>
Residential Street Address <b>112 Murray St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5428</b>
Principal Occupation <b>Human Resources</b>		Name of Employer <b>Madison Public Schools</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>D'Aquila</b>		First <b>Todd</b>		MI	Contribution ID # <b>1313</b>
Residential Street Address <b>112 Murray St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5428</b>
Principal Occupation <b>Park maintainer</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Warshauer</b>		First <b>Matthew</b>		MI	Contribution ID # <b>1905</b>
Residential Street Address <b>7259 Regina Royale</b>		City <b>Sarasota</b>		State <b>FL</b>	Zip Code <b>34238-4543</b>
Principal Occupation <b>Architect</b>		Name of Employer <b>consultant</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/21/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Hoxha</b>		First <b>Blendi</b>		MI	Contribution ID # <b>1477</b>
Residential Street Address <b>65 Ridgewood Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1988</b>
Principal Occupation <b>Restaurateur</b>		Name of Employer <b>Pizza Palace</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/22/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Kennedy</b>		First <b>Joseph</b>		MI <b>P</b>	Contribution ID # <b>1505</b>
Residential Street Address <b>81 Alison Dr</b>		City <b>South Windsor</b>		State <b>CT</b>	Zip Code <b>06074-1148</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>United States Post Office</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/23/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Lombardi</b>		First <b>Martha</b>		MI	Contribution ID # <b>1559</b>
Residential Street Address <b>39 Featherbed Ln</b>		City <b>Branford</b>		State <b>CT</b>	Zip Code <b>06405-6116</b>
Principal Occupation <b>Homemaker</b>		Name of Employer <b>None</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/23/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Rago</b>		First <b>Christine</b>		MI <b>M</b>	Contribution ID # <b>1725</b>
Residential Street Address <b>22 Brookside Dr</b>		City <b>Suffield</b>		State <b>CT</b>	Zip Code <b>06078-1531</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/23/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Buhler</b>		First <b>William</b>		MI	Contribution ID # <b>1243</b>
Residential Street Address <b>8 Winchester Way</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-2636</b>
Principal Occupation <b>RETIRED</b>		Name of Employer <b>RETIRED</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/23/2017</b>	Aggregate Contributions <b>\$175.00</b>	<b>\$50.00</b>

Last Name <b>Gregory</b>		First <b>Tricia</b>		MI	Contribution ID # <b>1435</b>
Residential Street Address <b>117 Carmen Hill Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-4548</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/23/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Davis</b>		First <b>Sarah</b>		MI	Contribution ID # <b>1322</b>
Residential Street Address <b>13 High Meadow Ln</b>		City <b>Enfield</b>		State <b>CT</b>	Zip Code <b>06082-3936</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Renbrook school</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/24/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Lukens		First Ellen		MI	Contribution ID # 1562
Residential Street Address 46 Pine St		City Middletown		State CT	Zip Code 06457-3113
Principal Occupation retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/24/2017	Aggregate Contributions \$45.00	\$20.00

Last Name Leven		First Leona		MI	Contribution ID # 1548
Residential Street Address 123 York St Apt 9G		City New Haven		State CT	Zip Code 06511-5624
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/24/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Sharillo		First Erika		MI	Contribution ID # 1809
Residential Street Address 84 Margarite Rd		City Middletown		State CT	Zip Code 06457-5418
Principal Occupation LCSW		Name of Employer Beacon health options			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/24/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Sutherland		First Michael		MI	Contribution ID # 1853
Residential Street Address 6 Red Orange Rd		City Middletown		State CT	Zip Code 06457-4916
Principal Occupation Executive		Name of Employer Vixxo			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/25/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>LeVangie</b>		First <b>John</b>		MI	Contribution ID # <b>1546</b>
Residential Street Address <b>85 Lawler Ln</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-1701</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/25/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Flynn</b>		First <b>Ginny</b>		MI	Contribution ID # <b>1392</b>
Residential Street Address <b>15 Fox Run</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-3210</b>
Principal Occupation <b>Health Information Specialist</b>		Name of Employer <b>Newtown Family Dentistry</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/25/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Daly</b>		First <b>Sean</b>		MI	Contribution ID # <b>1318</b>
Residential Street Address <b>208 N Berry Rd</b>		City <b>Roxbury</b>		State <b>CT</b>	Zip Code <b>06783</b>
Principal Occupation <b>Business Manager</b>		Name of Employer <b>Local 90 IBEW</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/25/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Franco</b>		First <b>Rachel</b>		MI <b>E</b>	Contribution ID # <b>1395</b>
Residential Street Address <b>28 Topsail Ln</b>		City <b>Mystic</b>		State <b>CT</b>	Zip Code <b>06355-2141</b>
Principal Occupation <b>Business Manager</b>		Name of Employer <b>Norwich Family Dental Assoc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/26/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Drew		First Christopher		MI	Contribution ID # 1350
Residential Street Address 23 Fox Run		City New Milford		State CT	Zip Code 06776-3210
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/26/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Drew		First Nicholas		MI	Contribution ID # 1351
Residential Street Address 23 Fox Run		City New Milford		State CT	Zip Code 06776-3210
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/26/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Hamrah		First Albert		MI S	Contribution ID # 1452
Residential Street Address 34 Danforth Ln		City Rocky Hill		State CT	Zip Code 06067-3206
Principal Occupation Owner		Name of Employer Custom Carpets			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/26/2017	Aggregate Contributions \$200.00	\$200.00

Last Name Hedrick		First Keith		MI	Contribution ID # 1462
Residential Street Address 156 Shennecossett Pkwy		City Groton		State CT	Zip Code 06340-5834
Principal Occupation Mayor		Name of Employer Groton			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/26/2017	Aggregate Contributions \$200.00	\$200.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Kokoszka</b>		First <b>Michael</b>		MI	Contribution ID # <b>1514</b>
Residential Street Address <b>262 Meriden Ln</b>		City <b>Durham</b>		State <b>CT</b>	Zip Code <b>06422</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>State of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/26/2017</b>	Aggregate Contributions <b>\$75.00</b>	<b>\$25.00</b>

Last Name <b>Mello Miller</b>		First <b>Nancy</b>		MI	Contribution ID # <b>1616</b>
Residential Street Address <b>202 Ensign Dr</b>		City <b>Mystic</b>		State <b>CT</b>	Zip Code <b>06355-1538</b>
Principal Occupation <b>Homemaker</b>		Name of Employer <b>None</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/26/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Puccino</b>		First <b>Adam</b>		MI	Contribution ID # <b>1717</b>
Residential Street Address <b>94 Brookshaven Rd</b>		City <b>Groton</b>		State <b>CT</b>	Zip Code <b>06340-3804</b>
Principal Occupation <b>Mason</b>		Name of Employer <b>US Navy</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/26/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Richards</b>		First <b>Katharine</b>		MI	Contribution ID # <b>1738</b>
Residential Street Address <b>78 Algonquin Dr</b>		City <b>Mystic</b>		State <b>CT</b>	Zip Code <b>06355-1721</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>Uconn</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/26/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Ruby</b>		First <b>Kathleen</b>		MI	Contribution ID # <b>1768</b>
Residential Street Address <b>33 Williams St , Noank</b>		City <b>Groton</b>		State <b>CT</b>	Zip Code <b>06340-5533</b>
Principal Occupation <b>Software Implementation</b>		Name of Employer <b>FinacialForce.com</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/26/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Sandford</b>		First <b>Chris</b>		MI	Contribution ID # <b>1784</b>
Residential Street Address <b>175 Upper Pattagansett Rd</b>		City <b>East Lyme</b>		State <b>CT</b>	Zip Code <b>06333-1154</b>
Principal Occupation <b>Head of School</b>		Name of Employer <b>The Woodstock Academy</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/26/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Spaulding</b>		First <b>Chris</b>		MI	Contribution ID # <b>1839</b>
Residential Street Address <b>116 Old Hyde Rd</b>		City <b>Weston</b>		State <b>CT</b>	Zip Code <b>06883-1610</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/27/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Pinney</b>		First <b>David</b>		MI	Contribution ID # <b>1706</b>
Residential Street Address <b>214 Maple St</b>		City <b>Somersville</b>		State <b>CT</b>	Zip Code <b>06072</b>
Principal Occupation <b>Property Manager</b>		Name of Employer <b>David Pinney Self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/27/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Haddad</b>		First <b>Dolly</b>		MI	Contribution ID # <b>1444</b>
Residential Street Address <b>528 Long Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4977</b>
Principal Occupation <b>Project Coordinator</b>		Name of Employer <b>Wesleyan University</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/27/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Aduba</b>		First <b>Peter</b>		MI	Contribution ID # <b>1178</b>
Residential Street Address <b>8 Pulaski St</b>		City <b>Torrington</b>		State <b>CT</b>	Zip Code <b>06790-4635</b>
Principal Occupation <b>Reverend</b>		Name of Employer <b>Catholic Church</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/27/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Aldi</b>		First <b>Robert</b>		MI	Contribution ID # <b>1181</b>
Residential Street Address <b>231 Scotland Rd</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-1657</b>
Principal Occupation <b>Child Support Enforcement</b>		Name of Employer <b>State of CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$25.00</b>

Last Name <b>Aldi</b>		First <b>Robert</b>		MI	Contribution ID # <b>1182</b>
Residential Street Address <b>231 Scotland Rd</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-1657</b>
Principal Occupation <b>Child Support Enforcement</b>		Name of Employer <b>State of CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$75.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Casey		First Lorelei		MI	Contribution ID # 1268
Residential Street Address 1725 Randolph Rd		City Middletown		State CT	Zip Code 06457-4041
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/28/2017	Aggregate Contributions \$25.00	\$5.00

Last Name McCombs		First Richard		MI	Contribution ID # 1600
Residential Street Address 50 Park Ave		City Uncasville		State CT	Zip Code 06382-1727
Principal Occupation Electrician		Name of Employer Electric Boat			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/28/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Sisson		First Elaine C.		MI	Contribution ID # 1824
Residential Street Address 82 Paul Hts		City Southington		State CT	Zip Code 06489-4131
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/28/2017	Aggregate Contributions \$45.00	\$25.00

Last Name Kronenberger		First Terry		MI	Contribution ID # 1525
Residential Street Address 292 Thorpe Ave		City Meriden		State CT	Zip Code 06450-8309
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/29/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Kolosky</b>		First <b>Michael</b>		MI	Contribution ID # <b>1515</b>
Residential Street Address <b>27 Ribera Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5594</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Cigna</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kronenberger</b>		First <b>Elizabeth</b>		MI	Contribution ID # <b>1523</b>
Residential Street Address <b>132 Ballfall Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2329</b>
Principal Occupation <b>Laboratory Consultant</b>		Name of Employer <b>State of CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$300.00</b>	<b>\$200.00</b>

Last Name <b>Killian Jr.</b>		First <b>Robert</b>		MI	Contribution ID # <b>1506</b>
Residential Street Address <b>83 Bloomfield Ave</b>		City <b>Hartford</b>		State <b>CT</b>	Zip Code <b>06105-1007</b>
Principal Occupation <b>Killian and Donohue</b>		Name of Employer <b>Lawyer</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Mazzotta</b>		First <b>Mikayla</b>		MI <b>E</b>	Contribution ID # <b>1594</b>
Residential Street Address <b>8 Aresco Dr</b>		City <b>Rockfall</b>		State <b>CT</b>	Zip Code <b>06481-2017</b>
Principal Occupation <b>Student</b>		Name of Employer <b>Student</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Melluzzo</b>		First <b>Gail</b>		MI	Contribution ID # <b>1617</b>
Residential Street Address <b>68 C</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3333</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Pitruzzello</b>		First <b>Gregory</b>		MI <b>S</b>	Contribution ID # <b>1708</b>
Residential Street Address <b>50 Chelsea Dr</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-1922</b>
Principal Occupation <b>Financial Sales</b>		Name of Employer <b>Penn Mutual Life</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Puglares</b>		First <b>Davide</b>		MI <b>S</b>	Contribution ID # <b>1718</b>
Residential Street Address <b>11 Grimes Rd</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-2403</b>
Principal Occupation <b>Chief Financial Officer</b>		Name of Employer <b>Mazzotta Rentals, LLC.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pugliares</b>		First <b>Aldo</b>		MI <b>CT</b>	Contribution ID # <b>1719</b>
Residential Street Address <b>740 Ridge Rd</b>		City <b>Wethersfield</b>		State <b>CT</b>	Zip Code <b>06109-2849</b>
Principal Occupation <b>Office Work</b>		Name of Employer <b>Mazzotta Rentals</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Merolla-Martin</b>		First <b>Joann</b>		MI	Contribution ID # <b>1619</b>
Residential Street Address <b>46 Clifton Pl</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-6650</b>
Principal Occupation <b>Tax Advisor</b>		Name of Employer <b>Joann Merolla-Martin</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Paro</b>		First <b>Roberta</b>		MI	Contribution ID # <b>1680</b>
Residential Street Address <b>246A Yantic St</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-4134</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Vista Life Innovations</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$5.00</b>

Last Name <b>Corsino</b>		First <b>Franca</b>		MI	Contribution ID # <b>1295</b>
Residential Street Address <b>331 Ballfall Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2326</b>
Principal Occupation <b>Contract Coordinator</b>		Name of Employer <b>Aetna Insurance</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Bauer</b>		First <b>Nancy</b>		MI <b>A</b>	Contribution ID # <b>1209</b>
Residential Street Address <b>726 Long Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5014</b>
Principal Occupation <b>Educator</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$75.00</b>	<b>\$75.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Hajjar</b>		First <b>Evalynne</b>		MI	Contribution ID # <b>1446</b>
Residential Street Address <b>730 Canton Ave</b>		City <b>Milton</b>		State <b>MA</b>	Zip Code <b>02186-3134</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Hajjar</b>		First <b>Sidney</b>		MI	Contribution ID # <b>1447</b>
Residential Street Address <b>730 Canton Ave</b>		City <b>Milton</b>		State <b>MA</b>	Zip Code <b>02186-3134</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Dixon</b>		First <b>Christa</b>		MI	Contribution ID # <b>1340</b>
Residential Street Address <b>15 Bellevue Ter</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-2106</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$45.00</b>	<b>\$20.00</b>

Last Name <b>Stewart</b>		First <b>Robert</b>		MI	Contribution ID # <b>1846</b>
Residential Street Address <b>73 Asylum St</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-4923</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>VonDorster</b>		First <b>Mary</b>		MI	Contribution ID # <b>1894</b>
Residential Street Address <b>355 Brook St</b>		City <b>Groton</b>		State <b>CT</b>	Zip Code <b>06340-4834</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>CT Legal Services</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Willis</b>		First <b>Matthew</b>		MI	Contribution ID # <b>1919</b>
Residential Street Address <b>65 Cider Mill Rd</b>		City <b>Rockfall</b>		State <b>CT</b>	Zip Code <b>06481-2011</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Halloran &amp; Sage, LLP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Zimmitti</b>		First <b>Maria</b>		MI	Contribution ID # <b>1936</b>
Residential Street Address <b>506 Ballfall Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2374</b>
Principal Occupation		Name of Employer <b>Maria Zimmitti - Self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/30/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>White</b>		First <b>Courtney</b>		MI	Contribution ID # <b>1914</b>
Residential Street Address <b>365 Middlefield St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3645</b>
Principal Occupation <b>Disability Claims Case Manager</b>		Name of Employer <b>Liberty Mutual</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Tofflemire		First Anne		MI	Contribution ID # 1869
Residential Street Address 105 Gilnock Dr		City New Haven		State CT	Zip Code 06515-2615
Principal Occupation singer\teacher		Name of Employer self employed			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/31/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Stuart		First Matthew		MI	Contribution ID # 1849
Residential Street Address 11 Hemlock Notch St		City Unionville		State CT	Zip Code 06085-1062
Principal Occupation Ret. Firefighter		Name of Employer West hartford			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/31/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Tesoro		First Thomas		MI	Contribution ID # 1862
Residential Street Address 133 Beechwood Ave		City Trumbull		State CT	Zip Code 06611-1657
Principal Occupation Vice President Human Resources		Name of Employer Standard Motor Products, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/31/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Schenarts		First Jonathan		MI	Contribution ID # 1799
Residential Street Address 5 Tupelo Pl		City Middletown		State CT	Zip Code 06457-2038
Principal Occupation Electrician		Name of Employer NRG energy			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/31/2017	Aggregate Contributions \$50.00	\$50.00



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Samolis</b>		First <b>Joseph</b>		MI	Contribution ID # <b>1777</b>
Residential Street Address <b>84 Bretton Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4150</b>
Principal Occupation <b>Planning conservation and development</b>		Name of Employer <b>City of middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$350.00</b>	<b>\$250.00</b>

Last Name <b>Samolis</b>		First <b>Katherine</b>		MI	Contribution ID # <b>1779</b>
Residential Street Address <b>84 Brettish Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</b>
Principal Occupation <b>Mortgage underwriter</b>		Name of Employer <b>Key bank</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Friese</b>		First <b>Elizabeth</b>		MI	Contribution ID # <b>1396</b>
Residential Street Address <b>320 Strawberry Hill Ave Apt 31</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-2580</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>J.D. Staron</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Gugliotti</b>		First <b>Thomas</b>		MI	Contribution ID # <b>1439</b>
Residential Street Address <b>17 Millstone Dr</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001-2335</b>
Principal Occupation <b>Partner</b>		Name of Employer <b>Udike Kelly &amp; Spellacy</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Guinault-Picciotto		First Michelle		MI	Contribution ID # 1441
Residential Street Address 1327 Little Meadow Rd		City Guilford		State CT	Zip Code 06437-1672
Principal Occupation Psychotherapist		Name of Employer Michelle Guinault-Picciotto			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/31/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Hille		First Harald		MI	Contribution ID # 1471
Residential Street Address 63 Summit Rd		City Riverside		State CT	Zip Code 06878-2105
Principal Occupation retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/31/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Buhler		First William		MI	Contribution ID # 1244
Residential Street Address 8 Winchester Way		City Cromwell		State CT	Zip Code 06416-2636
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/31/2017	Aggregate Contributions \$200.00	\$25.00

Last Name Cooney		First David		MI	Contribution ID # 1293
Residential Street Address 27 Carnoustie Cir		City Bloomfield		State CT	Zip Code 06002-2382
Principal Occupation Trial Lawyer		Name of Employer RisCassi & Davis, P.C.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/31/2017	Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>O'Leary</b>		First <b>Patrice</b>		MI	Contribution ID # <b>1663</b>
Residential Street Address <b>127 Ann St</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450-5935</b>
Principal Occupation <b>Procurement Mgr</b>		Name of Employer <b>Island Companies</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Rook</b>		First <b>Matthew</b>		MI <b>A</b>	Contribution ID # <b>1758</b>
Residential Street Address <b>15 Margarite Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5417</b>
Principal Occupation <b>Car Wash</b>		Name of Employer <b>MAR Enterprises Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$20.00</b>

Last Name <b>McGee</b>		First <b>Anna</b>		MI	Contribution ID # <b>1610</b>
Residential Street Address <b>312 Huntington St</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484-4607</b>
Principal Occupation <b>Nurse</b>		Name of Employer <b>St Joseph's Center</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Malmrose</b>		First <b>Paul</b>		MI	Contribution ID # <b>1571</b>
Residential Street Address <b>3 Hearthstone Ln</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-2480</b>
Principal Occupation <b>Environmental Engineer</b>		Name of Employer <b>Tighe &amp; Bond</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Manfield</b>		First <b>Robert</b>		MI	Contribution ID # <b>1572</b>
Residential Street Address <b>920 Sherman Ave</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06514-1148</b>
Principal Occupation <b>Vice President</b>		Name of Employer <b>Utility Communications</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$25.00</b>

Last Name <b>Kelly</b>		First <b>Thomas</b>		MI <b>E</b>	Contribution ID # <b>1503</b>
Residential Street Address <b>28 Plumb Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-4133</b>
Principal Occupation <b>Regulatory Affairs</b>		Name of Employer <b>UnitedHealthcare</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$300.00</b>	<b>\$200.00</b>

Last Name <b>Honneus</b>		First <b>David</b>		MI	Contribution ID # <b>1475</b>
Residential Street Address <b>205 Bentley Ct</b>		City <b>Brewster</b>		State <b>NY</b>	Zip Code <b>10509-6554</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$60.00</b>	<b>\$50.00</b>

Last Name <b>Kronenberger</b>		First <b>Erin</b>		MI	Contribution ID # <b>1524</b>
Residential Street Address <b>103 Birdsey Ave Fl 2</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4303</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>City of Meriden BOE</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Kruk</b>		First <b>Pauline</b>		MI	Contribution ID # <b>1526</b>
Residential Street Address <b>165 Walsh Ave</b>		City <b>Newington</b>		State <b>CT</b>	Zip Code <b>06111-2848</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Ladd</b>		First <b>C. Marston</b>		MI	Contribution ID # <b>1531</b>
Residential Street Address <b>5 Cricket Ct</b>		City <b>Old Saybrook</b>		State <b>CT</b>	Zip Code <b>06475-2405</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/31/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Penney</b>		First <b>Brian</b>		MI	Contribution ID # <b>1695</b>
Residential Street Address <b>102 Creamery Rd</b>		City <b>Durham</b>		State <b>CT</b>	Zip Code <b>06422-3407</b>
Principal Occupation <b>Assessor</b>		Name of Employer <b>city of hartford</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/01/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Fouche</b>		First <b>Linda</b>		MI	Contribution ID # <b>1394</b>
Residential Street Address <b>65 Williams St</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-3417</b>
Principal Occupation <b>LPN</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/01/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Finkel</b>		First <b>Lewis</b>		MI	Contribution ID # <b>1386</b>
Residential Street Address <b>26 Weed Hill Ave Apt D</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06907-1536</b>
Principal Occupation <b>Construction Estimator</b>		Name of Employer <b>Professional Construction Services</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05192017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/01/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Barton</b>		First <b>Teresa</b>		MI <b>M</b>	Contribution ID # <b>1206</b>
Residential Street Address <b>655 Chestnut Hill Rd</b>		City <b>Dayville</b>		State <b>CT</b>	Zip Code <b>06241-1706</b>
Principal Occupation <b>Contractor-Business Analyst</b>		Name of Employer <b>Veritude, Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/02/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>McCauley</b>		First <b>Lori</b>		MI	Contribution ID # <b>1599</b>
Residential Street Address <b>138 Lee St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4526</b>
Principal Occupation <b>Receptionist</b>		Name of Employer <b>Middletown Family Dental Associates</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/02/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$100.00</b>

Last Name <b>McEwen</b>		First <b>Alyse</b>		MI	Contribution ID # <b>1608</b>
Residential Street Address <b>77 Bartman Rd</b>		City <b>Higganum</b>		State <b>CT</b>	Zip Code <b>06441-4416</b>
Principal Occupation <b>Administrative Assistant</b>		Name of Employer <b>South Fire District</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/02/2017</b>	Aggregate Contributions <b>\$30.00</b>	<b>\$30.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Sclare</b>		First <b>Daniel</b>		MI	Contribution ID # <b>1803</b>
Residential Street Address <b>13 Farmstead Ln</b>		City <b>Ellington</b>		State <b>CT</b>	Zip Code <b>06029-4242</b>
Principal Occupation <b>Retired teacher</b>		Name of Employer <b>S. Windsor Board of Ed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/02/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Sisson</b>		First <b>Elaine C.</b>		MI	Contribution ID # <b>1825</b>
Residential Street Address <b>82 Paul Hts</b>		City <b>Southington</b>		State <b>CT</b>	Zip Code <b>06489-4131</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/02/2017</b>	Aggregate Contributions <b>\$65.00</b>	<b>\$20.00</b>

Last Name <b>Wilson</b>		First <b>Brenda</b>		MI	Contribution ID # <b>1922</b>
Residential Street Address <b>163 Cynthia Ln Apt A2</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2126</b>
Principal Occupation <b>Director</b>		Name of Employer <b>Ryan Woods Autism Foundation</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/02/2017</b>	Aggregate Contributions <b>\$105.00</b>	<b>\$100.00</b>

Last Name <b>Stewart</b>		First <b>Frank</b>		MI	Contribution ID # <b>1845</b>
Residential Street Address <b>1061 Matianuck Ave</b>		City <b>Windsor</b>		State <b>CT</b>	Zip Code <b>06095-3209</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/03/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Smith</b>		First <b>Robert</b>		MI <b>M</b>	Contribution ID # <b>1833</b>
Residential Street Address <b>6 Cherry Hill Rd</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-5202</b>
Principal Occupation <b>Correctional Counselor</b>		Name of Employer <b>Department of Correction</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/03/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Wallace</b>		First <b>Gary</b>		MI <b>CT</b>	Contribution ID # <b>1897</b>
Residential Street Address <b>14 Hayes Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424-1712</b>
Principal Occupation <b>Law Enforcement</b>		Name of Employer <b>City of Middletown CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/03/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>

Last Name <b>Perez</b>		First <b>Althea</b>		MI <b>CT</b>	Contribution ID # <b>1696</b>
Residential Street Address <b>605 W Wakefield Blvd</b>		City <b>Winsted</b>		State <b>CT</b>	Zip Code <b>06098-2956</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/03/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Conaway-Raczka</b>		First <b>Nancy</b>		MI <b>CT</b>	Contribution ID # <b>1287</b>
Residential Street Address <b>7 Red Yellow Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4919</b>
Principal Occupation <b>Risk Manager</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/03/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$275.00</b>



**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 <b>Girard</b>		First <b>Nicholas</b>		MI	Contribution ID # <b>1416</b>
Residential Street Address <b>8 Woodland Dr</b>		City <b>Stafford Springs</b>		State <b>CT</b>	Zip Code <b>06076-1636</b>
Principal Occupation <b>Student</b>		Name of Employer <b>Student</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/03/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Gaunichaux</b>		First <b>Anthony</b>		MI <b>J</b>	Contribution ID # <b>1406</b>
Residential Street Address <b>194 E Main St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4401</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retied</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/03/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>

Last Name <b>Bernero</b>		First <b>Virgil</b>		MI	Contribution ID # <b>1223</b>
Residential Street Address <b>3000 N Cambridge Rd</b>		City <b>Lansing</b>		State <b>MI</b>	Zip Code <b>48911-1015</b>
Principal Occupation <b>Mayor</b>		Name of Employer <b>City of Lansing</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/04/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Santostefano</b>		First <b>Albert</b>		MI	Contribution ID # <b>1788</b>
Residential Street Address <b>205 Blue Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5004</b>
Principal Occupation <b>Fire Marshal</b>		Name of Employer <b>Middletown Fire Dept.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/04/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Santostefano</b>		First <b>Raymond</b>		MI <b>A</b>	Contribution ID # <b>1789</b>
Residential Street Address <b>166 Dora Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4163</b>
Principal Occupation <b>Maintenance Manager</b>		Name of Employer <b>Carabetta Management Co</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Smith</b>		First <b>Erin</b>		MI <b>A</b>	Contribution ID # <b>1832</b>
Residential Street Address <b>53 W Meadow Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1684</b>
Principal Occupation <b>Attorney</b>		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Secore</b>		First <b>Donald</b>		MI <b>J</b>	Contribution ID # <b>1807</b>
Residential Street Address <b>700 Ridgewood Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1735</b>
Principal Occupation <b>Owner, Sub Contractor</b>		Name of Employer <b>American Liberty Instillation</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Schmidt</b>		First <b>Robert</b>		MI	Contribution ID # <b>1800</b>
Residential Street Address <b>1011 Town Colony Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5920</b>
Principal Occupation <b>Registrar of Voters</b>		Name of Employer <b>Town of Somers</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Schmidt</b>		First <b>Theresa</b>		MI	Contribution ID # <b>1801</b>
Residential Street Address <b>62 Pond Cir</b>		City <b>Somers</b>		State <b>CT</b>	Zip Code <b>06071-1658</b>
Principal Occupation <b>RN Advisor</b>		Name of Employer <b>Vizient Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Schain</b>		First <b>Dennis</b>		MI	Contribution ID # <b>1798</b>
Residential Street Address <b>245 Redwood Rd</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-6333</b>
Principal Occupation <b>Communications</b>		Name of Employer <b>State of CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Vinci</b>		First <b>Joseph</b>		MI <b>J</b>	Contribution ID # <b>1888</b>
Residential Street Address <b>323 Old Mill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2476</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Vinci</b>		First <b>Rosemarie</b>		MI	Contribution ID # <b>1890</b>
Residential Street Address <b>1000 Newfield St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1818</b>
Principal Occupation <b>Businesswoman</b>		Name of Employer <b>Rosemarie Vinci</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$75.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Tomasino	First Sheila	MI	Contribution ID # 1870
Residential Street Address 101 Ridge Rd	City Middletown	State CT	Zip Code 06457-4457
Principal Occupation Secretary	Name of Employer Peter Mortenson - Vinci Companies		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 06052017a	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$125.00
			\$125.00

Last Name Turner	First Maria	MI	Contribution ID # 1876
Residential Street Address 859 Westfield St	City Middletown	State CT	Zip Code 06457-1978
Principal Occupation Teacher	Name of Employer City of New Britain		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 06052017a	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$375.00
			\$175.00

Last Name Turner	First Michael	MI J	Contribution ID # 1877
Residential Street Address 859 Westfield St	City Middletown	State CT	Zip Code 06457-1978
Principal Occupation Contractor	Name of Employer MJ Turner Exteriors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 06052017a	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$375.00
			\$75.00

Last Name Van Rijssen	First Hendrik	MI	Contribution ID # 1883
Residential Street Address 7 Perry Pl	City Riverside	State CT	Zip Code 06878-1224
Principal Occupation shipbroker	Name of Employer new england navigation inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$20.00
			\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Vaillancourt		First Amy		MI	Contribution ID # 1880
Residential Street Address 235 Hunting Hill Ave		City Middletown		State CT	Zip Code 06457-4344
Principal Occupation Licensed Environmental Professional		Name of Employer Tighe & Bond			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052017a</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	Aggregate Contributions \$200.00	\$100.00

Last Name Watkins		First Stephen		MI	Contribution ID # 1907
Residential Street Address 11 Phillips Farm Rd		City East Hartford		State CT	Zip Code 06118-1258
Principal Occupation Registrar of Voters		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	Aggregate Contributions \$10.00	\$10.00

Last Name Beadle		First Edward		MI R	Contribution ID # 1211
Residential Street Address 168 Langford Ln		City East Hartford		State CT	Zip Code 06118-2369
Principal Occupation Co-Owner		Name of Employer The Northeast Companies			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	Aggregate Contributions \$300.00	\$300.00

Last Name Balaban		First Jordan		MI I	Contribution ID # 1200
Residential Street Address 54 Bulkeley Hill Rd		City Colchester		State CT	Zip Code 06415-1711
Principal Occupation Student		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052017a</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Davidson		First Harold		MI	Contribution ID # 1321
Residential Street Address 74 Abbey Rd		City East Hampton		State CT	Zip Code 06424-2103
Principal Occupation Business manager Financial Secetary-Treasurer			Name of Employer Roofers / Waterproofers Local 12		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$20.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	
				Aggregate Contributions \$40.00	

Last Name D'Aquila		First Thomas		MI C	Contribution ID # 1314
Residential Street Address 165 Front St		City Middletown		State CT	Zip Code 06457-4464
Principal Occupation Teacher			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052017a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	
				Aggregate Contributions \$100.00	

Last Name D'Aquila		First Sally		MI	Contribution ID # 1311
Residential Street Address 43 Cricket Ct		City Old Saybrook		State CT	Zip Code 06475-2405
Principal Occupation unemployed			Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$175.00
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052017a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	
				Aggregate Contributions \$375.00	

Last Name D'Aquila		First Salvatore		MI	Contribution ID # 1312
Residential Street Address 43 Cricket Ct		City Old Saybrook		State CT	Zip Code 06475-2405
Principal Occupation Manager			Name of Employer Carabetta Management Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$75.00
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052017a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	
				Aggregate Contributions \$375.00	

**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 <b>Carabetta</b>		First <b>Giovanni</b>		MI	Contribution ID # <b>1262</b>
Residential Street Address <b>187 Canyon Dr</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450-2433</b>
Principal Occupation <b>Student</b>		Name of Employer <b>None</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Carabetta</b>		First <b>Joseph</b>		MI <b>F</b>	Contribution ID # <b>1263</b>
Residential Street Address <b>187 Canyon Dr</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450-2433</b>
Principal Occupation <b>Student</b>		Name of Employer <b>None</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Girgenti</b>		First <b>Aldo</b>		MI	Contribution ID # <b>1417</b>
Residential Street Address <b>282 Millbrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5580</b>
Principal Occupation <b>Clerk</b>		Name of Employer <b>Carabetta Management Co</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Emond</b>		First <b>Normand</b>		MI <b>P</b>	Contribution ID # <b>1365</b>
Residential Street Address <b>20 Hall Hill Rd</b>		City <b>Portland</b>		State <b>CT</b>	Zip Code <b>06480-1644</b>
Principal Occupation <b>Superintendent</b>		Name of Employer <b>IHC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Donatelli		First Anthony		MI M	Contribution ID # 1342
Residential Street Address 25 Tecumseh Rd		City West Hartford		State CT	Zip Code 06117-2136
Principal Occupation Painter		Name of Employer Self - Anthony Donatelli			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	Aggregate Contributions \$200.00	\$200.00

Last Name Desmarais		First Robert		MI	Contribution ID # 1331
Residential Street Address 57 Shaddock Rd		City Middlebury		State CT	Zip Code 06762-3132
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Perrotti		First MaryAnn		MI	Contribution ID # 1697
Residential Street Address 235 Candlewood Hill Rd		City Higganum		State CT	Zip Code 06441-4207
Principal Occupation Banking		Name of Employer Liberty Bank			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Polinsky		First Andrea		MI M	Contribution ID # 1712
Residential Street Address 4 Oak Hill Ln		City Woodbridge		State CT	Zip Code 06525-1938
Principal Occupation Homemaker		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	Aggregate Contributions \$375.00	\$375.00



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Pulino</b>		First <b>Franco</b>		MI	Contribution ID # <b>1723</b>
Residential Street Address <b>164 Fowler Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5302</b>
Principal Occupation <b>Building Managemetn</b>		Name of Employer <b>Carabetta</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Rollefson</b>		First <b>Virginia</b>		MI	Contribution ID # <b>1754</b>
Residential Street Address <b>16 Red Orange Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4916</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$85.00</b>	<b>\$10.00</b>

Last Name <b>Parnasso</b>		First <b>Aldo</b>		MI	Contribution ID # <b>1677</b>
Residential Street Address <b>98 Brown St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5017</b>
Principal Occupation <b>Regional Management</b>		Name of Employer <b>Carabetta</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Parnasso</b>		First <b>Melinda</b>		MI <b>M</b>	Contribution ID # <b>1678</b>
Residential Street Address <b>98 Brown St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5017</b>
Principal Occupation <b>Cafeteria Worker</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Patrician</b>		First <b>Debra</b>		MI	Contribution ID # <b>1688</b>
Residential Street Address <b>81 Long Hill Rd</b>		City <b>Deep River</b>		State <b>CT</b>	Zip Code <b>06417-2105</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$100.00</b>

Last Name <b>Milardo</b>		First <b>Michael</b>		MI <b>A</b>	Contribution ID # <b>1625</b>
Residential Street Address <b>33 Birdsey Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4301</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Milardo</b>		First <b>Sebastiano</b>		MI	Contribution ID # <b>1626</b>
Residential Street Address <b>713 Pine St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4176</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Melilli Cafe</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Monarca</b>		First <b>Marianne</b>		MI	Contribution ID # <b>1633</b>
Residential Street Address <b>191 Clark Hill Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424-1918</b>
Principal Occupation <b>Special Projects Manager</b>		Name of Employer <b>Meriden Housing Authority</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$325.00</b>

**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 <b>Monarca</b>		First <b>Richard</b>		MI	Contribution ID # <b>1634</b>
Residential Street Address <b>98 Grove St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2221</b>
Principal Occupation <b>Contractor</b>		Name of Employer <b>Monarca Construction</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$150.00</b>

Last Name <b>Monarca</b>		First <b>Darly</b>		MI <b>M</b>	Contribution ID # <b>1631</b>
Residential Street Address <b>24 Cimarron Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2354</b>
Principal Occupation <b>Office</b>		Name of Employer <b>Monarca Construction</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$150.00</b>

Last Name <b>Moore</b>		First <b>John</b>		MI <b>A</b>	Contribution ID # <b>1637</b>
Residential Street Address <b>180 Johnson St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2247</b>
Principal Occupation <b>Auto Body Tech</b>		Name of Employer <b>Fat City Motor Cycles</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$350.00</b>	<b>\$100.00</b>

Last Name <b>Moore</b>		First <b>Mariah</b>		MI <b>CT</b>	Contribution ID # <b>1638</b>
Residential Street Address <b>50 Military Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2002</b>
Principal Occupation <b>Nurse</b>		Name of Employer <b>Hartford Hospital</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/05/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name McCormack		First Ann		MI	Contribution ID # 1602
Residential Street Address 218 Tryon St		City Middletown		State CT	Zip Code 06457-4536
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	Aggregate Contributions \$110.00	\$25.00

Last Name Massaro		First Sandra		MI	Contribution ID # 1588
Residential Street Address 53 High Hill Rd		City Wallingford		State CT	Zip Code 06492-1903
Principal Occupation Assistant Office Manager		Name of Employer Innovative Engineerings Services, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Larson		First Sue		MI	Contribution ID # 1536
Residential Street Address 350 Deming St , Windsor		City South Windsor		State CT	Zip Code 06074-3700
Principal Occupation Registrar of Voters		Name of Employer Town of South Windsor			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Larson		First David		MI H	Contribution ID # 1534
Residential Street Address 108 Long Hill Rd		City Middletown		State CT	Zip Code 06457-4064
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/05/2017	Aggregate Contributions \$25.00	\$25.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Nielsen</b>		First <b>Eric</b>		MI	Contribution ID # <b>1655</b>
Residential Street Address <b>25 Dryden Dr</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450-6114</b>
Principal Occupation <b>Case Management Supervisor</b>		Name of Employer <b>State of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06302017a</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/06/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Fleming</b>		First <b>Ben</b>		MI	Contribution ID # <b>1390</b>
Residential Street Address <b>1314 Cromwell Hills Dr</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-1815</b>
Principal Occupation <b>Financial Service</b>		Name of Employer <b>Voya Fin Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/06/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Guy</b>		First <b>Isabel</b>		MI <b>F</b>	Contribution ID # <b>1442</b>
Residential Street Address <b>161 Mount Vernon St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3214</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06082017a</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/06/2017</b>	Aggregate Contributions <b>\$85.00</b>	<b>\$35.00</b>

Last Name <b>Boyd</b>		First <b>Robert</b>		MI	Contribution ID # <b>1230</b>
Residential Street Address <b>10 Main St</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410-2403</b>
Principal Occupation <b>teacher</b>		Name of Employer <b>Cheshire Academy</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/06/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Shatzer</b>		First <b>Lewis</b>		MI	Contribution ID # <b>1810</b>
Residential Street Address <b>62 Williams St Apt 2</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-3443</b>
Principal Occupation <b>retired</b>		Name of Employer <b>None</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/06/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Scruggs</b>		First <b>Lyle</b>		MI	Contribution ID # <b>1806</b>
Residential Street Address <b>21 Thomas Dr</b>		City <b>Storrs</b>		State <b>CT</b>	Zip Code <b>06268-1211</b>
Principal Occupation <b>Professor, Political Science</b>		Name of Employer <b>University of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/07/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Waller</b>		First <b>Debra</b>		MI	Contribution ID # <b>1898</b>
Residential Street Address <b>259 Park Rd</b>		City <b>Haddam</b>		State <b>CT</b>	Zip Code <b>06438-1225</b>
Principal Occupation <b>Assembler</b>		Name of Employer <b>Lee Company</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/07/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Waller</b>		First <b>Robert</b>		MI	Contribution ID # <b>1899</b>
Residential Street Address <b>259 Park Rd</b>		City <b>Haddam</b>		State <b>CT</b>	Zip Code <b>06438-1225</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/07/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$15.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Thazhampallath		First Geen		MI	Contribution ID # 1864
Residential Street Address 71 Ribera Ln		City Middletown		State CT	Zip Code 06457-5594
Principal Occupation City employee		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/07/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Tartaglino		First Francoise		MI	Contribution ID # 1856
Residential Street Address 500 Burlington Rd		City Harwinton		State CT	Zip Code 06791-1506
Principal Occupation massage therapist		Name of Employer Francoise Tartaglino			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/07/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Bookwalter		First Fredrika		MI	Contribution ID # 1227
Residential Street Address 110 Kenyon St		City Hartford		State CT	Zip Code 06105-2505
Principal Occupation retired		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/07/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Heydenburg		First Laura		MI	Contribution ID # 1469
Residential Street Address 28 Old Town Park Rd		City New Milford		State CT	Zip Code 06776-4228
Principal Occupation home		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/07/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Giunta		First Lou Ann		MI	Contribution ID # 1419
Residential Street Address 1 Beachside Ave		City Westport		State CT	Zip Code 06880-6205
Principal Occupation None		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/07/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Festa		First Anna		MI	Contribution ID # 1384
Residential Street Address 117 Canner St		City New Haven		State CT	Zip Code 06511-2201
Principal Occupation Stay at home mom		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/07/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Derby		First Steve		MI	Contribution ID # 1330
Residential Street Address 54 White Ave		City West Hartford		State CT	Zip Code 06119-2232
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/07/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Parrotta		First Peter		MI A	Contribution ID # 1682
Residential Street Address 177 Stone Hill Dr		City Rocky Hill		State CT	Zip Code 06067-4228
Principal Occupation Owner		Name of Employer PMC Management			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/07/2017	Aggregate Contributions \$100.00	\$100.00



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Pomeranz</b>		First <b>James</b>		MI <b>L</b>	Contribution ID # <b>1714</b>
Residential Street Address <b>265 Farms Village Rd # 727</b>		City <b>West Simsbury</b>		State <b>CT</b>	Zip Code <b>06092-2437</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Pomerantz, Drayton, and Stabnick</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/07/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Hutton</b>		First <b>Thomas</b>		MI <b>CT</b>	Contribution ID # <b>1483</b>
Residential Street Address <b>11 Blue Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5001</b>
Principal Occupation <b>Retired</b>		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/07/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Mccarthy</b>		First <b>Richard</b>		MI <b>CT</b>	Contribution ID # <b>1597</b>
Residential Street Address <b>150 Bay View Ave</b>		City <b>Mystic</b>		State <b>CT</b>	Zip Code <b>06355-2341</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/07/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Lukens</b>		First <b>Ellen</b>		MI <b>CT</b>	Contribution ID # <b>1563</b>
Residential Street Address <b>46 Pine St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3113</b>
Principal Occupation <b>retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/07/2017</b>	Aggregate Contributions <b>\$65.00</b>	<b>\$20.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Lisitano		First Dean		MI	Contribution ID # 1554
Residential Street Address 24 Francis Ave		City Middletown		State CT	Zip Code 06457-4309
Principal Occupation Building Official		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06082017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/08/2017	Aggregate Contributions \$90.00	\$25.00

Last Name Johnson		First Judy		MI	Contribution ID # 1490
Residential Street Address 161 Rolling Grn		City Middletown		State CT	Zip Code 06457-8740
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06082017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/08/2017	Aggregate Contributions \$30.00	\$25.00

Last Name Nocera		First Gene		MI	Contribution ID # 1657
Residential Street Address 64 Reservoir Rd		City Middletown		State CT	Zip Code 06457-4819
Principal Occupation Professor		Name of Employer University of St Joseph			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06082017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/08/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Nocera		First Karen		MI	Contribution ID # 1658
Residential Street Address 64 Reservoir Rd		City Middletown		State CT	Zip Code 06457
Principal Occupation Recreation supervisor		Name of Employer city of middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06082017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/08/2017	Aggregate Contributions \$175.00	\$25.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Orr</b>		First <b>Jean</b>		MI	Contribution ID # <b>1669</b>
Residential Street Address <b>11 Hamlin Ct</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3253</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/08/2017</b>	Aggregate Contributions <b>\$30.00</b>	<b>\$20.00</b>

Last Name <b>Davis</b>		First <b>Trevor</b>		MI	Contribution ID # <b>1323</b>
Residential Street Address <b>585 Arbutus St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5184</b>
Principal Occupation <b>Real Estate Broker</b>		Name of Employer <b>Trevor Davis Commercial Real E</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06082017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/08/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Browning</b>		First <b>Sam</b>		MI	Contribution ID # <b>1237</b>
Residential Street Address <b>671 Scotland Rd</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-9403</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self -employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06082017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/08/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Alderman</b>		First <b>Kathleen</b>		MI	Contribution ID # <b>1180</b>
Residential Street Address <b>8 Knowles Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3117</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/08/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Arafeh</b>		First <b>Barbara</b>		MI	Contribution ID # <b>1192</b>
Residential Street Address <b>116 Bretton Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4148</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06082017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/08/2017</b>	Aggregate Contributions <b>\$275.00</b>	<b>\$25.00</b>

Last Name <b>Daley</b>		First <b>Gerald</b>		MI <b>E</b>	Contribution ID # <b>1317</b>
Residential Street Address <b>70 Autumn Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4787</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06082017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/08/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Serra</b>		First <b>Marie</b>		MI	Contribution ID # <b>1808</b>
Residential Street Address <b>1510 Randolph Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5114</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06082017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/08/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>

Last Name <b>Schmitz</b>		First <b>Paul</b>		MI	Contribution ID # <b>1802</b>
Residential Street Address <b>184 Russett Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5822</b>
Principal Occupation <b>MGT Consultant</b>		Name of Employer <b>Paul Schmitz</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06082017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/08/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Russo</b>		First <b>William</b>		MI	Contribution ID # <b>1772</b>
Residential Street Address <b>1112 Town Pl</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1750</b>
Principal Occupation <b>City of Middletown</b>		Name of Employer <b>Public Works Director</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06082017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/08/2017</b>	Aggregate Contributions <b>\$300.00</b>	<b>\$100.00</b>

Last Name <b>Russo</b>		First <b>Daniel</b>		MI	Contribution ID # <b>1770</b>
Residential Street Address <b>78 Hawks Nest Cir</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1514</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06082017a</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/08/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Ranslow</b>		First <b>Mandy</b>		MI	Contribution ID # <b>1726</b>
Residential Street Address <b>190 Liberty St Fl 3</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2662</b>
Principal Occupation <b>Archaeologist</b>		Name of Employer <b>Connecticut Department of Transportation</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/10/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Peterson</b>		First <b>Elizabeth</b>		MI <b>W</b>	Contribution ID # <b>1701</b>
Residential Street Address <b>15 Browns Crossing Rd</b>		City <b>Gales Ferry</b>		State <b>CT</b>	Zip Code <b>06335-1408</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/12/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name O'Brien		First John		MI	Contribution ID # 1661
Residential Street Address 37 Cricket Ct		City Old Saybrook		State CT	Zip Code 06475-2405
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/12/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Pearce		First Helen		MI K	Contribution ID # 1690
Residential Street Address 36 Clark Rd		City Durham		State CT	Zip Code 06422-2200
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/12/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Darcey		First John		MI M	Contribution ID # 1319
Residential Street Address 100 Bentwood Rd		City West Hartford		State CT	Zip Code 06107-3703
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/12/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Brookes		First Scott		MI R	Contribution ID # 1232
Residential Street Address 126 Pokorny Rd		City Higganum		State CT	Zip Code 06441-4417
Principal Occupation Town Clerk		Name of Employer Town of Haddam			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/12/2017	Aggregate Contributions \$50.00	\$50.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Falzarano</b>		First <b>Anthony</b>		MI	Contribution ID # <b>1377</b>
Residential Street Address <b>75 Latic St</b>		City <b>Putnam</b>		State <b>CT</b>	Zip Code <b>06260-1131</b>
Principal Occupation <b>Mayor</b>		Name of Employer <b>Town of Putnam</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/12/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Faraci</b>		First <b>Sandra</b>		MI	Contribution ID # <b>1378</b>
Residential Street Address <b>25 Schuyler Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4328</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/12/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Gomes</b>		First <b>Marlana</b>		MI <b>F</b>	Contribution ID # <b>1426</b>
Residential Street Address <b>170 Clover St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5206</b>
Principal Occupation <b>Operations &amp; Technology Intern</b>		Name of Employer <b>The Hartford</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/12/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Gomes</b>		First <b>Matthew</b>		MI <b>S</b>	Contribution ID # <b>1427</b>
Residential Street Address <b>170 Clover St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5206</b>
Principal Occupation <b>Student</b>		Name of Employer <b>Student at Union College</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/12/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Gomes</b>		First <b>Tina</b>		MI <b>F</b>	Contribution ID # <b>1429</b>
Residential Street Address <b>170 Clover St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5206</b>
Principal Occupation <b>Finance - Government</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/12/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Gambino</b>		First <b>Robert</b>		MI <b></b>	Contribution ID # <b>1400</b>
Residential Street Address <b>4 Old Mill Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-2111</b>
Principal Occupation <b>Not Employed</b>		Name of Employer <b>Not Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/12/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$50.00</b>

Last Name <b>Russo</b>		First <b>Guy</b>		MI <b>P</b>	Contribution ID # <b>1771</b>
Residential Street Address <b>599 Chamberlain Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5546</b>
Principal Occupation <b>Director Water Infrastructure</b>		Name of Employer <b>Prime AE Group INC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/12/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$150.00</b>

Last Name <b>Thornton</b>		First <b>Domenique</b>		MI <b></b>	Contribution ID # <b>1866</b>
Residential Street Address <b>168 Timber Ridge Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1538</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>State of CT Dept. of Labor</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/12/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$175.00</b>



**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 <b>Smyth</b>		First <b>Frederick</b>		MI <b>C</b>	Contribution ID # <b>1835</b>
Residential Street Address <b>42 Birch Mill Trl</b>		City <b>Essex</b>		State <b>CT</b>	Zip Code <b>06426-1203</b>
Principal Occupation <b>Operations Manager</b>		Name of Employer <b>Dainty Rubbish Services</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/12/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Wellin</b>		First <b>Paul</b>		MI <b>CT</b>	Contribution ID # <b>1911</b>
Residential Street Address <b>482 E St Plainville Ct # 6062</b>		City <b>Plainville</b>		State <b>CT</b>	Zip Code <b>06062</b>
Principal Occupation <b>Partner</b>		Name of Employer <b>Ironworkers Local 15</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/12/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Stephens</b>		First <b>Mark</b>		MI <b>CT</b>	Contribution ID # <b>1844</b>
Residential Street Address <b>33 Maple Ave</b>		City <b>Higganum</b>		State <b>CT</b>	Zip Code <b>06441-4233</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/13/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Rutty</b>		First <b>Wayne</b>		MI <b>CT</b>	Contribution ID # <b>1773</b>
Residential Street Address <b>34 Rutty Ln</b>		City <b>Haddam</b>		State <b>CT</b>	Zip Code <b>06438-1258</b>
Principal Occupation <b>retired</b>		Name of Employer <b>Middlesex Hospital</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/13/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Harder		First Darren		MI	Contribution ID # 1454
Residential Street Address 4685 Hayden Run Rd		City Columbus		State OH	Zip Code 43221-5904
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/13/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Harder		First Dina		MI	Contribution ID # 1455
Residential Street Address 4685 Hayden Run Rd		City Columbus		State OH	Zip Code 43221-5904
Principal Occupation Secretary		Name of Employer St. Brendan Church			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/13/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Hebsur		First Rosha		MI	Contribution ID # 1461
Residential Street Address 4841 Gullane Dr		City Ann Arbor		State MI	Zip Code 48103-8701
Principal Occupation Psychologist		Name of Employer Self			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/14/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Graves		First Royal		MI	Contribution ID # 1431
Residential Street Address 21 Prospect St		City Wethersfield		State CT	Zip Code 06109-3756
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/14/2017	Aggregate Contributions \$5.00	\$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Gomes</b>		First <b>Steven</b>		MI <b>M</b>	Contribution ID # <b>1428</b>
Residential Street Address <b>170 Clover St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5206</b>
Principal Occupation <b>Information Technology</b>			Name of Employer <b>Optum Technologies</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$50.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/15/2017</b>	
				Aggregate Contributions <b>\$50.00</b>	

Last Name <b>English</b>		First <b>Maura</b>		MI <b>NY</b>	Contribution ID # <b>1370</b>
Residential Street Address <b>320 W 84th St Apt 1D</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10024-4207</b>
Principal Occupation <b>Vice President, Business Development</b>			Name of Employer <b>Avenue Capital Group</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06302017a</b>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/15/2017</b>	
				Aggregate Contributions <b>\$25.00</b>	

Last Name <b>Browning</b>		First <b>Samuel</b>		MI <b>P</b>	Contribution ID # <b>1238</b>
Residential Street Address <b>671 Scotland Rd</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-9403</b>
Principal Occupation <b>attorney</b>			Name of Employer <b>self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$50.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/15/2017</b>	
				Aggregate Contributions <b>\$50.00</b>	

Last Name <b>Bellmore</b>		First <b>Sandra</b>		MI <b>A</b>	Contribution ID # <b>1218</b>
Residential Street Address <b>41 Evergreen Springs Park</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>info requested</b>			Name of Employer <b>info requested</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$375.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/15/2017</b>	
				Aggregate Contributions <b>\$375.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name D'Amico		First Michael		MI	Contribution ID # 1308
Residential Street Address 56 Hazel Woods Dr		City Woodbury		State CT	Zip Code 06798-1938
Principal Occupation Trial Lawyer		Name of Employer D'Amico & Pettinicchi, LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/15/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Cottrell		First Megan		MI	Contribution ID # 1302
Residential Street Address 101 Givens Ave Apt C		City Stamford		State CT	Zip Code 06902-5366
Principal Occupation Legal assistant		Name of Employer Mark Sank & Associates			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/15/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Rook		First Victor		MI B	Contribution ID # 1759
Residential Street Address 1175 S Main St		City Middletown		State CT	Zip Code 06457-5028
Principal Occupation Retired		Name of Employer Victor Auto Body Works			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/15/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Lawson		First Steve		MI	Contribution ID # 1541
Residential Street Address 1680 Flowers Mill Dr NE		City Grand Rapids		State MI	Zip Code 49525-9694
Principal Occupation Political Consultant		Name of Employer The Vinci Group			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/15/2017	Aggregate Contributions \$5.00	\$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Roegiers</b>		First <b>Gary</b>		MI <b>V</b>	Contribution ID # <b>1751</b>
Residential Street Address <b>31 Sachem Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1707</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>Connecticut Spine &amp; Sports Medicine</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/15/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Taylor</b>		First <b>Kyle</b>		MI <b>CA</b>	Contribution ID # <b>1859</b>
Residential Street Address <b>804 Main St Apt 2</b>		City <b>El Segundo</b>		State <b>CA</b>	Zip Code <b>90245-2319</b>
Principal Occupation <b>President</b>		Name of Employer <b>USA</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/15/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Walsh</b>		First <b>Michael</b>		MI <b>CT</b>	Contribution ID # <b>1902</b>
Residential Street Address <b>18 Pent Rd</b>		City <b>Bloomfield</b>		State <b>CT</b>	Zip Code <b>06002-1519</b>
Principal Occupation <b>Trial Attorney</b>		Name of Employer <b>Walsh Woodard, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/15/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Tundermann</b>		First <b>Roberta</b>		MI <b>CT</b>	Contribution ID # <b>1873</b>
Residential Street Address <b>132 Margarite Road Ext</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5137</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/15/2017</b>	Aggregate Contributions <b>\$55.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Woodard</b>		First <b>D. Lincoln</b>		MI	Contribution ID # <b>1927</b>
Residential Street Address <b>525 Chestnut Hill Rd</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-4105</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>self employed/walsh woodard, llc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/15/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Wolfram</b>		First <b>Douglas</b>		MI	Contribution ID # <b>1925</b>
Residential Street Address <b>34 Henry Rd</b>		City <b>Danielson</b>		State <b>CT</b>	Zip Code <b>06239-3320</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>Central Breaker</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/16/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>McInerney</b>		First <b>Charles</b>		MI	Contribution ID # <b>1611</b>
Residential Street Address <b>929 Middle St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1526</b>
Principal Occupation <b>Florist</b>		Name of Employer <b>McInerney Farm</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/16/2017</b>	Aggregate Contributions <b>\$75.00</b>	<b>\$75.00</b>

Last Name <b>Rosario</b>		First <b>Jenna</b>		MI	Contribution ID # <b>1761</b>
Residential Street Address <b>177 Dora Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4173</b>
Principal Occupation <b>Homemaker</b>		Name of Employer <b>Not Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Rosario</b>		First <b>Michael</b>		MI	Contribution ID # <b>1762</b>
Residential Street Address <b>177 Dora Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4173</b>
Principal Occupation <b>Pipe Fitter</b>		Name of Employer <b>Local 777</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Orr</b>		First <b>Jean</b>		MI	Contribution ID # <b>1670</b>
Residential Street Address <b>11 Hamlin Ct</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3253</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/16/2017</b>	Aggregate Contributions <b>\$80.00</b>	<b>\$50.00</b>

Last Name <b>Castillo</b>		First <b>Yolanda</b>		MI	Contribution ID # <b>1272</b>
Residential Street Address <b>123 Main St Apt C</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06042-3165</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/16/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Bengtson</b>		First <b>Katie</b>		MI	Contribution ID # <b>1220</b>
Residential Street Address <b>8 Glenwood Dr</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424-1345</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Wethersfield Public Schools</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Barber</b>		First <b>Kenneth</b>		MI	Contribution ID # <b>1201</b>
Residential Street Address <b>39 Daly Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424-1608</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Baker</b>		First <b>Frederick</b>		MI <b>M</b>	Contribution ID # <b>1199</b>
Residential Street Address <b>947 Roxburgh Ave</b>		City <b>East Lansing</b>		State <b>MI</b>	Zip Code <b>48823-3130</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Frederick M. Baker Jr., PLLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Greenberg</b>		First <b>Michael</b>		MI <b>A</b>	Contribution ID # <b>1433</b>
Residential Street Address <b>34 Evergreen Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4605</b>
Principal Occupation <b>Sales Representative</b>		Name of Employer <b>Allan S Goodman</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/16/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Hassett</b>		First <b>Kevin</b>		MI	Contribution ID # <b>1457</b>
Residential Street Address <b>28 Magnolia Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4351</b>
Principal Occupation <b>Operating Engineer</b>		Name of Employer <b>C.J. Fucci Construction</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/16/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name Griffiths		First David		MI	Contribution ID # 1437
Residential Street Address 70 Griffiths Rd		City Killingly		State CT	Zip Code 06239-3417
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/16/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Gilbert		First George		MI	Contribution ID # 1413
Residential Street Address 120 Gospel Ln		City Portland		State CT	Zip Code 06480-1714
Principal Occupation Worker		Name of Employer Gilbert & Jones			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/17/2017	Aggregate Contributions \$50.00	\$50.00

Last Name More		First John		MI	Contribution ID # 1639
Residential Street Address 606 N Elm St		City Wallingford		State CT	Zip Code 06492-3270
Principal Occupation Union Organizer		Name of Employer Local 777 Plumbers and Pipefitters of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/17/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Mitchell		First Ellen		MI	Contribution ID # 1629
Residential Street Address 5019 O Bserver Ln		City Woodbridge		State VA	Zip Code 22192
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/17/2017	Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Pugliese</b>		First <b>Richard</b>		MI	Contribution ID # <b>1722</b>
Residential Street Address <b>1703 Randolph Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4041</b>
Principal Occupation <b>Physician - retired</b>		Name of Employer <b>Middlesex Hospital</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/17/2017</b>	Aggregate Contributions <b>\$170.00</b>	<b>\$50.00</b>

Last Name <b>Warmath</b>		First <b>Michelle</b>		MI	Contribution ID # <b>1904</b>
Residential Street Address <b>1191 Berlin Tpke Unit 12</b>		City <b>Berlin</b>		State <b>CT</b>	Zip Code <b>06037-3228</b>
Principal Occupation <b>TRANSLATOR</b>		Name of Employer <b>Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/17/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$20.00</b>

Last Name <b>Spaulding</b>		First <b>Christopher</b>		MI	Contribution ID # <b>1840</b>
Residential Street Address <b>116 Old Hyde Rd</b>		City <b>Weston</b>		State <b>CT</b>	Zip Code <b>06883-1610</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/17/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Reardon</b>		First <b>Ines</b>		MI	Contribution ID # <b>1731</b>
Residential Street Address <b>105 Liberty St</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443-3200</b>
Principal Occupation <b>professor</b>		Name of Employer <b>Univ New Haven</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/18/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Pioggia</b>		First <b>Ray</b>		MI	Contribution ID # <b>1707</b>
Residential Street Address <b>819 River Blvd</b>		City <b>Suffield</b>		State <b>CT</b>	Zip Code <b>06078-1498</b>
Principal Occupation <b>photojournalist</b>		Name of Employer <b>self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Otte</b>		First <b>Karen</b>		MI	Contribution ID # <b>1671</b>
Residential Street Address <b>525 New Haven Rd</b>		City <b>Durham</b>		State <b>CT</b>	Zip Code <b>06422-2510</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Paris</b>		First <b>Anne</b>		MI	Contribution ID # <b>1675</b>
Residential Street Address <b>4014 41st St N</b>		City <b>Arlington</b>		State <b>VA</b>	Zip Code <b>22207-4612</b>
Principal Occupation <b>Homemaker</b>		Name of Employer <b>Homemaker</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Horsley</b>		First <b>Valerie</b>		MI	Contribution ID # <b>1476</b>
Residential Street Address <b>31 Edwards St</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511-3943</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>Yale University</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$30.00</b>	<b>\$30.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Kemery</b>		First <b>Kate</b>		MI	Contribution ID # <b>1504</b>
Residential Street Address <b>4704 Latimer Rd</b>		City <b>Raleigh</b>		State <b>NC</b>	Zip Code <b>27609-5375</b>
Principal Occupation <b>Homemaker</b>		Name of Employer <b>Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Kinney</b>		First <b>Judy</b>		MI	Contribution ID # <b>1507</b>
Residential Street Address <b>920 Rosellas Way</b>		City <b>Alma</b>		State <b>AR</b>	Zip Code <b>72921-7444</b>
Principal Occupation <b>Writer</b>		Name of Employer <b>Self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Jones</b>		First <b>Sarah</b>		MI <b>L</b>	Contribution ID # <b>1495</b>
Residential Street Address <b>661 Middle Tpke E Apt B</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-3741</b>
Principal Occupation <b>Project Officer</b>		Name of Employer <b>SERC - State Education Resource Center of CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>

Last Name <b>Gasparri</b>		First <b>Robert</b>		MI	Contribution ID # <b>1403</b>
Residential Street Address <b>54 Fleetwood Dr</b>		City <b>Waterbury</b>		State <b>CT</b>	Zip Code <b>06706-2801</b>
Principal Occupation <b>Construction</b>		Name of Employer <b>Bob Gasparri</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Hayden</b>		First <b>Ed</b>		MI	Contribution ID # <b>1458</b>
Residential Street Address <b>795 Long Hill Rd Apt F</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5078</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Donovan</b>		First <b>Christopher</b>		MI	Contribution ID # <b>1343</b>
Residential Street Address <b>188 Atkins St</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450-3404</b>
Principal Occupation <b>Political Action Coordinator</b>		Name of Employer <b>Connecticut Education Assoc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Vigue</b>		First <b>James</b>		MI	Contribution ID # <b>1886</b>
Residential Street Address <b>490 Burlington Ave</b>		City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06010-3105</b>
Principal Occupation <b>Legislative Advocate</b>		Name of Employer <b>AFT - Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Valys</b>		First <b>Patricia</b>		MI	Contribution ID # <b>1882</b>
Residential Street Address <b>1019 Upper Maple St</b>		City <b>Dayville</b>		State <b>CT</b>	Zip Code <b>06241-2015</b>
Principal Occupation		Name of Employer <b>unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Webster</b>		First <b>Amanda</b>		MI	Contribution ID # <b>1909</b>
Residential Street Address <b>131 Notch Rd</b>		City <b>Granby</b>		State <b>CT</b>	Zip Code <b>06035-1116</b>
Principal Occupation <b>Self</b>		Name of Employer <b>Self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Williams</b>		First <b>Diana</b>		MI	Contribution ID # <b>1916</b>
Residential Street Address <b>2271 Hampshire Way</b>		City <b>Tallahassee</b>		State <b>FL</b>	Zip Code <b>32309-3104</b>
Principal Occupation <b>Associate Professor</b>		Name of Employer <b>Florida State University</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/20/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Zyjeski</b>		First <b>Jeffrey</b>		MI	Contribution ID # <b>1938</b>
Residential Street Address <b>469 New Rd</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001-3164</b>
Principal Occupation <b>Lobbyist</b>		Name of Employer <b>Gaffney, Bennett &amp; Associates</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Vumbaca</b>		First <b>Frank</b>		MI	Contribution ID # <b>1895</b>
Residential Street Address <b>207 Columbus Ave</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06451-5338</b>
Principal Occupation <b>Firefighter</b>		Name of Employer <b>University of CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/20/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Stalzer</b>		First <b>Sue</b>		MI	Contribution ID # <b>1842</b>
Residential Street Address <b>39W991 Carl Sandburg Rd</b>		City <b>Saint Charles</b>		State <b>IL</b>	Zip Code <b>60175-7750</b>
Principal Occupation <b>Real estate agent</b>		Name of Employer <b>Baird and Warner</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/20/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Dickerson</b>		First <b>Caitlin</b>		MI	Contribution ID # <b>1333</b>
Residential Street Address <b>2543 Meridian Pkwy Apt 1110</b>		City <b>Durham</b>		State <b>NC</b>	Zip Code <b>27713-2484</b>
Principal Occupation <b>GME Coordinator</b>		Name of Employer <b>Duke</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/20/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Hall</b>		First <b>Gretchen</b>		MI	Contribution ID # <b>1451</b>
Residential Street Address <b>7 Louis Dr</b>		City <b>Wellesley Hills</b>		State <b>MA</b>	Zip Code <b>02481-1164</b>
Principal Occupation <b>magazine publisher</b>		Name of Employer <b>PwC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/20/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Fish</b>		First <b>Dorothy C.</b>		MI	Contribution ID # <b>1388</b>
Residential Street Address <b>135 Appletree Dr</b>		City <b>East Hartford</b>		State <b>CT</b>	Zip Code <b>06118-3503</b>
Principal Occupation <b>Nurse</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/20/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Glassman		First Kimberly		MI	Contribution ID # 1420
Residential Street Address 23 Edward St Apt 14		City East Haven		State CT	Zip Code 06512-3013
Principal Occupation Director		Name of Employer Foundation for Fair Contracting of CT			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/20/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Augeri		First Chris		MI P	Contribution ID # 1195
Residential Street Address 74 Virginia Dr		City Middletown		State CT	Zip Code 06457-4826
Principal Occupation Fire Fighter		Name of Employer City of Middletown Fire			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/20/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Brett		First Laurel		MI	Contribution ID # 1231
Residential Street Address 119 Arlington Ave		City Port Jefferson		State NY	Zip Code 11777-1302
Principal Occupation College Professor		Name of Employer Nassau Community College			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/20/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Cortez		First Amy		MI	Contribution ID # 1296
Residential Street Address 4537 Jimmy Johnson Blvd Apt 8		City Port Arthur		State TX	Zip Code 77642-8609
Principal Occupation Disabled/Unemployed		Name of Employer Not Employed			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/20/2017	Aggregate Contributions \$10.00	\$10.00



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

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

**B. Itemized Contributions from Individuals**

Last Name Libera		First Howard		MI J	Contribution ID # 1549
Residential Street Address 190 Belaire Cir		City Windsor Locks		State CT	Zip Code 06096-2809
Principal Occupation Firefighter		Name of Employer Bradley Airport Fire Department			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/20/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Kelly		First Cristyn		MI WA	Contribution ID # 1502
Residential Street Address 1118 Poindexter Ave W		City Bremerton		State WA	Zip Code 98312-4337
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/20/2017	Aggregate Contributions \$5.00	\$5.00

Last Name Martin		First Terra		MI CT	Contribution ID # 1587
Residential Street Address 25 Smoke Hill Dr		City New Fairfield		State CT	Zip Code 06812-2654
Principal Occupation Mother		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/20/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Meyering		First Kathy		MI CT	Contribution ID # 1621
Residential Street Address 129 Paterson Dr		City Middletown		State CT	Zip Code 06457-5141
Principal Occupation Teacher		Name of Employer The Independent Day School			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/20/2017	Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Newton</b>		First <b>Ana Alicia</b>		MI	Contribution ID # <b>1654</b>
Residential Street Address <b>9 Stratton Rd</b>		City <b>Granby</b>		State <b>CT</b>	Zip Code <b>06035-1716</b>
Principal Occupation <b>Director</b>		Name of Employer <b>Nourish My Soul</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/21/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Paro</b>		First <b>Roberta</b>		MI	Contribution ID # <b>1681</b>
Residential Street Address <b>246A Yantic St</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-4134</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Vista Life Innovations</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/21/2017</b>	Aggregate Contributions <b>\$45.00</b>	<b>\$20.00</b>

Last Name <b>Pestal</b>		First <b>Michael</b>		MI	Contribution ID # <b>1700</b>
Residential Street Address <b>64 Prout Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5430</b>
Principal Occupation <b>teacher</b>		Name of Employer <b>Wesleyan</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/21/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Marafino</b>		First <b>Bette</b>		MI	Contribution ID # <b>1577</b>
Residential Street Address <b>982 N Main St</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117-2054</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/21/2017</b>	Aggregate Contributions <b>\$30.00</b>	<b>\$25.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Klinck</b>		First <b>Mary</b>		MI	Contribution ID # <b>1511</b>
Residential Street Address <b>2 Broom Rd</b>		City <b>East Haddam</b>		State <b>CT</b>	Zip Code <b>06423-1399</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/21/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Cotten</b>		First <b>W. Vance</b>		MI	Contribution ID # <b>1301</b>
Residential Street Address <b>322 Butternut St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3004</b>
Principal Occupation <b>Bishop/Pastor</b>		Name of Employer <b>Shiloh Missionary Baptist Church</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/21/2017</b>	Aggregate Contributions <b>\$170.00</b>	<b>\$20.00</b>

Last Name <b>Corden</b>		First <b>Cynthia</b>		MI	Contribution ID # <b>1294</b>
Residential Street Address <b>3 Hughes Pl Apt A</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511-4967</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/21/2017</b>	Aggregate Contributions <b>\$35.00</b>	<b>\$35.00</b>

Last Name <b>Casserino</b>		First <b>Daniel</b>		MI <b>J</b>	Contribution ID # <b>1270</b>
Residential Street Address <b>130 Deepwood Dr</b>		City <b>Lebanon</b>		State <b>CT</b>	Zip Code <b>06249-2143</b>
Principal Occupation <b>Administrator</b>		Name of Employer <b>Department of Defense</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/21/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Ganguli		First Prabhash		MI C	Contribution ID # 1401
Residential Street Address 251 Old Mill Rd		City Middletown		State CT	Zip Code 06457-2419
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/21/2017	Aggregate Contributions \$200.00	\$200.00

Last Name Gaunichaux		First Anthony		MI J	Contribution ID # 1407
Residential Street Address 194 E Main St		City Middletown		State CT	Zip Code 06457-4401
Principal Occupation Retired		Name of Employer Retied			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/21/2017	Aggregate Contributions \$300.00	\$100.00

Last Name Elak		First Kevin		MI	Contribution ID # 1357
Residential Street Address 15 Azalea Dr		City Middletown		State CT	Zip Code 06457-2018
Principal Occupation Public Health Sanitarian		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/21/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Field		First Jonathan		MI W	Contribution ID # 1385
Residential Street Address 134 Ridgewood Rd		City East Hartford		State CT	Zip Code 06118-1315
Principal Occupation Chief Clerk/Attorney		Name of Employer State of Connecticut/Judicial Branch			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/21/2017	Aggregate Contributions \$250.00	\$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 <b>Fazzino</b>		First <b>Salvatore</b>		MI	Contribution ID # <b>1383</b>
Residential Street Address <b>858 Long Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5063</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/21/2017</b>	Aggregate Contributions <b>\$45.00</b>	<b>\$10.00</b>

Last Name <b>Shelton</b>		First <b>Jeffrey</b>		MI	Contribution ID # <b>1814</b>
Residential Street Address <b>33 Reservoir Rd</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-2401</b>
Principal Occupation <b>Doctor</b>		Name of Employer <b>Middlesex Hospital</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/21/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Zickefoose</b>		First <b>Mary B</b>		MI	Contribution ID # <b>1935</b>
Residential Street Address <b>63 Brookridge Dr</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001-4011</b>
Principal Occupation <b>Homemaker</b>		Name of Employer <b>Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/21/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Spadaccini</b>		First <b>Joseph</b>		MI	Contribution ID # <b>1836</b>
Residential Street Address <b>773 Bartholomew Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5609</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/22/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Suydam</b>		First <b>Emiko</b>		MI	Contribution ID # <b>1854</b>
Residential Street Address <b>200 E 89th St Apt 36E</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10128-4307</b>
Principal Occupation <b>Organization Development/HR Consultant</b>		Name of Employer <b>Executive Advantage, Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06222017a</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/22/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

Last Name <b>Vecchitto</b>		First <b>Rosemarie</b>		MI	Contribution ID # <b>1884</b>
Residential Street Address <b>111 Dekoven Dr Apt 1209</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3465</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/22/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Haley</b>		First <b>Shawn</b>		MI	Contribution ID # <b>1449</b>
Residential Street Address <b>48 Old Sawmill Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-3355</b>
Principal Occupation <b>DBA</b>		Name of Employer <b>JaystarGroup</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/22/2017</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$20.00</b>

Last Name <b>Griswold</b>		First <b>Corinne</b>		MI	Contribution ID # <b>1438</b>
Residential Street Address <b>44</b>		City <b>Granby</b>		State <b>CT</b>	Zip Code <b>06035</b>
Principal Occupation <b>computer programmer</b>		Name of Employer <b>CapSpecialty</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/22/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Hollister	First Valorie	MI	Contribution ID # 1473
Residential Street Address 44 Cone Mountain Rd	City West Granby	State CT	Zip Code 06090-1419
Principal Occupation Dir of Finance	Name of Employer DuraSpace		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Johnson	First Michael	MI J	Contribution ID # 1491
Residential Street Address 11 Shady Ln	City West Hartford	State CT	Zip Code 06117-3042
Principal Occupation Dir of Gov Affairs	Name of Employer Sullivan & LeShane		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Lavalla-Bocanegra	First Katie	MI	Contribution ID # 1539
Residential Street Address 7 Higley Rd	City West Granby	State CT	Zip Code 06090-1101
Principal Occupation Mother	Name of Employer -		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Matthews	First Leigh	MI	Contribution ID # 1589
Residential Street Address 4 Hemlock Rd	City Granby	State CT	Zip Code 06035-2615
Principal Occupation Orthodontic Assistant (Ortho Assistant)	Name of Employer Cohen Family Orthodontics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

**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 Peloquin		First Kevin		MI	Contribution ID # 1692
Residential Street Address 227 Salmon Brook St		City Granby		State CT	Zip Code 06035-2332
Principal Occupation Graphic designer		Name of Employer Goodwin college			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/22/2017	Aggregate Contributions \$30.00	\$30.00

Last Name O'Connell		First Rose M		MI	Contribution ID # 1662
Residential Street Address 12 Standish Rd		City Windsor		State CT	Zip Code 06095-1917
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/22/2017	Aggregate Contributions \$10.00	\$10.00

Last Name Palley		First Jane		MI	Contribution ID # 1673
Residential Street Address 10 Old Pinnacle Rd		City Farmington		State CT	Zip Code 06032-3004
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06222017a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/23/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Natusch		First Laura		MI	Contribution ID # 1650
Residential Street Address 7 Mountain Ave		City New London		State CT	Zip Code 06320-5623
Principal Occupation Director		Name of Employer New London Landmarks			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/23/2017	Aggregate Contributions \$5.00	\$5.00



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Meyer Lampert</b>		First <b>Audrey</b>		MI	Contribution ID # <b>1620</b>
Residential Street Address <b>120 Loomis St</b>		City <b>North Granby</b>		State <b>CT</b>	Zip Code <b>06060-1202</b>
Principal Occupation <b>Writer</b>		Name of Employer <b>Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Pinkin</b>		First <b>June G</b>		MI	Contribution ID # <b>1705</b>
Residential Street Address <b>22 Santina Dr</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-7001</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Renz</b>		First <b>Elaine</b>		MI	Contribution ID # <b>1734</b>
Residential Street Address <b>55 Metacomet Rd</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-1801</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>None</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06222017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$325.00</b>	<b>\$225.00</b>

Last Name <b>Renz</b>		First <b>Robert</b>		MI <b>N</b>	Contribution ID # <b>1735</b>
Residential Street Address <b>55 Metacomet Rd</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-1801</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Kaman Precision Products</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06222017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Mazzotta	First Carmelo	MI	Contribution ID # 1593
Residential Street Address 701 Pine St	City Middletown	State CT	Zip Code 06457-4176
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$40.00
Amount of Contribution \$15.00			

Last Name Lockwood	First Antonio	MI	Contribution ID # 1556
Residential Street Address 49 Meadow Ln	City Durham	State CT	Zip Code 06422-2216
Principal Occupation Market Owner	Name of Employer Antonio's Market		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$375.00
Amount of Contribution \$375.00			

Last Name Lawler	First Madeline	MI	Contribution ID # 1540
Residential Street Address 33 Maidstone Ave	City East Hampton	State NY	Zip Code 11937-2425
Principal Occupation none	Name of Employer none		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$100.00
Amount of Contribution \$100.00			

Last Name LeVangie	First John	MI	Contribution ID # 1547
Residential Street Address 85 Lawler Ln	City Norwich	State CT	Zip Code 06360-1701
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$50.00
Amount of Contribution \$25.00			

**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 <b>Kovacs</b>		First <b>John</b>		MI	Contribution ID # <b>1518</b>
Residential Street Address <b>40 Simpson Ave</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-4727</b>
Principal Occupation <b>SALES</b>		Name of Employer <b>JOHN KOVACS INS AGENCY</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hryb</b>		First <b>Donna</b>		MI	Contribution ID # <b>1478</b>
Residential Street Address <b>19 Quarry Rd</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-3826</b>
Principal Occupation <b>retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$7.50</b>	<b>\$7.50</b>

Last Name <b>Knickerbocker</b>		First <b>Jeffery</b>		MI	Contribution ID # <b>1512</b>
Residential Street Address <b>8 Brockett Rd</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-5630</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Bendett &amp; McHugh</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Gebrian</b>		First <b>Jeffrey</b>		MI	Contribution ID # <b>1410</b>
Residential Street Address <b>56 Sunrise Hill Dr</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-3350</b>
Principal Occupation <b>Landmark Architect</b>		Name of Employer <b>Jeffrey Gebrian</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Gold</b>		First <b>Judith</b>		MI <b>R</b>	Contribution ID # <b>1421</b>
Residential Street Address <b>88 Balfour Dr</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117-2901</b>
Principal Occupation <b>Homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Gold</b>		First <b>Lee</b>		MI <b>A</b>	Contribution ID # <b>1422</b>
Residential Street Address <b>69 Mohawk Dr</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117-2230</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Butler, Norris and Gold</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Gomes</b>		First <b>Lynn</b>		MI <b>T</b>	Contribution ID # <b>1425</b>
Residential Street Address <b>640 Lower Ln</b>		City <b>Berlin</b>		State <b>CT</b>	Zip Code <b>06037-3122</b>
Principal Occupation <b>Hairdresser</b>		Name of Employer <b>Avanti Hair Studio</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Fischer</b>		First <b>Sandra</b>		MI <b>CT</b>	Contribution ID # <b>1387</b>
Residential Street Address <b>236 Stony Creek Rd</b>		City <b>Brantford</b>		State <b>CT</b>	Zip Code <b>06405-3237</b>
Principal Occupation <b>teacher</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Dowling		First James		MI	Contribution ID # 1345
Residential Street Address 246 Baileyville Rd		City Middlefield		State CT	Zip Code 06455-1084
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/23/2017	Aggregate Contributions \$300.00	\$200.00

Last Name Cimini		First Jacqueline		MI	Contribution ID # 1278
Residential Street Address 71 Hunters Rdg		City Rocky Hill		State CT	Zip Code 06067-1742
Principal Occupation NA		Name of Employer NA			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/23/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Cimini		First Peter		MI	Contribution ID # 1279
Residential Street Address 71 Hunters Rdg		City Rocky Hill		State CT	Zip Code 06067-1742
Principal Occupation Attorney/lobbyist		Name of Employer CSG, LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/23/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Callahan		First James		MI	Contribution ID # 1256
Residential Street Address 47 Metacomet Rd		City Farmington		State CT	Zip Code 06032-1801
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/23/2017	Aggregate Contributions \$25.00	\$25.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Callahan</b>		First <b>Patricia</b>		MI	Contribution ID # <b>1257</b>
Residential Street Address <b>47 Metacomet Rd</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-1801</b>
Principal Occupation <b>Market Research</b>			Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06222017a</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	
		Aggregate Contributions <b>\$25.00</b>			

Last Name <b>Csere</b>		First <b>Timothy</b>		MI	Contribution ID # <b>1305</b>
Residential Street Address <b>47 Jacobson Farm Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424-1660</b>
Principal Occupation <b>Insurance Agent</b>			Name of Employer <b>Mather &amp; Pitts Insurance</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	
		Aggregate Contributions <b>\$25.00</b>			

Last Name <b>Brown</b>		First <b>Melina C</b>		MI	Contribution ID # <b>1234</b>
Residential Street Address <b>707 Erskine Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903-2051</b>
Principal Occupation <b>Executive</b>			Name of Employer <b>Radio Drama Network</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$10.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	
		Aggregate Contributions <b>\$10.00</b>			

Last Name <b>Brunelle</b>		First <b>Colleen</b>		MI	Contribution ID # <b>1239</b>
Residential Street Address <b>48 W Broad St</b>		City <b>Plainville</b>		State <b>CT</b>	Zip Code <b>06062-2121</b>
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$5.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	
		Aggregate Contributions <b>\$5.00</b>			

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bellu</b>		First <b>Ann</b>		MI	Contribution ID # <b>1219</b>
Residential Street Address <b>15 Volpe Ct</b>		City <b>New Britain</b>		State <b>CT</b>	Zip Code <b>06053-1819</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Veronis</b>		First <b>George</b>		MI	Contribution ID # <b>1885</b>
Residential Street Address <b>183 Colony Rd</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511-1680</b>
Principal Occupation <b>none</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Taylor</b>		First <b>Joy</b>		MI <b>B</b>	Contribution ID # <b>1858</b>
Residential Street Address <b>21 Metacomet Rd</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-1801</b>
Principal Occupation <b>Graphic Artist</b>		Name of Employer <b>WH Media</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06222017a</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Taylor</b>		First <b>Lynn</b>		MI	Contribution ID # <b>1860</b>
Residential Street Address <b>395 South Rd</b>		City <b>New Hartford</b>		State <b>CT</b>	Zip Code <b>06057-3620</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>None</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Smith</b>		First <b>Robert</b>		MI <b>M</b>	Contribution ID # <b>1834</b>
Residential Street Address <b>6 Cherry Hill Rd</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-5202</b>
Principal Occupation <b>Correctional Counselor</b>			Name of Employer <b>Department of Correction</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$50.00</b>	

Last Name <b>Willis</b>		First <b>Matthew</b>		MI <b>CT</b>	Contribution ID # <b>1920</b>
Residential Street Address <b>65 Cider Mill Rd</b>		City <b>Rockfall</b>		State <b>CT</b>	Zip Code <b>06481-2011</b>
Principal Occupation <b>Attorney</b>			Name of Employer <b>Halloran &amp; Sage, LLP</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$10.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$20.00</b>	

Last Name <b>Wasch</b>		First <b>William</b>		MI <b>CT</b>	Contribution ID # <b>1906</b>
Residential Street Address <b>150 Coleman Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5065</b>
Principal Occupation <b>Retired</b>			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$200.00</b>	

Last Name <b>Scotti</b>		First <b>Audrey J</b>		MI <b>CT</b>	Contribution ID # <b>1805</b>
Residential Street Address <b>950 Faybrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</b>
Principal Occupation <b>retired</b>			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$10.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/24/2017</b>	Aggregate Contributions <b>\$10.00</b>	



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Beckeer</b>		First <b>Kim</b>		MI	Contribution ID # <b>1212</b>
Residential Street Address <b>149 Loomis St</b>		City <b>North Granby</b>		State <b>CT</b>	Zip Code <b>06060-1206</b>
Principal Occupation <b>SAHM</b>		Name of Employer <b>Myself</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Galgano</b>		First <b>Peter</b>		MI	Contribution ID # <b>1398</b>
Residential Street Address <b>59 Wilcox Ave</b>		City <b>East Berlin</b>		State <b>CT</b>	Zip Code <b>06023-1012</b>
Principal Occupation <b>Media Associate</b>		Name of Employer <b>Middlesex Community College</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Lautenbach</b>		First <b>Richard</b>		MI	Contribution ID # <b>1538</b>
Residential Street Address <b>16 Brainard Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3132</b>
Principal Occupation <b>Clinical Psychologist</b>		Name of Employer <b>Hartford Hospital</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>McCord</b>		First <b>K</b>		MI	Contribution ID # <b>1601</b>
Residential Street Address <b>135 Hungary Rd</b>		City <b>Granby</b>		State <b>CT</b>	Zip Code <b>06035-1816</b>
Principal Occupation <b>Paraprofessional</b>		Name of Employer <b>Granby Public Schools</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/24/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Markee</b>		First <b>Linda</b>		MI	Contribution ID # <b>1584</b>
Residential Street Address <b>179 Case St</b>		City <b>West Granby</b>		State <b>CT</b>	Zip Code <b>06090-1511</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Markee Ptep</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/24/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Peloquin</b>		First <b>Kevin</b>		MI	Contribution ID # <b>1693</b>
Residential Street Address <b>227 Salmon Brook St</b>		City <b>Granby</b>		State <b>CT</b>	Zip Code <b>06035-2332</b>
Principal Occupation <b>Graphic designer</b>		Name of Employer <b>Goodwin college</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/24/2017</b>	Aggregate Contributions <b>\$55.00</b>	<b>\$25.00</b>

Last Name <b>Porter Price</b>		First <b>Mary</b>		MI	Contribution ID # <b>1715</b>
Residential Street Address <b>PO Box 277</b>		City <b>Canterbury</b>		State <b>CT</b>	Zip Code <b>06331-0277</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/26/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>McQuillan</b>		First <b>Jeffry</b>		MI	Contribution ID # <b>1614</b>
Residential Street Address <b>59 Deerfield Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5308</b>
Principal Occupation <b>Artist Instructor</b>		Name of Employer <b>CREC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/26/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>O'Neil</b>		First <b>John</b>		MI	Contribution ID # <b>1664</b>
Residential Street Address <b>1450 Millbrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5538</b>
Principal Occupation <b>Carpenter</b>		Name of Employer <b>CT Carpenters Local 24</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/26/2017</b>	Aggregate Contributions <b>\$95.00</b>	<b>\$25.00</b>

Last Name <b>Pehota</b>		First <b>Judith</b>		MI	Contribution ID # <b>1691</b>
Residential Street Address <b>549 East St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1908</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/26/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Mccarthy</b>		First <b>Richard</b>		MI	Contribution ID # <b>1598</b>
Residential Street Address <b>150 Bay View Ave</b>		City <b>Mystic</b>		State <b>CT</b>	Zip Code <b>06355-2341</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/26/2017</b>	Aggregate Contributions <b>\$75.00</b>	<b>\$25.00</b>

Last Name <b>McCormack</b>		First <b>Ann</b>		MI	Contribution ID # <b>1603</b>
Residential Street Address <b>218 Tryon St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4536</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/26/2017</b>	Aggregate Contributions <b>\$135.00</b>	<b>\$25.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Jones	First Fred	MI	Contribution ID # 1493
Residential Street Address 163 Dora Dr	City Middletown	State CT	Zip Code 06457-4173
Principal Occupation Jet Engine Mechanic	Name of Employer Pratt & Whitney		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Jones	First Jalen	MI	Contribution ID # 1494
Residential Street Address 163 Dora Dr	City Middletown	State CT	Zip Code 06457-4173
Principal Occupation Sales Associate	Name of Employer The Hartford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Grandelski	First Nancy	MI	Contribution ID # 1430
Residential Street Address 877 Upper Maple St	City Dayville	State CT	Zip Code 06241-2228
Principal Occupation School Social Worker	Name of Employer Killingly Board of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Haley	First Shawn	MI	Contribution ID # 1450
Residential Street Address 48 Old Sawmill Rd	City Trumbull	State CT	Zip Code 06611-3355
Principal Occupation DBA	Name of Employer JaystarGroup		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$90.00
		Amount of Contribution \$50.00	

**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 Ellis		First Georgia		MI	Contribution ID # 1362
Residential Street Address 964 Shippan Ave		City Stamford		State CT	Zip Code 06902-7423
Principal Occupation Recruiter		Name of Employer The McIntyre			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/26/2017	Aggregate Contributions \$60.00	\$20.00

Last Name Chester		First Glenn		MI	Contribution ID # 1275
Residential Street Address 10 Zoldak Dr		City North Windham		State CT	Zip Code 06256-1247
Principal Occupation Union Rep		Name of Employer UA Local 777			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/26/2017	Aggregate Contributions \$125.00	\$100.00

Last Name Shaw		First Carolyn		MI	Contribution ID # 1811
Residential Street Address 111 Bretton Rd		City Middletown		State CT	Zip Code 06457-4111
Principal Occupation retired		Name of Employer was Wesleyan University Admission Office			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/26/2017	Aggregate Contributions \$120.00	\$50.00

Last Name Slisz		First Judith		MI	Contribution ID # 1829
Residential Street Address 570 Payne Dr		City Cheshire		State CT	Zip Code 06410-1720
Principal Occupation Education Consultant		Name of Employer Judith Slisz			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/26/2017	Aggregate Contributions \$15.00	\$15.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Spaeth</b>		First <b>John</b>		MI <b>W</b>	Contribution ID # <b>1838</b>
Residential Street Address <b>50 Pine St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3113</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/26/2017</b>	Aggregate Contributions <b>\$300.00</b>	<b>\$100.00</b>

Last Name <b>Stochmal</b>		First <b>Joseph</b>		MI <b>CT</b>	Contribution ID # <b>1847</b>
Residential Street Address <b>9 Dolan Rd</b>		City <b>Seymour</b>		State <b>CT</b>	Zip Code <b>06483-2151</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Oxford Public Schools</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Sheil</b>		First <b>Wendy</b>		MI <b>CT</b>	Contribution ID # <b>1813</b>
Residential Street Address <b>17 Laurel St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4616</b>
Principal Occupation <b>Para-educator and coach</b>		Name of Employer <b>Middletown Board of Education</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$120.00</b>	<b>\$100.00</b>

Last Name <b>Shobe</b>		First <b>Larry</b>		MI <b>CT</b>	Contribution ID # <b>1817</b>
Residential Street Address <b>5 Yellow Yellow Cir</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4929</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Scalora</b>		First <b>Sebastian</b>		MI	Contribution ID # <b>1795</b>
Residential Street Address <b>25 Meadowood Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1913</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>The Scalora Law Group</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Scalora</b>		First <b>Nella</b>		MI <b>M</b>	Contribution ID # <b>1793</b>
Residential Street Address <b>1300 Army Navy Dr Apt 820</b>		City <b>Arlington</b>		State <b>VA</b>	Zip Code <b>22202-2010</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Nella M. Scalora</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Canty</b>		First <b>Leo</b>		MI	Contribution ID # <b>1260</b>
Residential Street Address <b>27 Devin Way</b>		City <b>Windsor</b>		State <b>CT</b>	Zip Code <b>06095-2634</b>
Principal Occupation <b>None</b>		Name of Employer <b>None</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$52.00</b>	<b>\$52.00</b>

Last Name <b>Dacey</b>		First <b>Helene</b>		MI	Contribution ID # <b>1315</b>
Residential Street Address <b>1615 Indian Shore Dr</b>		City <b>Clermont</b>		State <b>FL</b>	Zip Code <b>34711-2981</b>
Principal Occupation <b>disabled</b>		Name of Employer <b>Not Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Buchsbaum</b>		First <b>Susan</b>		MI	Contribution ID # <b>1240</b>
Residential Street Address <b>29 Highland Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-2850</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Buhler</b>		First <b>William</b>		MI	Contribution ID # <b>1245</b>
Residential Street Address <b>8 Winchester Way</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-2636</b>
Principal Occupation <b>RETIRED</b>		Name of Employer <b>RETIRED</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$225.00</b>	<b>\$25.00</b>

Last Name <b>Gaudiano</b>		First <b>Ashl</b>		MI	Contribution ID # <b>1404</b>
Residential Street Address <b>58 Chestnut Hill Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-4112</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Leibert</b>		First <b>Joyce</b>		MI	Contribution ID # <b>1544</b>
Residential Street Address <b>44 Clifford Dr</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-1205</b>
Principal Occupation <b>retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Mazzadra</b>		First <b>Peter</b>		MI	Contribution ID # <b>1592</b>
Residential Street Address <b>1860 Main St</b>		City <b>East Hartford</b>		State <b>CT</b>	Zip Code <b>06108-1023</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Passmore</b>		First <b>Judith</b>		MI	Contribution ID # <b>1685</b>
Residential Street Address <b>251 Court St Apt 32</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3323</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$5.00</b>

Last Name <b>Millhofer</b>		First <b>L</b>		MI	Contribution ID # <b>1627</b>
Residential Street Address <b>167 Sheraton Ln</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-6446</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Nadel</b>		First <b>Jacob</b>		MI	Contribution ID # <b>1644</b>
Residential Street Address <b>77 Sturges Hwy</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880-2813</b>
Principal Occupation <b>Student</b>		Name of Employer <b>Student</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Peterson</b>		First <b>J</b>		MI	Contribution ID # <b>1702</b>
Residential Street Address <b>149 Dublin Hill Rd</b>		City <b>Higganum</b>		State <b>CT</b>	Zip Code <b>06441-4130</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Reid</b>		First <b>Marjory</b>		MI	Contribution ID # <b>1733</b>
Residential Street Address <b>24 Bunker Hill Rd</b>		City <b>Lakeville</b>		State <b>CT</b>	Zip Code <b>06039</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Rodko</b>		First <b>Eric</b>		MI	Contribution ID # <b>1750</b>
Residential Street Address <b>4000 Robinson Rd Apt K</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067</b>
Principal Occupation <b>Executive Director</b>		Name of Employer <b>St. Luke's Community Services</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Rollefson</b>		First <b>Virginia</b>		MI	Contribution ID # <b>1755</b>
Residential Street Address <b>16 Red Orange Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4916</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$135.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Rios</b>		First <b>Elizabeth</b>		MI	Contribution ID # <b>1745</b>
Residential Street Address <b>188 Bailey Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2059</b>
Principal Occupation <b>Nurse</b>		Name of Employer <b>Duncaster</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Rittman</b>		First <b>Donald</b>		MI <b>R</b>	Contribution ID # <b>1746</b>
Residential Street Address <b>660 Lincoln St</b>		City <b>New Britain</b>		State <b>CT</b>	Zip Code <b>06052-1833</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>Rittman Consulting</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Robinson</b>		First <b>Kristin</b>		MI	Contribution ID # <b>1747</b>
Residential Street Address <b>10 Burr Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3708</b>
Principal Occupation <b>Visual Manager</b>		Name of Employer <b>Express</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Robinson</b>		First <b>Shawn</b>		MI	Contribution ID # <b>1748</b>
Residential Street Address <b>10 Burr Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3708</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Apex Lighting Solutions</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$175.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Pieper</b>		First <b>John</b>		MI	Contribution ID # <b>1704</b>
Residential Street Address <b>143 Acorn Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-6125</b>
Principal Occupation <b>Purchasing Agent</b>		Name of Employer <b>City of New Britain</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$75.00</b>	<b>\$25.00</b>

Last Name <b>Nesci</b>		First <b>Salvatore</b>		MI	Contribution ID # <b>1653</b>
Residential Street Address <b>475 Higby Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2383</b>
Principal Occupation <b>Public Health Official</b>		Name of Employer <b>Local Government</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$200.00</b>

Last Name <b>Nagle</b>		First <b>Mary</b>		MI	Contribution ID # <b>1646</b>
Residential Street Address <b>522 Town Colony Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5910</b>
Principal Occupation <b>Technology Solutions Developer</b>		Name of Employer <b>PPI Benefits, Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$35.00</b>	<b>\$20.00</b>

Last Name <b>Nocera</b>		First <b>Karen</b>		MI	Contribution ID # <b>1659</b>
Residential Street Address <b>64 Reservoir Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</b>
Principal Occupation <b>Recreation supervisor</b>		Name of Employer <b>city of middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$200.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Matzek-Cook</b>		First <b>Kelley</b>		MI	Contribution ID # <b>1590</b>
Residential Street Address <b>7 Brack Farm Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424-1363</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Middletown Board of Education</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Mazzotta</b>		First <b>Vincent</b>		MI	Contribution ID # <b>1595</b>
Residential Street Address <b>34 Jefferson Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4317</b>
Principal Occupation <b>Public Heatg Sanitorieu</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$30.00</b>	<b>\$30.00</b>

Last Name <b>Linkens</b>		First <b>Jessica</b>		MI	Contribution ID # <b>1552</b>
Residential Street Address <b>20 Wicker St</b>		City <b>Putnam</b>		State <b>CT</b>	Zip Code <b>06260-1012</b>
Principal Occupation <b>Regulatory Support</b>		Name of Employer <b>Foster Corporation</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Lowry</b>		First <b>Daniel</b>		MI	Contribution ID # <b>1560</b>
Residential Street Address <b>34 Klein Dr</b>		City <b>Prospect</b>		State <b>CT</b>	Zip Code <b>06712-1619</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Middletown High School</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Marino		First Donna		MI K	Contribution ID # 1582
Residential Street Address 38 Ash Ct		City Middletown		State CT	Zip Code 06457-6128
Principal Occupation Coordinator		Name of Employer Middletown Schools			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Malespini		First Mary		MI J	Contribution ID # 1568
Residential Street Address 261 Sisk St		City Middletown		State CT	Zip Code 06457-2317
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$120.00	\$20.00

Last Name MacPherson		First Brandon		MI	Contribution ID # 1566
Residential Street Address 145 High St		City Willimantic		State CT	Zip Code 06226-2203
Principal Occupation student		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$80.00	\$80.00

Last Name Larson		First David		MI H	Contribution ID # 1535
Residential Street Address 108 Long Hill Rd		City Middletown		State CT	Zip Code 06457-4064
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$35.00	\$10.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Kuhn</b>		First <b>Faith</b>		MI <b>G</b>	Contribution ID # <b>1527</b>
Residential Street Address <b>1008 Long Hill Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5067</b>
Principal Occupation <b>Political Business Communication</b>		Name of Employer <b>FGK Communications LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Joy</b>		First <b>Jeffrey</b>		MI <b></b>	Contribution ID # <b>1497</b>
Residential Street Address <b>8 Stevenson Rd</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06451-4976</b>
Principal Occupation <b>Vocational Consultant</b>		Name of Employer <b>Vocational Dynamics, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Grieco</b>		First <b>Joel</b>		MI <b></b>	Contribution ID # <b>1436</b>
Residential Street Address <b>22 Ledyard Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117-1708</b>
Principal Occupation <b>Executive Director</b>		Name of Employer <b>Cushman &amp; Wakefield</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Holden</b>		First <b>Kristin</b>		MI <b>S</b>	Contribution ID # <b>1472</b>
Residential Street Address <b>282 Poplar Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7932</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>Top Dog Health</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name English		First Erin		MI	Contribution ID # 1367
Residential Street Address 20 Horton St		City Malverne		State NY	Zip Code 11565-1511
Principal Occupation Analyst		Name of Employer Ann Inc			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06302017a</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Erlacher JR		First Carl		MI	Contribution ID # 1372
Residential Street Address 97 Pheasant Dr		City Middletown		State CT	Zip Code 06457-5173
Principal Occupation Finance Director		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$140.00	\$40.00

Last Name Erlacher		First Kristie		MI	Contribution ID # 1373
Residential Street Address 97 Pheasant Dr		City Middletown		State CT	Zip Code 06457-5173
Principal Occupation Nurse		Name of Employer Mkddlesex Gastro			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$140.00	\$40.00

Last Name Dunn		First Ronald		MI E	Contribution ID # 1354
Residential Street Address 31 Old Farms W		City Middletown		State CT	Zip Code 06457-7505
Principal Occupation Insurance Sales		Name of Employer Dunn Insurance Inc.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$375.00	\$375.00



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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Alberino</b>		First <b>Anthony</b>		MI <b>C</b>	Contribution ID # <b>1179</b>
Residential Street Address <b>300 Soundview Ave</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-7124</b>
Principal Occupation <b>Technology developer</b>		Name of Employer <b>Alta AI Partners Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Adelstein</b>		First <b>Richard</b>		MI <b>CT</b>	Contribution ID # <b>1177</b>
Residential Street Address <b>106 Highland Ave</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4123</b>
Principal Occupation <b>University Professor</b>		Name of Employer <b>Wesleyan University</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$100.00</b>

Last Name <b>D'Antonio</b>		First <b>Jim</b>		MI <b>CT</b>	Contribution ID # <b>1309</b>
Residential Street Address <b>235 Tryon St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4551</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$75.00</b>	<b>\$25.00</b>

Last Name <b>Carlson</b>		First <b>C.M.</b>		MI <b>CT</b>	Contribution ID # <b>1266</b>
Residential Street Address <b>20 Highview Dr</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-3616</b>
Principal Occupation <b>Insurance Agent</b>		Name of Employer <b>Dunn Insurance Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Bynum		First April		MI E	Contribution ID # 1251
Residential Street Address PO Box 454		City Middletown		State CT	Zip Code 06457-0454
Principal Occupation Litigation Paralegal		Name of Employer Scalora Law Group			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Chisem		First Carl		MI R	Contribution ID # 1276
Residential Street Address 1092 Ridgewood Rd		City Middletown		State CT	Zip Code 06457-1729
Principal Occupation Supervisor Aid		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$150.00	\$50.00

Last Name Cassella		First Jacque		MI	Contribution ID # 1269
Residential Street Address 6 Magnolia Ave		City Middletown		State CT	Zip Code 06457-4321
Principal Occupation IT SME		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$120.00	\$80.00

Last Name Scalora		First Paolo		MI S	Contribution ID # 1794
Residential Street Address 25 Meadowood Dr		City Middletown		State CT	Zip Code 06457-1913
Principal Occupation Owner		Name of Employer Scalora Enterprises			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Scalora</b>		First <b>Vittoria</b>		MI <b>F</b>	Contribution ID # <b>1796</b>
Residential Street Address <b>25 Meadowood Dr</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1913</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Scalora Enterprises</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Samolis</b>		First <b>Katherine</b>		MI <b>CT</b>	Contribution ID # <b>1780</b>
Residential Street Address <b>84 Brettish Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</b>
Principal Occupation <b>Mortgage underwriter</b>		Name of Employer <b>Key bank</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$275.00</b>	<b>\$25.00</b>

Last Name <b>Samolis</b>		First <b>Joseph</b>		MI <b>CT</b>	Contribution ID # <b>1778</b>
Residential Street Address <b>84 Bretton Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4150</b>
Principal Occupation <b>Planning conservation and development</b>		Name of Employer <b>City of middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$25.00</b>

Last Name <b>Sisson</b>		First <b>Elaine C.</b>		MI <b>CT</b>	Contribution ID # <b>1826</b>
Residential Street Address <b>82 Paul Hts</b>		City <b>Southington</b>		State <b>CT</b>	Zip Code <b>06489-4131</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$215.00</b>	<b>\$150.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Sisson		First Mary		MI E	Contribution ID # 1827
Residential Street Address 82 Paul Hts		City Southington		State CT	Zip Code 06489-4131
Principal Occupation student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$30.00	\$30.00

Last Name Shaw		First Carolyn		MI	Contribution ID # 1812
Residential Street Address 111 Bretton Rd		City Middletown		State CT	Zip Code 06457-4111
Principal Occupation retired		Name of Employer was Wesleyan University Admission Office			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$145.00	\$25.00

Last Name Stabnick		First Richard		MI T	Contribution ID # 1841
Residential Street Address 37 Trotwood Dr		City West Hartford		State CT	Zip Code 06117-1644
Principal Occupation Attorney		Name of Employer Pomeranz Drayton & Stabnick			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$375.00	\$375.00

Last Name Voli		First Adele		MI	Contribution ID # 1892
Residential Street Address 3421 Ridge Hill Rd Apt A		City Boynton Beach		State FL	Zip Code 33435
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/28/2017	Aggregate Contributions \$375.00	\$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Wiernasz</b>		First <b>Margaret</b>		MI	Contribution ID # <b>1915</b>
Residential Street Address <b>809 Holly Hill Dr</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-4233</b>
Principal Occupation <b>retired</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Wood</b>		First <b>Peter</b>		MI	Contribution ID # <b>1926</b>
Residential Street Address <b>208 Breakers Ln</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06615-7569</b>
Principal Occupation <b>development consultant</b>		Name of Employer <b>self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Wolf</b>		First <b>Gail A</b>		MI	Contribution ID # <b>1924</b>
Residential Street Address <b>711 Cypress Rd</b>		City <b>Newington</b>		State <b>CT</b>	Zip Code <b>06111-5605</b>
Principal Occupation <b>associate director of business services</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/29/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Tomczak</b>		First <b>Stephen Monroe</b>		MI	Contribution ID # <b>1871</b>
Residential Street Address <b>142 S Elm St</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-4707</b>
Principal Occupation <b>college professor</b>		Name of Employer <b>Southern Connecticut State University</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/29/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Smeriglio</b>		First <b>Je</b>		MI	Contribution ID # <b>1830</b>
Residential Street Address <b>58 Old Ridge Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-3961</b>
Principal Occupation <b>Homemaker</b>		Name of Employer <b>Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/29/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Sapia</b>		First <b>Angelo</b>		MI <b>F</b>	Contribution ID # <b>1790</b>
Residential Street Address <b>111 Olympus Pkwy</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2336</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Alston</b>		First <b>Patricia</b>		MI	Contribution ID # <b>1187</b>
Residential Street Address <b>46 Washington St Fl 3</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2843</b>
Principal Occupation <b>Realtor</b>		Name of Employer <b>Sterling Realtors</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/29/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$25.00</b>

Last Name <b>Barton</b>		First <b>Teresa</b>		MI <b>M</b>	Contribution ID # <b>1207</b>
Residential Street Address <b>655 Chestnut Hill Rd</b>		City <b>Dayville</b>		State <b>CT</b>	Zip Code <b>06241-1706</b>
Principal Occupation <b>Contractor-Business Analyst</b>		Name of Employer <b>Veritute, Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$75.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Holzberg</b>		First <b>Robert</b>		MI <b>L</b>	Contribution ID # <b>1474</b>
Residential Street Address <b>192 Coleman Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5065</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Pullman &amp; Comley, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/29/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Hennessey</b>		First <b>Richard J</b>		MI <b></b>	Contribution ID # <b>1467</b>
Residential Street Address <b>34 John Smith Dr</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-3632</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/29/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Jacques</b>		First <b>Carol</b>		MI <b>M</b>	Contribution ID # <b>1486</b>
Residential Street Address <b>143 Timrod Trl</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-1938</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Colonial Life Insurance</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/29/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Jacques</b>		First <b>Ronald</b>		MI <b>P</b>	Contribution ID # <b>1487</b>
Residential Street Address <b>143 Timrod Trl</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-1938</b>
Principal Occupation <b>New Homes</b>		Name of Employer <b>Jacques Building &amp; Development</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/29/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Linehan		First Liz		MI	Contribution ID # 1551
Residential Street Address 405 Sycamore Ln		City Cheshire		State CT	Zip Code 06410-2023
Principal Occupation Legislator		Name of Employer People of the State of CT			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/29/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Montalbano		First John		MI	Contribution ID # 1636
Residential Street Address 11 Rocamora Rd		City Rocky Hill		State CT	Zip Code 06067-2069
Principal Occupation Attorney		Name of Employer Montalbano Law, LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/29/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Raczka		First Theodore		MI V	Contribution ID # 1724
Residential Street Address 7 Red Yellow Rd		City Middletown		State CT	Zip Code 06457-4919
Principal Occupation Attorney		Name of Employer Theodore V. Raczka			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/29/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Romanski		First Heather		MI	Contribution ID # 1757
Residential Street Address 297 Scotland Rd		City Norwich		State CT	Zip Code 06360-1657
Principal Occupation IT Service Desk Manager		Name of Employer Connecticut College			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/29/2017	Aggregate Contributions \$20.00	\$20.00



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

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

**B. Itemized Contributions from Individuals**

Last Name Root		First Antoinette		MI R	Contribution ID # 1760
Residential Street Address 31 Mellor Dr		City Wallingford		State CT	Zip Code 06492-4954
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$50.00		\$50.00

Last Name Rickenback		First Christina		MI F	Contribution ID # 1739
Residential Street Address 275 Blue Rd		City Middletown		State CT	Zip Code 06457-5054
Principal Occupation Pediatric Nurse Practitioner		Name of Employer Wildwood Pediatrics			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$125.00		\$125.00

Last Name Rickenback		First Robert		MI J	Contribution ID # 1740
Residential Street Address 275 Blue Rd		City Middletown		State CT	Zip Code 06457-5054
Principal Occupation Computer Analyst		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00		\$100.00

Last Name Reynolds		First Joan		MI	Contribution ID # 1737
Residential Street Address 23 Idlewood		City Bethel		State CT	Zip Code 06801-1471
Principal Occupation Retired		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?  If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$75.00		\$75.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Riley		First Lawrence		MI	Contribution ID # 1743
Residential Street Address 447 Ridge Rd		City Middletown		State CT	Zip Code 06457-5230
Principal Occupation Dog Trainer		Name of Employer Self employed-An Educated Dog			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$80.00	\$50.00

Last Name Phillips		First Stephanie		MI	Contribution ID # 1703
Residential Street Address 41 Yarwood St		City Stratford		State CT	Zip Code 06615-6930
Principal Occupation Computer Consultant		Name of Employer SLR Group, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Middleton		First Laur		MI	Contribution ID # 1624
Residential Street Address 413 High St # 2		City Middletown		State CT	Zip Code 06457-2632
Principal Occupation Forest City Marketing, LLC CEO		Name of Employer 100			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Murray		First Mary Ellen		MI	Contribution ID # 1642
Residential Street Address 46 Scenic View Dr		City Middletown		State CT	Zip Code 06457-4920
Principal Occupation Retired		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$25.00	\$25.00

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

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

**B. Itemized Contributions from Individuals**

Last Name N/A		First Linda		MI	Contribution ID # 1643
Residential Street Address 83 Mill Rock Rd		City Hamden		State CT	Zip Code 06517-4021
Principal Occupation Semi retired			Name of Employer Kelly educational services		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$15.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	
				Aggregate Contributions \$15.00	

Last Name Nilan		First Shannon		MI	Contribution ID # 1656
Residential Street Address 43 Midland Rd		City Trumbull		State CT	Zip Code 06611-3235
Principal Occupation Teacher			Name of Employer New York City Department of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$20.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	
				Aggregate Contributions \$20.00	

Last Name Oakes		First Anthony		MI	Contribution ID # 1665
Residential Street Address 710 SE Essex Dr		City Port Saint Lucie		State FL	Zip Code 34984-5217
Principal Occupation Advance Staff			Name of Employer Coleman Bros. Shows		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$375.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	
				Aggregate Contributions \$375.00	

Last Name Oakes		First Mary		MI	Contribution ID # 1666
Residential Street Address 710 SE Essex Dr		City Port Saint Lucie		State FL	Zip Code 34984-5217
Principal Occupation Secretary			Name of Employer Coleman Bros. Entertainment		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$375.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	
				Aggregate Contributions \$375.00	

**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 <b>P</b>		First <b>Karol</b>		MI	Contribution ID # <b>1672</b>
Residential Street Address <b>673 Haddam Quarter Rd</b>		City <b>Durham</b>		State <b>CT</b>	Zip Code <b>06422-1804</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Patterson</b>		First <b>Diane</b>		MI	Contribution ID # <b>1689</b>
Residential Street Address <b>95 Kelsey St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5126</b>
Principal Occupation <b>Marketing and Communications</b>		Name of Employer <b>Not Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Parrotta</b>		First <b>Peter</b>		MI <b>A</b>	Contribution ID # <b>1683</b>
Residential Street Address <b>177 Stone Hill Dr</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-4228</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>PMC Management</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$300.00</b>	<b>\$200.00</b>

Last Name <b>Luxenberg</b>		First <b>Yvette</b>		MI	Contribution ID # <b>1565</b>
Residential Street Address <b>82 S Maple Ave</b>		City <b>Springfield</b>		State <b>NJ</b>	Zip Code <b>07081-1906</b>
Principal Occupation <b>teacher</b>		Name of Employer <b>Newark Academy</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name McCain		First Diana		MI	Contribution ID # 1596
Residential Street Address 262 Skeet Club Rd		City Durham		State CT	Zip Code 06422-1016
Principal Occupation Writer		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$10.00	\$10.00

Last Name McDowell		First Dona-Kay		MI	Contribution ID # 1607
Residential Street Address 40 Carmen Hill Rd		City New Milford		State CT	Zip Code 06776-4510
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$5.00	\$5.00

Last Name McLean		First Hugh		MI	Contribution ID # 1612
Residential Street Address 58 Bailey Cir		City South Windsor		State CT	Zip Code 06074-1040
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Merckel		First Wendy		MI	Contribution ID # 1618
Residential Street Address 340 High St		City Mystic		State CT	Zip Code 06355-1710
Principal Occupation Homemaker		Name of Employer Not Employed			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Hunt		First Ralph		MI	Contribution ID # 1480
Residential Street Address 24 Blue Spruce Cir		City Weston		State CT	Zip Code 06883-1104
Principal Occupation Veterinarian		Name of Employer Wilton Hospital For Animals			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Latronica		First Mary Kate		MI	Contribution ID # 1537
Residential Street Address 570 E Main St		City Middletown		State CT	Zip Code 06457-4511
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$10.00	\$10.00

Last Name Ha		First Edward		MI	Contribution ID # 1443
Residential Street Address 795 Long Hill Rd Apt F		City Middletown		State CT	Zip Code 06457-5078
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Gray		First Jennifer		MI	Contribution ID # 1432
Residential Street Address 5 Boyce Rd		City Danbury		State CT	Zip Code 06811-4311
Principal Occupation Attorney		Name of Employer Keane & Beane, P.C.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$150.00	\$50.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Gelderman</b>		First <b>Laurie</b>		MI	Contribution ID # <b>1411</b>
Residential Street Address <b>44 Chalon Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-3206</b>
Principal Occupation <b>Physical Therapist</b>		Name of Employer <b>Valley Orthopaedic Specialists</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06302017a</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Dupuy</b>		First <b>Alex</b>		MI	Contribution ID # <b>1355</b>
Residential Street Address <b>981 Arbutus St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-5181</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>DiGiulio</b>		First <b>Katherine</b>		MI	Contribution ID # <b>1334</b>
Residential Street Address <b>45 Franklin Ave</b>		City <b>Plainville</b>		State <b>CT</b>	Zip Code <b>06062-1601</b>
Principal Occupation <b>Development Director</b>		Name of Employer <b>Congregation of Notre Dame</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Dodge</b>		First <b>Alliso</b>		MI	Contribution ID # <b>1341</b>
Residential Street Address <b>20 Massasoit Rd</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1070</b>
Principal Occupation <b>Congressional Staffer</b>		Name of Employer <b>US Rep. Rosa DeLauro</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>DiStephan</b>		First <b>Raymond</b>		MI	Contribution ID # <b>1337</b>
Residential Street Address <b>11 Old Woods Rd</b>		City <b>Brookfield</b>		State <b>CT</b>	Zip Code <b>06804-3630</b>
Principal Occupation <b>Social Worker</b>		Name of Employer <b>Katonah-Lewisboro</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$10.00</b>

Last Name <b>DiStephan</b>		First <b>Raymond</b>		MI	Contribution ID # <b>1338</b>
Residential Street Address <b>11 Old Woods Rd</b>		City <b>Brookfield</b>		State <b>CT</b>	Zip Code <b>06804-3630</b>
Principal Occupation <b>Social Worker</b>		Name of Employer <b>Katonah-Lewisboro</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$10.00</b>

Last Name <b>English</b>		First <b>Meagan</b>		MI	Contribution ID # <b>1371</b>
Residential Street Address <b>16 Dorwin Hill Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-3818</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Danbury PS</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>English</b>		First <b>Jerry</b>		MI <b>P</b>	Contribution ID # <b>1368</b>
Residential Street Address <b>16 Dorwin Hill Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-3818</b>
Principal Occupation <b>Business Consultant</b>		Name of Employer <b>Jerry English</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$150.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name English		First Lorraine		MI M	Contribution ID # 1369
Residential Street Address 16 Dorwin Hill Rd		City New Milford		State CT	Zip Code 06776-3818
Principal Occupation Paraeducator		Name of Employer New Milford Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$100.00	\$100.00

Last Name English		First Conor		MI	Contribution ID # 1366
Residential Street Address 135 Placid Ave		City Stratford		State CT	Zip Code 06615-6651
Principal Occupation Senior Content Manager		Name of Employer Mr.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06302017a</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$175.00	\$125.00

Last Name Fazzino		First Frances		MI	Contribution ID # 1381
Residential Street Address 82 Milardo Ln		City Middletown		State CT	Zip Code 06457-4233
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Gabriele		First Timothy		MI	Contribution ID # 1397
Residential Street Address 18 Renee Ln		City North Haven		State CT	Zip Code 06473-3437
Principal Occupation Recruiting Coordinator		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Basinger</b>		First <b>John</b>		MI	Contribution ID # <b>1208</b>
Residential Street Address <b>133 Lincoln St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-2640</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$280.00</b>	<b>\$25.00</b>

Last Name <b>Bartoli</b>		First <b>Hector</b>		MI	Contribution ID # <b>1205</b>
Residential Street Address <b>399 Pine St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-4143</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$125.00</b>	<b>\$50.00</b>

Last Name <b>Barron</b>		First <b>Robert</b>		MI	Contribution ID # <b>1203</b>
Residential Street Address <b>907 East St</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-1736</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Augeri</b>		First <b>Luka</b>		MI	Contribution ID # <b>1196</b>
Residential Street Address <b>21 Keefe Ln</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-3019</b>
Principal Occupation <b>Customer Service Manager</b>		Name of Employer <b>Jerry's Pizza</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Anderson</b>		First <b>Bryan</b>		MI	Contribution ID # <b>1188</b>
Residential Street Address <b>49 Ingersol Rd</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460-3601</b>
Principal Occupation <b>Educator</b>		Name of Employer <b>NYC Dept of Education</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Angelopoulos</b>		First <b>Patricia</b>		MI	Contribution ID # <b>1189</b>
Residential Street Address <b>75 Coit St</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-4911</b>
Principal Occupation <b>Breakfast Hostess</b>		Name of Employer <b>AmericInn of Griswold</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Angiletta</b>		First <b>Irene</b>		MI	Contribution ID # <b>1190</b>
Residential Street Address <b>40 Lake Shore Dr</b>		City <b>Middlefield</b>		State <b>CT</b>	Zip Code <b>06455-1053</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Almeida</b>		First <b>Al</b>		MI	Contribution ID # <b>1186</b>
Residential Street Address <b>137 Great Plain Rd</b>		City <b>Danbury</b>		State <b>CT</b>	Zip Code <b>06811-3844</b>
Principal Occupation <b>Investigator</b>		Name of Employer <b>State of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Abbamonte</b>		First <b>Alix</b>		MI	Contribution ID # <b>1176</b>
Residential Street Address <b>415 E 82nd St # 1D</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10028-6616</b>
Principal Occupation <b>publicist</b>		Name of Employer <b>Self Employed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Alexander</b>		First <b>Barbara</b>		MI	Contribution ID # <b>1183</b>
Residential Street Address <b>987</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Alfieri</b>		First <b>Peter</b>		MI	Contribution ID # <b>1184</b>
Residential Street Address <b>22 Versailles Rd</b>		City <b>Lisbon</b>		State <b>CT</b>	Zip Code <b>06351-7407</b>
Principal Occupation <b>Pipefitter</b>		Name of Employer <b>Local 777</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Bulkley</b>		First <b>Angela</b>		MI	Contribution ID # <b>1246</b>
Residential Street Address <b>2373 Huntington Tpke</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-4017</b>
Principal Occupation <b>Daycare Owner</b>		Name of Employer <b>A Silly Day Family Daycare</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bennett</b>		First <b>Jeffrey</b>		MI	Contribution ID # <b>1221</b>
Residential Street Address <b>41 W Hartford Rd</b>		City <b>Newington</b>		State <b>CT</b>	Zip Code <b>06111-1122</b>
Principal Occupation <b>Rabbi</b>		Name of Employer <b>Temple Sinai of Newington</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Bivona</b>		First <b>F</b>		MI	Contribution ID # <b>1224</b>
Residential Street Address <b>75 Hockanum Blvd Unit 1825</b>		City <b>Vernon</b>		State <b>CT</b>	Zip Code <b>06066-4069</b>
Principal Occupation <b>Electrical Engineer</b>		Name of Employer <b>Adaptive Optics Associates</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Cermola</b>		First <b>Christine</b>		MI <b>A</b>	Contribution ID # <b>1273</b>
Residential Street Address <b>104 White Hollow Rd</b>		City <b>North Branford</b>		State <b>CT</b>	Zip Code
Principal Occupation <b>RTI Instructional Paraprofessional</b>		Name of Employer <b>North Branford Board of Education</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Collins</b>		First <b>Joy</b>		MI	Contribution ID # <b>1285</b>
Residential Street Address <b>95 Hidden Lake Rd</b>		City <b>Higganum</b>		State <b>CT</b>	Zip Code <b>06441-4441</b>
Principal Occupation <b>Administrator</b>		Name of Employer <b>City of Middletown</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Colodny		First Nikki		MI	Contribution ID # 1286
Residential Street Address 1208 Durham Rd		City Guilford		State CT	Zip Code 06437-1690
Principal Occupation physician		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Collins		First Barbara		MI	Contribution ID # 1283
Residential Street Address 95 Hidden Lake Rd		City Higganum		State CT	Zip Code 06441-4441
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Calabrese		First Christopher		MI	Contribution ID # 1255
Residential Street Address 132 Apple Hill Dr		City Watertown		State CT	Zip Code 06795-1147
Principal Occupation Policy Analyst, CT General Assembly		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Carbonella		First Justin		MI	Contribution ID # 1264
Residential Street Address 1678 Randolph Rd		City Middletown		State CT	Zip Code 06457-4043
Principal Occupation Administrator		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$20.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Cummings		First Morgan Jay		MI	Contribution ID # 1306
Residential Street Address 26 Prospect St		City Manchester		State CT	Zip Code 06040-5861
Principal Occupation Department Director		Name of Employer Gilead Community Services			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Conley		First Cheryl		MI A	Contribution ID # 1289
Residential Street Address PO Box 2482		City Manchester		State CT	Zip Code 06045-2482
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Scanlon		First Anne		MI	Contribution ID # 1797
Residential Street Address 101 Holcomb St		City East Granby		State CT	Zip Code 06026-9531
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Sambor		First Richard		MI	Contribution ID # 1776
Residential Street Address 139 Highridge Rd		City Avon		State CT	Zip Code 06001-3257
Principal Occupation structureal engineer		Name of Employer URS Corporation			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$150.00	\$150.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Silberman</b>		First <b>Alan</b>		MI	Contribution ID # <b>1822</b>
Residential Street Address <b>769 Rock Rimmon Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903-1216</b>
Principal Occupation <b>retailer</b>		Name of Employer <b>self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Shonta</b>		First <b>Mike</b>		MI <b>L</b>	Contribution ID # <b>1819</b>
Residential Street Address <b>118 Skyview Dr</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416-1875</b>
Principal Occupation <b>Clerk</b>		Name of Employer <b>State of Ct</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$107.00</b>	<b>\$100.00</b>

Last Name <b>Valenti</b>		First <b>Jean</b>		MI	Contribution ID # <b>1881</b>
Residential Street Address <b>156 N Orchard St</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-3648</b>
Principal Occupation <b>retired</b>		Name of Employer <b>NA</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Volovski</b>		First <b>Daniel</b>		MI	Contribution ID # <b>1893</b>
Residential Street Address <b>271 Merriman Rd</b>		City <b>Windsor</b>		State <b>CT</b>	Zip Code <b>06095-1014</b>
Principal Occupation <b>Firefighter</b>		Name of Employer <b>State of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/30/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>



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

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

**B. Itemized Contributions from Individuals**

Last Name Vinci		First Joseph		MI J	Contribution ID # 1889
Residential Street Address 323 Old Mill Rd		City Middletown		State CT	Zip Code 06457-2476
Principal Occupation Retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$375.00	\$175.00

Last Name Termine		First Marie		MI	Contribution ID # 1861
Residential Street Address 265 Toll Gate Rd		City Middletown		State CT	Zip Code 06457-5734
Principal Occupation Retired		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Tiernan		First Claire		MI	Contribution ID # 1867
Residential Street Address 95 Main St , Pox 516		City Ivoryton		State CT	Zip Code 06442-1044
Principal Occupation RN		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Xenelis		First Mary		MI	Contribution ID # 1929
Residential Street Address 29 Culver Ln		City Portland		State CT	Zip Code 06480-1325
Principal Occupation Middlesex Fruityery		Name of Employer self			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 06/30/2017	Aggregate Contributions \$100.00	\$100.00

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

**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

**C1. Contributions from Other Committees**

Name of Committee U.A. Plumbers & Pipefitte	Name of Treasurer Michael Rosario
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Address 1250 E Main St		Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$375.00
City Meriden		If yes, list Event # Date Received 05/09/2017 Aggregate Contributions \$375.00		

Name of Committee Roofers Political Educati	Name of Treasurer Harold Davidson
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Address 15 Bernhard Rd		Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$375.00
City North Haven		If yes, list Event # Date Received 05/10/2017 Aggregate Contributions \$375.00		

Name of Committee IUPAT Committee	Name of Treasurer Dominick Cieri
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Address 1492 Berlin Tpke		Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$375.00
City Berlin		If yes, list Event # Date Received 05/12/2017 Aggregate Contributions \$375.00		

Name of Committee IBEW Local 90 Political A	Name of Treasurer sean daly
--	--------------------------------

Address 2 N Plains Industrial Rd		Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$375.00
City Wallingford		If yes, list Event # Date Received 06/02/2017 Aggregate Contributions \$375.00		

**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>C1. Contributions from Other Committees</b>						
Name of Committee I.B.E.W Local Union 35 PA				Name of Treasurer Bruce Silva		
Address 208 Murphy Rd			Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$375.00	
			If yes, list Event #			
City Hartford	State CT	Zip Code 06114-2107	Date Received 06/07/2017	Aggregate Contributions \$375.00		
Name of Committee IUOE Local 478 Political				Name of Treasurer Craig Metz		
Address 1965 Dixwell Ave			Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$375.00	
			If yes, list Event #			
City Hamden	State CT	Zip Code 06514-2407	Date Received 06/08/2017	Aggregate Contributions \$375.00		
<b>Total of Section C1</b>					<b>\$2,250.00</b>	

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

NAME OF COMMITTEE					TYPE OF REPORT	
Drew for CT					July 10 Filing - Original	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>						
Name of Committee				Name of Treasurer		
Address				Date Received		Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee			
Expenditure #	Description					
<b>Total of Section C2</b>						

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

NAME OF COMMITTEE	TYPE OF REPORT
Drew for CT	July 10 Filing - Original

**D. Loans Received this Period**

Name of Lender		Source of Loan:				Date of Receipt	
		Bank	Candidate	Individual	Other		
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?		
					Yes      No		
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address		City	State	Zip Code			

**Total of Section D****I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Drew for CT	July 10 Filing - Original

**E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of Payment	Amount
	Cash      Personal Check      Credit/Debit Card	

**Total of Section E****I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Drew for CT	July 10 Filing - Original

**G. Interest from Deposits in Authorized Accounts**

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	

**Total of Section G**

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

NAME OF COMMITTEE	TYPE OF REPORT
Drew for CT	July 10 Filing - Original

**H. Public Grant Funds Received from the Citizens' Election Fund**

Purpose of Grant:	Grant Cycle:	Date Received	Amount
<div>Initial</div> <div>Grant Adjustment</div> <div>Supplemental/Post Election Deficit</div>	<div>Primary</div> <div>General Election</div> <div>Special Election</div>		
<b>Total of Section H</b>			

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

NAME OF COMMITTEE	TYPE OF REPORT
Drew for CT	July 10 Filing - Original

**I. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		
<b>Total of Section I</b>		

## II. EVENT ACTIVITY (Sections J1 - J4)

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

  

J1. Event Information					
Event # Date of Event 04/20/2017	Letter a	Description Dinner Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 1420 Main St		City Glastonbury	State CT	Zip Code 06033	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)		\$0.00

  

Event # Date of Event 05/12/2017	Letter a	Description Dinner Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 600 Cold Spring Rd		City Rocky Hill	State CT	Zip Code	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)		\$0.00

  

Event # Date of Event 05/19/2017	Letter a	Description Reception Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 132 Mack Rd		City Middlefield	State CT	Zip Code 06455	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)		\$0.00

## II. EVENT ACTIVITY (Sections J1 - J4)

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

  

J1. Event Information					
Event # Date of Event 06/05/2017	Letter a	Description Cocktail Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 98 Washington St		City Middletown	State CT	Zip Code 06457	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)		\$0.00

  

Event # Date of Event 06/05/2017	Letter b	Description Reception Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 695 Main St		City Middletown	State CT	Zip Code 06457	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)		\$0.00

  

Event # Date of Event 06/08/2017	Letter a	Description Reception Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 80 Harbor Dr		City Middletown	State CT	Zip Code 06457	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)		\$0.00



## II. EVENT ACTIVITY (Sections J1 - J4)

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

  

J1. Event Information					
Event # Date of Event 06/20/2017	Letter a	Description Cocktail Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 139 Main Street Ext		City Middletown	State CT	Zip Code 06457	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)		\$0.00

  

Event # Date of Event 06/22/2017	Letter a	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 55 Metacomet Rd		City Farmington	State CT	Zip Code	
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)		\$0.00

  

Event # Date of Event 06/27/2017	Letter a	Description Dinner Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address South Main St		City Middletown	State CT	Zip Code	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)		\$0.00

<b>II. EVENT ACTIVITY (Sections J1 - J4)</b>					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Drew for CT				July 10 Filing - Original	
<b>J1. Event Information</b>					
Event # Date of Event 06/30/2017	Letter a	Description Cocktail Event		Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address 2505 Main St			City Stratford	State CT	Zip Code
Was this event hosted at a personal residence?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>	
<b>Total of Section J1</b>					<b>\$0.00</b>

<b>II. EVENT ACTIVITY (Sections J1 - J4)</b>					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Drew for CT				July 10 Filing - Original	
<b>J3. In-Kind Donations Not Considered Contributions</b>					
Name of the Donor					
Street Address			City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation	
Individual					
Business Entity	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					
<b>Total of Section J3</b>					

**II.EVENT ACTIVITY (Sections J1 - J4)**

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

TYPE OF REPORT

Drew for CT

July 10 Filing - Original

**J4. In-Kind Donations Not Considered Contributions Associated with a House Party**

Name of Host

Is this event supporting more than one candidate?

Yes

No

If yes, complete Itemization in  
Addendum J4

Street Address

City

State

Zip Code

Description of Donation

Fair Market Value of  
Donation

Event #

Aggregate value of this Event - all hosts

Aggregate value of all Events - this host/candidate

**Total of Section J4****III. NONMONETARY RECEIPTS (Sections K - L)**

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

TYPE OF REPORT

Drew for CT

July 10 Filing - Original

**K. In-Kind Contributions**

Name

Street Address

City

State

Zip Code

Is this contribution associated with an event reported in  
Section J1?

Yes

No

Description of In-Kind Contribution

If yes, list Event#

Is Contributor a lobbyist, spouse, or dependent child  
of a lobbyist?

Yes

No

Is contributor a principal of a state contractor or prospective state

Yes

No

If yes, indicate which branch or branches of  
government the contract is with:

Executive

Legislative

Fair Market Value of this  
Contribution

Type of Contributor:

Date Received

Aggregate contributions

Individual

Committee

Sole Proprietorship

**Total of Section K**

### III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	July 10 Filing - Original
<b>L. Refundable Deposit to Telephone Company</b>	

Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	
<b>Total of Section L</b>				

**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
<b>N. Expenses Paid By Committee</b>	

Name of Payee Sage Payment Solutions		Date of Payment 04/03/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12120 Sunset Hills Road St # 500		City Reston	State VA	Zip Code 20190-5853
Purpose of Expend BNK	Description			Amount  \$1,060.02
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Perceptions Photography		Date of Payment 04/13/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1048</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 116 Goodman Dr		City Middletown	State CT	Zip Code 06457-1954
Purpose of Expend Misc *	Description photography services			Amount  \$350.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Kyle Buda		Date of Payment 04/13/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1051</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420 James St		City Bay City	State MI	Zip Code 48706-3930
Purpose of Expend RMB	Description			Amount  \$120.12
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	July 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee GPS Impact		Date of Payment 04/13/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1047</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 E Grand Ave Ste 380		City Des Moines	State IA	Zip Code 50309-1801
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$4,600.00

Name of Payee The Vinci Group		Date of Payment 04/13/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1052</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend CNSLT	Description Treasury Services			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$500.00

Name of Payee Jerald Lentini		Date of Payment 04/13/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1050</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 349 Dennison Ridge Dr		City Manchester	State CT	Zip Code 06040
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,500.00

**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
<b>N. Expenses Paid By Committee</b>	

Name of Payee Aaron Schrag		Date of Payment 04/13/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1049</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14 Quentin St		City Waterbury	State CT	Zip Code 06706-2725
Purpose of Expend RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$115.16

Name of Payee The Vinci Group		Date of Payment 04/22/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1001</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$5,000.00

Name of Payee The Vinci Group		Date of Payment 04/22/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1002</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$8,000.00

**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
<b>N. Expenses Paid By Committee</b>	

Name of Payee The Vinci Group		Date of Payment 04/22/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1003</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expend PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,189.76

Name of Payee The Vinci Group		Date of Payment 04/22/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1004</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expend FNDR *	Description invites			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,332.93

Name of Payee Sage Payment Solutions		Date of Payment 04/26/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.00



**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
<b>N. Expenses Paid By Committee</b>	

Name of Payee Main St Market LLC		Date of Payment 04/27/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1005</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 386 Main St		City Middletown	State CT	Zip Code 06457-3361
Purpose of Expend OVHD	Description			Amount  \$300.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee TD Bank		Date of Payment 04/28/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address West Main St		City Waterbury	State CT	Zip Code 06705
Purpose of Expend BNK	Description			Amount  \$10.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Sage Payment Solutions		Date of Payment 05/01/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12120 Sunset Hills Road St # 500		City Reston	State VA	Zip Code 20190-5853
Purpose of Expend BNK	Description			Amount  \$246.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**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
<b>N. Expenses Paid By Committee</b>	

Name of Payee The Vinci Group		Date of Payment 05/07/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1116</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$5,000.00

Name of Payee Chandler Howard		Date of Payment 05/10/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1101</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 28 Wakefield Ln		City Farmington	State CT	Zip Code 06032-3182
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$375.00

Name of Payee Miriam Lopez-Howard		Date of Payment 05/10/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1102</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 28 Wakefield Ln		City Farmington	State CT	Zip Code 06032-3182
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$375.00

**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
<b>N. Expenses Paid By Committee</b>	

Name of Payee Jerald Lentini		Date of Payment 05/15/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1103</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 349 Dennison Ridge Dr		City Manchester	State CT	Zip Code 06040
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,500.00

Name of Payee Blue State Digital		Date of Payment 05/15/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1105</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 62187 Collections Center Dr		City Chicago	State IL	Zip Code
Purpose of Expend WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,050.00

Name of Payee Kyle Buda		Date of Payment 05/15/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1104</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420 James St		City Bay City	State MI	Zip Code 48706-3930
Purpose of Expend RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$252.70

**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
<b>N. Expenses Paid By Committee</b>	

Name of Payee Political Accounting Consuting Services		Date of Payment 05/15/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1106</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 134 Brault Hill Rd		City Higganum	State CT	Zip Code 06441-4457
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$500.00
Name of Payee GPS Impact		Date of Payment 05/18/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1108</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 E Grand Ave Ste 380		City Des Moines	State IA	Zip Code 50309-1801
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$7,000.00
Name of Payee The Vinci Group		Date of Payment 05/24/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1109</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$5,000.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	July 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee The Vinci Group		Date of Payment 05/26/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1112</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expend PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$67.21

  

Name of Payee TD Bank		Date of Payment 05/31/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address West Main St		City Waterbury	State CT	Zip Code 06705
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$10.00

  

Name of Payee Main St Market LLC		Date of Payment 06/01/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1113</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$300.00

**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
<b>N. Expenses Paid By Committee</b>	

Name of Payee Sage Payment Solutions		Date of Payment 06/02/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12120 Sunset Hills Road St # 500		City Reston	State VA	Zip Code 20190-5853
Purpose of Expend BNK	Description			Amount  \$813.14
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Political Accounting Consuting Services		Date of Payment 06/06/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1121</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 134 Brault Hill Rd		City Higganum	State CT	Zip Code 06441-4457
Purpose of Expend CNSLT	Description			Amount  \$1,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee GPS Impact		Date of Payment 06/07/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1115</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 E Grand Ave Ste 380		City Des Moines	State IA	Zip Code 50309-1801
Purpose of Expend A-WEB	Description			Amount  \$4,627.09
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**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
<b>N. Expenses Paid By Committee</b>	

Name of Payee Kyle Buda		Date of Payment 06/07/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1114</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420 James St		City Bay City	State MI	Zip Code 48706-3930
Purpose of Expend RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$202.00

Name of Payee Kyle Buda		Date of Payment 06/08/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1111</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420 James St		City Bay City	State MI	Zip Code 48706-3930
Purpose of Expend RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$99.55

Name of Payee Ashley Gaudino		Date of Payment 06/08/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1126</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 58 Chestnut Hill Rd		City Trumbull	State CT	Zip Code 06611-4112
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$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
<b>N. Expenses Paid By Committee</b>	

Name of Payee Marketing Solution		Date of Payment 06/08/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1117</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 109 Talcott Rd		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,752.00

  

Name of Payee TD Bank		Date of Payment 06/20/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address West Main St		City Waterbury	State CT	Zip Code 06705
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$20.00

  

Name of Payee Main St Market LLC		Date of Payment 06/28/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1124</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$300.00



**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
<b>N. Expenses Paid By Committee</b>	

Name of Payee Jerald Lentini		Date of Payment 06/28/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1123</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 349 Dennison Ridge Dr		City Manchester	State CT	Zip Code 06040
Purpose of Expend RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$622.58

  

Name of Payee Political Accounting Consuting Services		Date of Payment 06/28/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1176</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 134 Brault Hill Rd		City Higganum	State CT	Zip Code 06441-4457
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,000.00

  

Name of Payee Daniel Zak		Date of Payment 06/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1180</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1420 Main St		City Glastonbury	State CT	Zip Code 06033-3110
Purpose of Expend RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 04202017a	\$1,274.00

**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
<b>N. Expenses Paid By Committee</b>	

Name of Payee GPS Impact		Date of Payment 06/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1177</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 E Grand Ave Ste 380		City Des Moines	State IA	Zip Code 50309-1801
Purpose of Expend A-WEB	Description			Amount  \$8,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee GPS Impact		Date of Payment 06/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1178</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 E Grand Ave Ste 380		City Des Moines	State IA	Zip Code 50309-1801
Purpose of Expend A-WEB	Description			Amount  \$4,680.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee TD Bank		Date of Payment 06/30/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address West Main St		City Waterbury	State CT	Zip Code 06705
Purpose of Expend BNK	Description			Amount  \$10.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**Total of Section N****\$77,714.46**

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					July 10 Filing - Original	
<b>O. Expenses Paid By Candidate</b>						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?
						Yes      No
Street Address		City		State	Zip Code	<b>Amount</b>
Purpose of Expenditure (by code)	Description			Event #		
<b>Total of Section O</b>						

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Drew for CT					July 10 Filing - Original	
<b>P. Expenses Incurred on Committee Credit Card</b>						
Name of Issuing Institution				Type of Credit Card:		
				Visa      Master Card      Discover      American Express Other		
Name of Vendor					Date of Transaction	
Street Address				City		State      Zip Code
Purpose of Expenditure (by code)		Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes	No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum						
<b>Total of Section P</b>						

TYPE OF REPORT

July 10 Filing - Original

**Q. Expenses Incurred By Committee but Not Paid During this Period**

Date Incurred  
05/19/2017

City  
Middlefield

State	Zip Code
CT	06455-1140

Description	Amount
fundraiser expenses	100

Amount Incurred  
(Estimate or Actual)

☐ Yes

☒ No

Event #

\$415.00

Date Incurred  
06/05/2017

City  
Manchester

State	Zip Code
CT	06040-4520

committee paraphernalia

Amount Incurred  
(Estimate or Actual)

☐ Yes

☒ No

Event #

\$1,000.00

**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

**Q. Expenses Incurred By Committee but Not Paid During this Period**

Name of Creditor Ashley Gaudino		Date Incurred 06/30/2017	
Street Address 58 Chestnut Hill Rd		City Trumbull	State CT
		Zip Code 06611-4112	
Purpose of Expenditure (bv code)  CNSLT	Description  PR consulting		Amount Incurred (Estimate or Actual)          \$1,588.67
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

**Total of Section Q****\$3,003.67**

**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. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant  schrage	First  aaron	MI	Date of Payment to Vendor  04/13/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1049 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 910 Wolcott Rd		City Waterbury		State CT
Zip Code 06705				
Purpose of Expenditure (by code) OFFICE	Description Treasury Supplies			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount  \$69.43
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  schrage	First  aaron	MI	Date of Payment to Vendor  04/13/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1049 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 910 Wolcott Rd		City Waterbury		State CT
Zip Code 06705				
Purpose of Expenditure (by code) OFFICE	Description Treasury Supplies			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount  \$36.37
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

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

TYPE OF REPORT

Drew for CT

July 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:

schrage

aaron

04/13/2017

☒ Check # 1049☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Staples

Street Address of Vendor

910 Wolcott Rd

City

Waterbury

State

CT

Zip Code

06705

Purpose of Expenditure  
(by code)  
OFFICE

Description

Treasury Supplies

Is this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

\$1.75

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:

schrage

aaron

04/13/2017

☒ Check # 1049☐ Debit Card☐ EFT

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

Treasury Supplies

Is this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

\$3.28

### 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. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant  schrage	First  aaron	MI	Date of Payment to Vendor  04/13/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1049 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 Treasury Supplies			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount  \$4.33

Last Name of Worker/Consultant  Buda	First  Kyle	MI	Date of Payment to Vendor  04/13/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1051 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant First and Last Tavern				
Street Address of Vendor 220 Main St		City Middletown		State CT Zip Code 06457
Purpose of Expenditure (by code) FOOD	Description Food for Campaign Meeting			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount  \$90.35



#### 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
<b>R. Itemization of Reimbursements and Secondary Payees</b>	

Last Name of Worker/Consultant  Buda	First  Kyle	MI	Date of Payment to Vendor  04/13/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1051 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount  \$29.77

Last Name of Worker/Consultant  Kyle	First  Buda	MI	Date of Payment to Vendor  04/13/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1051 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant First and Last				
Street Address of Vendor Main St		City Middletown		State CT
Zip Code 06457				
Purpose of Expenditure (by code) FOOD	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount  \$90.35

**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. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant  Kyle	First  Buda	MI	Date of Payment to Vendor  04/13/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1051 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount  \$29.77
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Daniel	First  Zak	MI	Date of Payment to Vendor  04/19/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1180 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant New Haven Pizza Truck				
Street Address of Vendor 86 Leonardo Dr		City North Haven		State CT
Zip Code 06473-2527				
Purpose of Expenditure (by code) FNDR *	Description fundraiser expenses			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #  04202017a	Amount  \$1,274.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

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

TYPE OF REPORT

Drew for CT

July 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant  Kyle	First  Buda	MI	Date of Payment to Vendor  05/12/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1104 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #  05122017a	Amount  \$252.70
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Kyle	First  Buda	MI	Date of Payment to Vendor  05/18/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1111 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Fed Ex				
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 with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount  \$99.55
If yes, assign an Expenditure # and completes Itemization in Addendum R				

### IV. EXPENDITURES (Sections N - S)

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

### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant  Kyle	First  Buda	MI	Date of Payment to Vendor  05/24/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1114 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant O'Rourke's Diner				
Street Address of Vendor 728 Main St		City Middletown		State CT Zip Code 06457-2733
Purpose of Expenditure (by code) FOOD	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;"> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No         </div>		Expenditure # (if applicable)	Event #	Amount  \$65.87
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Kyle	First  Buda	MI	Date of Payment to Vendor  05/26/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1114 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Barnes and Noble				
Street Address of Vendor 270 Buckland Hills Dr Ste 1024		City Manchester		State CT Zip Code 06042-8700
Purpose of Expenditure (by code) OFFICE	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;"> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No         </div>		Expenditure # (if applicable)	Event #	Amount  \$38.24
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

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

TYPE OF REPORT

Drew for CT

July 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:

Kyle

Buda

06/04/2017

☒ Check # 1114☐ Debit Card☐ EFT

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 another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

\$24.23

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:

Kyle

Buda

06/05/2017

☒ Check # 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  
beveragesIs this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

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 - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:

Jerald

Lentini

06/13/2017

☒ Check # 1123☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

USPS

Street Address of Vendor

538 Manchester Rd

City

East Glastonbury

State

CT

Zip Code

06025-9992

Purpose of Expenditure  
(by code)  
POST

Description

Is this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

\$49.00

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:

Jerald

Lentini

06/27/2017

☒ Check # 1123☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Taino Smokehouse

Street Address of Vendor

482 S Main St

City

Middletown

State

CT

Zip Code

06457-4215

Purpose of Expenditure  
(by code)  
FNDR \*

Description

food

Is this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

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 Distribution of Equipment and Furniture**

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Total of Section S				

**Section J4. ADDENDUM**

NAME OF COMMITTEE	TYPE OF REPORT

**J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum**

Event #	
Name of Candidate	

**Section N. ADDENDUM**

NAME OF COMMITTEE	TYPE OF REPORT

**N. Expenses Paid By Committee - Addendum**

Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
<b>P. Expenses Incurred on Committee Credit Card - Addendum</b>	
<b>Expenditure #</b>	<b>Amount of Expenditure</b>
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
<b>Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b>	
<b>Expenditure #</b>	<b>Amount of Expenditure</b>
Name of Candidate	Office Sought

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