

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	
Drew for CT			<input type="checkbox"/>	Candidate Committee
			<input checked="" type="checkbox"/>	Exploratory Committee
3. TREASURER NAME				
First Dianna		MI J	Last Kulmacz	
4. TREASURER ADDRESS				
Street Address 134 Brault Hill Rd		City Higginum	State CT	Zip Code 06441
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
11/06/2018	Undetermined			
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)				
First Daniel		MI T	Last Drew	
9. TYPE OF REPORT				
July 10 Filing - Original				
10. PERIOD COVERED				
Beginning Date 04/01/2017		Ending Date 06/30/2017		
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 Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
Electronic Filing		Dianna Kulmacz		07/10/2017 10:38:21PM
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED
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.				

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Drew for CT		TYPE OF REPORT July 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY \$0.00	
B. Itemized Contributions from Individuals			
Last Name Beisley		First Michelle	MI 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? 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? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received Aggregate Contributions 04/01/2017 \$50.00
Last Name Clayton		First Jacey	MI 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? 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? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received Aggregate Contributions 04/01/2017 \$10.00
Last Name Hanrahan		First Connie	MI 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? 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? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received Aggregate Contributions 04/01/2017 \$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 Heidelberg	First Cynthia	MI	Contribution ID # 1464
Residential Street Address 1616B N 45th St	City Seattle	State WA	Zip Code 98103-6702
Principal Occupation Lawyer	Name of Employer Breskin Johnson and Townsend		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/01/2017	Aggregate Contributions \$10.00
If yes, list Event #	\$10.00		

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

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

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

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 Heinrich		First Eric	MI H 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/03/2017
If yes, list Event #		Aggregate Contributions \$10.00	
Last Name Boccalatte		First John	MI L 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/03/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Backman		First Kevin	MI S 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/03/2017
If yes, list Event #		Aggregate Contributions \$35.00	
Last Name Hunt		First Barbara	MI B 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/03/2017
If yes, list Event #		Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Drew for CT		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Hunt		First William	MI E 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/03/2017
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name Rose		First Mary	MI J 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/03/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Shlien		First Stuart	MI E 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/03/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Sauer		First Claire	MI E 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/04/2017
If yes, list Event #		Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-J)

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 Murray		First Dennis	MI M 1641
Residential Street Address 46 Scenic View Dr		City Middletown	State CT Zip Code 06457-4920
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/04/2017
If yes, list Event #		Aggregate Contributions \$40.30	
Last Name Palomino		First Quynh	MI 1674
Residential Street Address 894 W Washington St		City San Diego	State CA Zip Code 92103-1805
Principal Occupation Principal		Name of Employer Virtua Partners, Versant, Clear Vista Management	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/04/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Patel		First Parul	MI 1686
Residential Street Address 97 Redwood Ln		City East Berlin	State CT Zip Code 06023-1035
Principal Occupation Assistant Attorney General		Name of Employer Connecticut Attorney General's office	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/04/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Caffrey		First Karen	MI 1252
Residential Street Address 30 Jenny Clfs		City Manchester	State CT Zip Code 06040-6825
Principal Occupation Psychotherapist		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/05/2017
If yes, list Event #		Aggregate Contributions \$35.00	
		\$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 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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/06/2017	Aggregate Contributions \$50.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/06/2017	Aggregate Contributions \$5.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/06/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/06/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

I. MONETARY RECEIPTS (Section A-J)

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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 Burns		First Susan	MI 1250
Residential Street Address 126 Kennerson Rd		City Eastford	State CT Zip Code 06242-9448
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017
If yes, list Event #		Aggregate Contributions \$10.00	
Last Name Blaine		First William	MI 1225
Residential Street Address 6406 Garners Way		City Spotsylvania	State VA Zip Code 22553-4496
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Harris		First Elsie	MI 1456
Residential Street Address 3 Afton Ter		City Middletown	State CT Zip Code 06457-1620
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017
If yes, list Event #		Aggregate Contributions \$10.00	
Last Name Haymond		First John	MI 1460
Residential Street Address 100 Norwood Rd		City West Hartford	State CT Zip Code 06117-2236
Principal Occupation Attorney		Name of Employer Haymond Law	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017
If yes, list Event #		Aggregate Contributions \$200.00	

I. MONETARY RECEIPTS (Section A-J)

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 Reynolds		First James	MI M 1736	
Residential Street Address 8 Oakwood Rd		City Simsbury	State CT Zip Code 06070-2123	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$50.00
Last Name Williams		First Robert	MI 1918	
Residential Street Address 126 Kennerson Rd		City Eastford	State CT Zip Code 06242-9448	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$50.00
Last Name Rechin		First Jeff	MI 1732	
Residential Street Address 187 Rollins Ford Rd		City Amissville	State VA Zip Code 20106-4223	
Principal Occupation Artist		Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/11/2017	Aggregate Contributions \$25.00
Last Name Johnson		First Dava	MI 1489	
Residential Street Address 9 Deer Run		City Bethel	State CT Zip Code 06801-1461	
Principal Occupation Counselor		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/11/2017	Aggregate Contributions \$15.00

I. MONETARY RECEIPTS (Section A-J)

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

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

Last Name Marashlian	First Janette	MI	Contribution ID # 1579
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/12/2017	Aggregate Contributions \$65.00
If yes, list Event #	\$5.00		

Last Name Marquis	First Julia	MI	Contribution ID # 1585
Residential Street Address 1 Crystal Ridge Dr	City Ellington	State CT	Zip Code 06029-3050
Principal Occupation Attorney	Name of Employer UnitedHealthcare		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/13/2017	Aggregate Contributions \$25.00
If yes, list Event #	\$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 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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/13/2017	Aggregate Contributions \$10.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/13/2017	Aggregate Contributions \$5.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/14/2017	Aggregate Contributions \$15.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/14/2017	Aggregate Contributions \$20.00
If yes, list Event #	\$20.00		

I. MONETARY RECEIPTS (Section A-J)

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 Orr		First Jean	MI	Contribution ID # 1668
Residential Street Address 11 Hamlin Ct		City Middletown	State CT	Zip Code 06457-3253
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/15/2017	Aggregate Contributions \$10.00
If yes, list Event #		\$10.00		
Last Name Camilluci		First Anthony	MI	Contribution ID # 1259
Residential Street Address 169 Baltic Rd		City North Franklin	State CT	Zip Code 06254-1406
Principal Occupation Steamfitter		Name of Employer Local 777 Plumbers and Pipefitters		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/15/2017	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Crawford		First Jule	MI	Contribution ID # 1303
Residential Street Address 291 Long Hill Rd		City Middletown	State CT	Zip Code 06457-4060
Principal Occupation attorney		Name of Employer Law Offices of Jule A Crawford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/15/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$50.00		
Last Name Pugliese		First Richard	MI	Contribution ID # 1720
Residential Street Address 1703 Randolph Rd		City Middletown	State CT	Zip Code 06457-4041
Principal Occupation Physician - retired		Name of Employer Middlesex Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/17/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$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 Meyers		First Arthur S.	MI	Contribution ID # 1622
Residential Street Address 854 Long Hill Rd		City Middletown	State CT	Zip Code 06457-5063
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017	Aggregate Contributions \$5.00
If yes, list Event #		\$5.00		
Last Name Herdman		First Aaron	MI	Contribution ID # 1468
Residential Street Address 95 Lakeside Ave		City Middletown	State CT	Zip Code 06457-4153
Principal Occupation Machinist		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017	Aggregate Contributions \$5.00
If yes, list Event #		\$5.00		
Last Name Sheridan		First Richard	MI	Contribution ID # 1815
Residential Street Address 28 N Meadows Ln		City Stamford	State CT	Zip Code 06903-5151
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Santangelo		First Robert	MI	Contribution ID # 1787
Residential Street Address 11 Prospect St		City Middletown	State CT	Zip Code 06457-2621
Principal Occupation Substance abuse counselor		Name of Employer DMHAS - State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017	Aggregate Contributions \$375.00
If yes, list Event #		\$175.00		

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

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

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

Last Name Riley	First Lawrence	MI	Contribution ID # 1742
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/19/2017	Aggregate Contributions \$30.00
If yes, list Event #	\$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 Rogers	First Anna	MI 1752	Contribution ID # 1752
Residential Street Address 18 Forest Ct S	City Hamden	State CT	Zip Code 06518-2713
Principal Occupation Project Manager	Name of Employer Community Health Center Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/19/2017	Aggregate Contributions \$5.00
If yes, list Event #	\$5.00		

Last Name Marashlian	First J.	MI 1578	Contribution ID # 1578
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/19/2017	Aggregate Contributions \$5.00
If yes, list Event #	\$5.00		

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

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

I. MONETARY RECEIPTS (Section A-J)

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 Lupo		First Armondo	MI 1564
Residential Street Address 222 Williams St E Apt 128		City Glastonbury	State CT Zip Code 06033-2372
Principal Occupation State Marshal		Name of Employer Armondo Lupo - Self	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
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>04202017a</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 04/20/2017	Aggregate Contributions \$50.00
Last Name Rasmussen		First Lisa	MI 1730
Residential Street Address 288 Naubuc Ave		City Glastonbury	State CT Zip Code 06033-2081
Principal Occupation Office Manager		Name of Employer Metro Property Management	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
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>04202017a</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 04/20/2017	Aggregate Contributions \$50.00
Last Name Plourde		First Wayne	MI R 1711
Residential Street Address 71 Thorniley St		City New Britain	State CT Zip Code 06051-1636
Principal Occupation Contractor		Name of Employer Wayne Plourde - Self	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
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>04202017a</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 04/20/2017	Aggregate Contributions \$40.00
Last Name Allison		First Jeanne	MI 1185
Residential Street Address 8 Mazzotta Pl		City Middletown	State CT Zip Code 06457-2617
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/20/2017	Aggregate Contributions \$65.00
		\$15.00	

I. MONETARY RECEIPTS (Section A-J)

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 Cardillo	First Joseph	MI	Contribution ID # 1265
Residential Street Address 10 Prospect Hill Rd	City Cromwell	State CT	Zip Code 06416-2028
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 04/20/2017
If yes, list Event # <u>04202017a</u>		Aggregate Contributions \$25.00	

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

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

Last Name Urso	First Robert	MI	Contribution ID # 1879
Residential Street Address 18-3 Arthur Dr	City South Windsor	State CT	Zip Code 06074-6903
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017
If yes, list Event # <u>04202017a</u>		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 Ward		First Brian	MI	Contribution ID # 1903
Residential Street Address 40 Purtill St		City South Glastonbury	State CT	Zip Code 06073-2502
Principal Occupation Owner		Name of Employer Ward Anhmr Hive		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>04202017a</u>		\$100.00		
Last Name Wentworth		First Ralph	MI	Contribution ID # 1912
Residential Street Address 12 Stuart Dr		City Bloomfield	State CT	Zip Code 06002-1525
Principal Occupation Insurance Agent		Name of Employer Wentworth DeAngelis Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$250.00
If yes, list Event # <u>04202017a</u>		\$250.00		
Last Name Williams		First James	MI	Contribution ID # 1917
Residential Street Address 15 Hartford Ave		City Wethersfield	State CT	Zip Code 06109-1806
Principal Occupation Retired HPD		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$50.00
If yes, list Event # <u>04202017a</u>		\$50.00		
Last Name Zak, Jr		First Daniel	MI	Contribution ID # 1930
Residential Street Address 1288 Main St		City Glastonbury	State CT	Zip Code 06033-3124
Principal Occupation Foreman		Name of Employer Metro Property Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 04/20/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>04202017a</u>		\$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 Zak		First Kaitlin	MI 1931
Residential Street Address 222 Williams St E Apt 119		City Glastonbury	State CT Zip Code 06033-2372
Principal Occupation Account manager		Name of Employer Wentworth d'angelis kaufman insurance	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017
If yes, list Event # <u>04202017a</u>		Aggregate Contributions \$50.00	
Last Name Corvo		First Elizabeth	MI 1298
Residential Street Address 12 Sonoma Ln		City Middletown	State CT Zip Code 06457-2077
Principal Occupation Corp Sec		Name of Employer WM Consultants Inc	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/21/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Corvo		First William	MI 1299
Residential Street Address 12 Sonoma Ln		City Middletown	State CT Zip Code 06457-2077
Principal Occupation Developer		Name of Employer WM.Corvo Consultants Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/21/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Cook		First Katherine	MI 1291
Residential Street Address 159 Rowayton Woods Dr		City Norwalk	State CT Zip Code 06854-3942
Principal Occupation Retired		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/22/2017
If yes, list Event #		Aggregate Contributions \$15.00	

I. MONETARY RECEIPTS (Section A-J)

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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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

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

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

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

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

I. MONETARY RECEIPTS (Section A-J)

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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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

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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/25/2017	Aggregate Contributions \$25.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/25/2017	Aggregate Contributions \$50.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/26/2017	Aggregate Contributions \$55.00
If yes, list Event #		\$5.00		
Last Name Garden		First Philip	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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/26/2017	Aggregate Contributions \$5.00
If yes, list Event #		\$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 Buhler	First William	MI	Contribution ID # 1242
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/26/2017	Aggregate Contributions \$125.00
If yes, list Event #			\$25.00

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

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

Last Name Zelaya	First Sonia	MI	Contribution ID # 1933
Residential Street Address 400 N Main St Apt 8	City Manchester	State CT	Zip Code 06042-1916
Principal Occupation Aerospace Quality Inspector	Name of Employer UTC Aerospace Systems		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$5.00
If yes, list Event #			\$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 Winkler	First Phylis	MI	Contribution ID # 1923
Residential Street Address 20 Gottier Dr	City Vernon	State CT	Zip Code 06066-4605
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/28/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

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

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

Last Name Lockwood	First Matt	MI	Contribution ID # 1558
Residential Street Address 635 S Main St	City Middletown	State CT	Zip Code 06457-4252
Principal Occupation Owner	Name of Employer Carmella's on the Extension		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/28/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$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 Paro		First Roberta	MI 1679
Residential Street Address 246A Yantic St		City Norwich	State CT Zip Code 06360-4134
Principal Occupation Teacher		Name of Employer Vista Life Innovations	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/28/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Corvo		First Alessandra	MI 1297
Residential Street Address 15 Vale St		City Middletown	State CT Zip Code 06457-5334
Principal Occupation Sec		Name of Employer Cromwell Board of Ed	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/28/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Floryan		First Kenneth J.	MI 1391
Residential Street Address 71 Penn Dr		City West Hartford	State CT Zip Code 06119-1153
Principal Occupation Retired		Name of Employer None	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/28/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Haley		First Shawn	MI 1448
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/30/2017
If yes, list Event #		Aggregate Contributions \$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 Riley		First Larry	MI 1741
Residential Street Address 447 Ridge Rd		City Middletown	State CT Zip Code 06457-5230
Principal Occupation Dog Trainer		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/30/2017
If yes, list Event #		Aggregate Contributions \$105.00	
Last Name Marquis		First Victor	MI 1586
Residential Street Address 15 Wilson Ln		City Danielson	State CT Zip Code 06239-3632
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/30/2017
If yes, list Event #		Aggregate Contributions \$5.00	
Last Name Sulick		First James	MI 1851
Residential Street Address 71 Masters Way		City Manchester	State CT Zip Code 06040-7059
Principal Occupation Attorney		Name of Employer Law Offices of Attorney James Sulick	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Santangelo		First Elizabeth	MI 1785
Residential Street Address 11 Prospect St		City Middletown	State CT Zip Code 06457-2621
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017
If yes, list Event #		Aggregate Contributions \$375.00	
		\$225.00	

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

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

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

Last Name Pendrys	First David Francis	MI	Contribution ID # 1694
Residential Street Address 66 Church St Fl 1	City Wallingford	State CT	Zip Code 06492-3644
Principal Occupation Communications Coordinator	Name of Employer Connecticut REALTORS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$10.00
If yes, list Event #	\$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 Parker	First Heather	MI	Contribution ID # 1676
Residential Street Address 35 Tall Timbers Rd	City Middletown	State CT	Zip Code 06457-7116
Principal Occupation Writer	Name of Employer Parker Prose LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$150.00
If yes, list Event #	\$50.00		

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

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

Last Name Elliott	First Joshua	MI	Contribution ID # 1360
Residential Street Address 59 Macarthur Dr	City Hamden	State CT	Zip Code 06518-1408
Principal Occupation Owner	Name of Employer The Common Bond Market		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$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 Emmons	First Sharron	MI	Contribution ID # 1364
Residential Street Address 625 Millbrook Rd	City Middletown	State CT	Zip Code 06457-5521
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$50.00		

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

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

Last Name Caffrey	First Karen	MI	Contribution ID # 1254
Residential Street Address 30 Jenny Clfs	City Manchester	State CT	Zip Code 06040-6825
Principal Occupation Psychotherapist	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017	Aggregate Contributions \$60.00
If yes, list Event #	\$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 Casey		First Lorelei	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Ellis		First Georgia	MI 1361	
Residential Street Address 964 Shippian 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name DeLibero		First Geraldine	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Galle		First Rebecca	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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

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

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

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

Last Name Weiss	First Jessica	MI 1910	Contribution ID #
Residential Street Address 103 Wool St	City San Francisco	State CA	Zip Code 94110-5551
Principal Occupation People Development Specialist	Name of Employer Google		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$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 Zambrello Jr.		First Phil	MI Contribution ID # 1932
Residential Street Address 282 Blue Rd		City Middletown	State Zip Code CT 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/05/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Traskos		First David	MI Contribution ID # 1872
Residential Street Address 50 John St		City Clinton	State Zip Code CT 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/05/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Camarro		First Barbara	MI Contribution ID # 1258
Residential Street Address 55 Reid St		City Fairfield	State Zip Code CT 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/05/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Concanom		First Jean	MI Contribution ID # 1288
Residential Street Address 3 Barley Hill Rd		City Old Saybrook	State Zip Code CT 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/05/2017
If yes, list Event #		Aggregate Contributions \$5.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

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

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

Last Name Krefting	First Robert	MI	Contribution ID # 1520
Residential Street Address 4 Woodcrest Ln	City Danbury	State CT	Zip Code 06810-7143
Principal Occupation Consultant	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/06/2017	Aggregate Contributions \$5.00
If yes, list Event #	\$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 Estell	First Andrea	MI	Contribution ID # 1375
Residential Street Address 12 Lawson Rd	City Union	State CT	Zip Code 06076-4807
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/06/2017	Aggregate Contributions \$20.00
If yes, list Event #	\$20.00		

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

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

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

I. MONETARY RECEIPTS (Section A-J)

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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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

I. MONETARY RECEIPTS (Section A-J)

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 Manoranjan		First Ratneswary	MI	Contribution ID # 1575
Residential Street Address 3935 Tarrington Ln		City Columbus	State OH	Zip Code 43220-2299
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Dilley		First Nathan	MI	Contribution ID # 1335
Residential Street Address 1003 Sun Ridge St		City Lancaster	State OH	Zip Code 43130-8096
Principal Occupation Sales Director		Name of Employer PRIME AE Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Greenwell		First Louis	MI	Contribution ID # 1434
Residential Street Address 344 Benjamin Blvd		City Fisherville	State KY	Zip Code 40023-7535
Principal Occupation Manager		Name of Employer 3SG plus		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Barlow		First Malcom	MI	Contribution ID # 1202
Residential Street Address 627 Spring St		City Manchester	State CT	Zip Code 06040-6745
Principal Occupation Lawyer		Name of Employer Malcolm F Barlow Attorney at Law		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/09/2017	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 Bartlett-Josie	First Christine	MI	Contribution ID # 1204
Residential Street Address 1 University Pl	City New Haven	State CT	Zip Code 06511-3240
Principal Occupation Deputy Chief of Staff	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/09/2017	Aggregate Contributions \$20.00
If yes, list Event #	\$20.00		

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

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

Last Name Scott	First Darlene	MI	Contribution ID # 1804
Residential Street Address 462 Westgreen Ln	City Westerville	State OH	Zip Code 43082-6073
Principal Occupation GIS Director	Name of Employer 3SG Plus		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/09/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$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 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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/09/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/09/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$375.00		

I. MONETARY RECEIPTS (Section A-J)

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

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

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

Last Name Nair	First Sujatha	MI	Contribution ID # 1648
Residential Street Address 298 Beckley Ln	City Dublin	State OH	Zip Code 43017-1346
Principal Occupation Data Analyst	Name of Employer Doctors Consulting Services		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$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 Moch Poirier		First Susan	MI	Contribution ID # 1630
Residential Street Address 12 Woodchuck Hill Rd		City Weston	State CT	Zip Code 06883-2227
Principal Occupation Attorney		Name of Employer Moch Law		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Oliver		First Bill	MI	Contribution ID # 1667
Residential Street Address 258 Edgewood Ave		City New Haven	State CT	Zip Code 06511-4107
Principal Occupation Consultant		Name of Employer PRIME 3SG		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$250.00
Last Name Rasiah		First Anton	MI	Contribution ID # 1728
Residential Street Address 4209 Clifton Ct		City Dublin	State OH	Zip Code 43016-6908
Principal Occupation Accountant		Name of Employer PRIME AE GROUP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$375.00
Last Name Rasiah		First Sivakamasundari	MI	Contribution ID # 1729
Residential Street Address 4209 Clifton Ct		City Dublin	State OH	Zip Code 43016-6908
Principal Occupation Deputy Auditor, Tax Accounting		Name of Employer FRANKLIN COUNTY AUDITOR		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$375.00

I. MONETARY RECEIPTS (Section A-J)

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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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

I. MONETARY RECEIPTS (Section A-J)

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

Last Name Rosenthal	First Jonathan	MI 1765	Contribution ID #
Residential Street Address 64 Ferndale Dr	City Easton	State CT	Zip Code 06612-1936
Principal Occupation Economic Developer	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/12/2017	Aggregate Contributions \$5.00
If yes, list Event #	\$5.00		

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

Last Name Duff	First Christopher	MI	Contribution ID # 1352
Residential Street Address 61 Brookwood Dr Apt B	City Rocky Hill	State CT	Zip Code 06067-2717
Principal Occupation Sr. Account Manager	Name of Employer Burgess Group LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/12/2017	Aggregate Contributions \$25.00
If yes, list Event #	\$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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input checked="" 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 \$40.00
If yes, list Event # <u>05122017a</u>	\$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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/12/2017	Aggregate Contributions \$35.00
If yes, list Event #	\$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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/12/2017	Aggregate Contributions \$50.00
If yes, list Event # <u>05122017a</u>	\$50.00		

Last Name Hayden	First Edward	MI	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/12/2017	Aggregate Contributions \$200.00
If yes, list Event #	\$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 Hicks		First Richard	MI 1470
Residential Street Address 69 Eagle Holw		City Middletown	State CT Zip Code 06457-8744
Principal Occupation Musician		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/12/2017
If yes, list Event # <u>05122017a</u>		Aggregate Contributions \$20.00	
Last Name Heneghan		First Stephanie	MI 1466
Residential Street Address 9 Maxwell Dr		City Rocky Hill	State CT Zip Code 06067-1198
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/12/2017
If yes, list Event # <u>05122017a</u>		Aggregate Contributions \$50.00	
Last Name Coon		First Donn	MI M 1292
Residential Street Address 91 Ellis St , FCR 2		City New Britain	State CT Zip Code 06051-3424
Principal Occupation Bus Driver		Name of Employer Dattco Inc	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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
If yes, list Event # <u>05122017a</u>		Aggregate Contributions \$20.00	
Last Name Baio-Downes		First Claudia	MI 1198
Residential Street Address 10 Ten Rod Hwy		City Rocky Hill	State CT Zip Code 06067-2803
Principal Occupation Attorney		Name of Employer Howard Kohn Sprague & Fitzgerald, LLP	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/12/2017
If yes, list Event # <u>05122017a</u>		Aggregate Contributions \$45.00	
		\$25.00	

I. MONETARY RECEIPTS (Section A-J)

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 Boske		First Laurie	MI J 1228
Residential Street Address 18 Highland St		City Rocky Hill	State CT Zip Code 06067-3152
Principal Occupation Principal		Name of Employer Portland Board of Education	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/12/2017
If yes, list Event # <u>05122017a</u>		Aggregate Contributions \$25.00	
Last Name Krol		First Erin	MI 1521
Residential Street Address 108 Dorothy Dr		City Middletown	State CT Zip Code 06457-5304
Principal Occupation Photographer		Name of Employer Daphne and Dean	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/12/2017
If yes, list Event #		Aggregate Contributions \$250.00	
Last Name Krol		First Peter	MI 1522
Residential Street Address 108 Dorothy Dr		City Middletown	State CT Zip Code 06457-5304
Principal Occupation Retail Management		Name of Employer Pedal Power	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/12/2017
If yes, list Event #		Aggregate Contributions \$250.00	
Last Name Kitchel		First Ryan	MI 1508
Residential Street Address 73 Wolf Hill Ct		City Cheshire	State CT Zip Code 06410-1731
Principal Occupation Scientist		Name of Employer Ultimate Nutrition	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/13/2017
If yes, list Event #		Aggregate Contributions \$275.00	

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

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

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

Last Name Maniscalco	First Michael	MI	Contribution ID # 1573
Residential Street Address 23 Hidden Springs Rd	City Madison	State CT	Zip Code 06443-1670
Principal Occupation Bartender	Name of Employer Eli Cannons Tap Room		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/14/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$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 Duso		First Melinda	MI	Contribution ID # 1356
Residential Street Address 23 Hidden Springs Rd		City Madison	State CT	Zip Code 06443-1670
Principal Occupation Legal		Name of Employer Eversource		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/14/2017	Aggregate Contributions \$100.00
Last Name Watson		First Aubrey	MI	Contribution ID # 1908
Residential Street Address 70 White Rd		City Middletown	State CT	Zip Code 06457-2321
Principal Occupation Eli Cannon's		Name of Employer Bartender		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/14/2017	Aggregate Contributions \$100.00
Last Name Scacca		First Tony	MI	Contribution ID # 1792
Residential Street Address 46 Ralph Dr		City Berlin	State CT	Zip Code 06037-4043
Principal Occupation Self Employed		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/14/2017	Aggregate Contributions \$100.00
Last Name Sabatino		First Toni	MI	Contribution ID # 1774
Residential Street Address 18 Northwest Dr		City Northport	State NY	Zip Code 11768-1628
Principal Occupation Interior Designer		Name of Employer Toni Sabatino		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017	Aggregate Contributions \$375.00

I. MONETARY RECEIPTS (Section A-J)

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

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

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

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

I. MONETARY RECEIPTS (Section A-J)

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 Kannan		First Suresh	MI 1500
Residential Street Address 12 Deerfield Trce		City Burlington	State CT Zip Code 06013-1514
Principal Occupation Chief Scientist		Name of Employer NodeIn	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Kannan		First Suzanne	MI 1501
Residential Street Address 12 Deerfield Trce		City Burlington	State CT Zip Code 06013-1514
Principal Occupation Human Resources Coordinator		Name of Employer Prime AE	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Ivldi		First Margaret	MI M 1484
Residential Street Address 18 Northwest Dr		City Northport	State NY Zip Code 11768-1628
Principal Occupation Retired		Name of Employer None	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Peruzzotti		First Carl	MI 1699
Residential Street Address 69 Noble Ave		City Groton	State CT Zip Code 06340-5624
Principal Occupation Finical Advisory		Name of Employer Everest	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017
If yes, list Event #		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 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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017	Aggregate Contributions \$75.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017	Aggregate Contributions \$20.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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 type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017	Aggregate Contributions \$20.00
If yes, list Event #	\$20.00		

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

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

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

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

I. MONETARY RECEIPTS (Section A-J)

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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017	Aggregate Contributions \$10.00
If yes, list Event # <u>05192017a</u>	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" 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
If yes, list Event # <u>05192017a</u>	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" 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
If yes, list Event # <u>05192017a</u>	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/18/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
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-J)

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

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

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

Last Name Burgess	First Christine	MI 1248	Contribution ID #
Residential Street Address 50 Burt Dr	City Middlefield	State CT	Zip Code 06455-1124
Principal Occupation CASE MANAGER	Name of Employer State of CT - DDS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		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 Burgess	First David	MI	Contribution ID # 1249
Residential Street Address 50 Burt Dr	City Middlefield	State CT	Zip Code 06455-1124
Principal Occupation Social Worker	Name of Employer State of CT - DDS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017	Aggregate Contributions \$50.00
If yes, list Event # <u>05192017a</u>	\$50.00		

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

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

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

I. MONETARY RECEIPTS (Section A-J)

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 Daley		First Gerald	MI E 1316
Residential Street Address 70 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$50.00	
Last Name Currlin		First Jenna	MI 1307
Residential Street Address 84 Jackson Hill Rd		City Middlefield	State CT Zip Code 06455-1209
Principal Occupation Realtor		Name of Employer William Raveis real estate	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$90.00	
Last Name Chisem		First Isadore	MI 1277
Residential Street Address 219 Windham Ave		City Colchester	State CT Zip Code 06415-2817
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$100.00	
Last Name Giroux		First Gary	MI J 1418
Residential Street Address 860 Bullet Hill Rd		City Southbury	State CT Zip Code 06488-4611
Principal Occupation Engineer		Name of Employer Cardinal Engineering Assoc	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-J)

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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017	Aggregate Contributions \$150.00
If yes, list Event # <u>05192017a</u>		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017	Aggregate Contributions \$25.00
If yes, list Event # <u>05192017a</u>		\$25.00		
Last Name Gaunichaux		First Anthony	MI	Contribution ID # 1405
Residential Street Address 194 E Main St		City Middletown	State CT	Zip Code 06457-4401
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>05192017a</u>		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017	Aggregate Contributions \$25.00
If yes, list Event # <u>05192017a</u>		\$25.00		

I. MONETARY RECEIPTS (Section A-J)

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

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

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

Last Name Faulkner	First Jennette	MI M	Contribution ID # 1380
Residential Street Address 35 Snow Rdg S	City Middletown	State CT	Zip Code 06457-1566
Principal Occupation Sports Trainer	Name of Employer JVEST, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017	Aggregate Contributions \$20.00
If yes, list Event # <u>05192017a</u>	\$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 Fitzpatrick	First Grady	MI	Contribution ID # 1389
Residential Street Address 113 Goodman Dr	City Middletown	State CT	Zip Code 06457-1954
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$50.00	

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

Last Name Dowling	First Joyce	MI	Contribution ID # 1346
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event #		Aggregate Contributions \$250.00	

Last Name Dowling	First James	MI	Contribution ID # 1344
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$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 Proprietor	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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-J)

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

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

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

Last Name Lang	First Pamela	MI	Contribution ID # 1533
Residential Street Address 183 Cherry Hill Rd	City Middlefield	State CT	Zip Code 06455-1223
Principal Occupation Prop Master	Name of Employer Pamela Lang - Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>05192017a</u>	\$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 Konefal	First Evelyn	MI	Contribution ID # 1516
Residential Street Address 39 Cider Mill Rd	City Middlefield	State CT	Zip Code 06455
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$50.00	

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

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

Last Name Malespini	First Mary	MI	Contribution ID # 1567
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

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 Malespini		First Michele	MI Contribution ID # 1569
Residential Street Address 38 Oak Ridge Dr		City Deep River	State CT Zip Code 06417-1511
Principal Occupation Florist		Name of Employer Essex Flower Shop	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$25.00	
Last Name Malespini		First Sebastian	MI Contribution ID # 1570
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$100.00	
Last Name Lindner		First John	MI Contribution ID # 1550
Residential Street Address 26 Fowler Ln		City Middlefield	State CT Zip Code 06455-1000
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$50.00	
Last Name Liptak		First Robert	MI Contribution ID # 1553
Residential Street Address 38 High St		City Middlefield	State CT Zip Code 06455-1001
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$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 Lockton		First Lisa	MI M 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$200.00	
Last Name Polinsky		First Eric	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$375.00	
Last Name Pizzo		First Heide	MI T 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$100.00	
Last Name Pizzo		First Paul	MI S 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		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 Nowakowski	First Denise	MI	Contribution ID # 1660
Residential Street Address 24 Oakland Ct # A	City Meriden	State CT	Zip Code 06450-2460
Principal Occupation Office Manager	Name of Employer Landmark		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017	Aggregate Contributions \$30.00
If yes, list Event # <u>05192017a</u>	\$30.00		

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

Last Name Micciulla	First Angelo	MI	Contribution ID # 1623
Residential Street Address 88 Powder Hill Rd	City Middlefield	State CT	Zip Code 06455-1118
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 \$50.00
If yes, list Event # <u>05192017a</u>	\$50.00		

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

I. MONETARY RECEIPTS (Section A-J)

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 Morin		First Paul	MI E	Contribution ID # 1640
Residential Street Address 270 Stone Hill Rd		City Jewett City	State CT	Zip Code 06351-1230
Principal Occupation Project Designer		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" 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
Last Name Tischio		First Elizbeth	MI J	Contribution ID # 1868
Residential Street Address 5 Lakeview Pl		City Middlefield	State CT	Zip Code 06455-1042
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
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 \$40.00
Last Name Unger		First Barry	MI D	Contribution ID # 1878
Residential Street Address 219 Unity Rd		City Trumbull	State CT	Zip Code 06611-4930
Principal Occupation Architect Field		Name of Employer Barry Unger Assoc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
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 \$250.00
Last Name Wallett		First Craig	MI	Contribution ID # 1900
Residential Street Address 133 Powder Hill Rd		City Middlefield	State CT	Zip Code 06455-1133
Principal Occupation Facilities Manager		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
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 \$70.00
				\$50.00

I. MONETARY RECEIPTS (Section A-J)

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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>05192017a</u>	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017	Aggregate Contributions \$50.00
If yes, list Event # <u>05192017a</u>	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>05192017a</u>	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>05192017a</u>	\$100.00		

I. MONETARY RECEIPTS (Section A-J)

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 Stele		First John-Henry	MI M 1843
Residential Street Address 35 Louis Rd		City Middlefield	State CT Zip Code 06455-1108
Principal Occupation Attorney		Name of Employer Dey Smith Steele, LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$25.00	
Last Name Siebert		First Edward	MI 1821
Residential Street Address 48 Barberry Ln		City Meriden	State CT Zip Code 06451-2602
Principal Occupation Housing Specialist		Name of Employer Meriden Housing Authority	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$20.00	
Last Name Santangelo		First Jamie	MI 1786
Residential Street Address 77 Long Hill Rd		City Middlefield	State CT Zip Code 06455-1140
Principal Occupation Owner, Aesthetician		Name of Employer Art of Aesthetics	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$100.00	
Last Name Rossi		First Gordon	MI J 1766
Residential Street Address 101 Penwood Xing		City Glastonbury	State CT Zip Code 06033-2756
Principal Occupation Territory Manager		Name of Employer Garland Company	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

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

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

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

Last Name D'Aquila	First Todd	MI	Contribution ID # 1313
Residential Street Address 112 Murray St	City Middletown	State CT	Zip Code 06457-5428
Principal Occupation Park maintainer	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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/20/2017
If yes, list Event #		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 Warshauer	First Matthew	MI	Contribution ID # 1905
Residential Street Address 7259 Regina Royale	City Sarasota	State FL	Zip Code 34238-4543
Principal Occupation Architect	Name of Employer consultant		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/21/2017	Aggregate Contributions \$200.00
If yes, list Event #	\$200.00		

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

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

Last Name Lombardi	First Martha	MI	Contribution ID # 1559
Residential Street Address 39 Featherbed Ln	City Branford	State CT	Zip Code 06405-6116
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$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 Rago		First Christine	MI M 1725
Residential Street Address 22 Brookside Dr		City Suffield	State CT Zip Code 06078-1531
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name Buhler		First William	MI 1243
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017
If yes, list Event #		Aggregate Contributions \$175.00	
Last Name Gregory		First Tricia	MI 1435
Residential Street Address 117 Carmen Hill Rd		City New Milford	State CT Zip Code 06776-4548
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017
If yes, list Event #		Aggregate Contributions \$10.00	
Last Name Davis		First Sarah	MI 1322
Residential Street Address 13 High Meadow Ln		City Enfield	State CT Zip Code 06082-3936
Principal Occupation Teacher		Name of Employer Renbrook school	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017
If yes, list Event #		Aggregate Contributions \$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 Lukens		First Ellen	MI Contribution ID # 1562
Residential Street Address 46 Pine St		City Middletown	State Zip Code CT 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017
If yes, list Event #		Aggregate Contributions \$45.00	
Last Name Leven		First Leona	MI Contribution ID # 1548
Residential Street Address 123 York St Apt 9G		City New Haven	State Zip Code CT 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017
If yes, list Event #		Aggregate Contributions \$5.00	
Last Name Sharillo		First Erika	MI Contribution ID # 1809
Residential Street Address 84 Margarite Rd		City Middletown	State Zip Code CT 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Sutherland		First Michael	MI Contribution ID # 1853
Residential Street Address 6 Red Orange Rd		City Middletown	State Zip Code CT 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event #		Aggregate Contributions \$20.00	

I. MONETARY RECEIPTS (Section A-J)

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 LeVangie		First John	MI Contribution ID # 1546	
Residential Street Address 85 Lawler Ln		City Norwich	State Zip Code CT 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
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 05/25/2017	Aggregate Contributions \$25.00
Last Name Flynn		First Ginny	MI Contribution ID # 1392	
Residential Street Address 15 Fox Run		City New Milford	State Zip Code CT 06776-3210	
Principal Occupation Health Information Specialist		Name of Employer Newtown Family Dentistry		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$50.00
Last Name Daly		First Sean	MI Contribution ID # 1318	
Residential Street Address 208 N Berry Rd		City Roxbury	State Zip Code CT 06783	
Principal Occupation Business Manager		Name of Employer Local 90 IBEW		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$375.00
Last Name Franco		First Rachel	MI E Contribution ID # 1395	
Residential Street Address 28 Topsail Ln		City Mystic	State Zip Code CT 06355-2141	
Principal Occupation Business Manager		Name of Employer Norwich Family Dental Assoc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017	Aggregate Contributions \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

Last Name Hamrah	First Albert	MI	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017	Aggregate Contributions \$200.00
If yes, list Event # <u>06052017a</u>	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017	Aggregate Contributions \$200.00
If yes, list Event #	\$200.00		

I. MONETARY RECEIPTS (Section A-J)

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

Last Name Mello Miller	First Nancy	MI	Contribution ID # 1616
Residential Street Address 202 Ensign Dr	City Mystic	State CT	Zip Code 06355-1538
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017	Aggregate Contributions \$25.00
If yes, list Event #	\$25.00		

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

Last Name Richards	First Katharine	MI	Contribution ID # 1738
Residential Street Address 78 Algonquin Dr	City Mystic	State CT	Zip Code 06355-1721
Principal Occupation Professor	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017	Aggregate Contributions \$10.00
If yes, list Event #	\$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 Ruby		First Kathleen	MI	Contribution ID # 1768
Residential Street Address 33 Williams St , Noank		City Groton	State CT	Zip Code 06340-5533
Principal Occupation Software Implementation		Name of Employer FinacialForce.com		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$25.00
Last Name Sandford		First Chris	MI	Contribution ID # 1784
Residential Street Address 175 Upper Pattagansett Rd		City East Lyme	State CT	Zip Code 06333-1154
Principal Occupation Head of School		Name of Employer The Woodstock Academy		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$20.00
Last Name Spaulding		First Chris	MI	Contribution ID # 1839
Residential Street Address 116 Old Hyde Rd		City Weston	State CT	Zip Code 06883-1610
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/27/2017	Aggregate Contributions \$25.00
Last Name Pinney		First David	MI	Contribution ID # 1706
Residential Street Address 214 Maple St		City Somersville	State CT	Zip Code 06072
Principal Occupation Property Manager		Name of Employer David Pinney Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/27/2017	Aggregate Contributions \$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

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

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

Last Name Aldi	First Robert	MI	Contribution ID # 1182
Residential Street Address 231 Scotland Rd	City Norwich	State CT	Zip Code 06360-1657
Principal Occupation Child Support Enforcement	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/27/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/28/2017
If yes, list Event #		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/28/2017
If yes, list Event #		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/28/2017
If yes, list Event #		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/29/2017
If yes, list Event #		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 Kolosky		First Michael	MI	Contribution ID # 1515
Residential Street Address 27 Ribera Ln		City Middletown	State CT	Zip Code 06457-5594
Principal Occupation Attorney		Name of Employer Cigna		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$100.00
Last Name Kronenberger		First Elizabeth	MI	Contribution ID # 1523
Residential Street Address 132 Ballfall Rd		City Middletown	State CT	Zip Code 06457-2329
Principal Occupation Laboratory Consultant		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$300.00
Last Name Killian Jr.		First Robert	MI	Contribution ID # 1506
Residential Street Address 83 Bloomfield Ave		City Hartford	State CT	Zip Code 06105-1007
Principal Occupation Killian and Donohue		Name of Employer Lawyer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$375.00
Last Name Mazzotta		First Mikayla	MI	Contribution ID # 1594
Residential Street Address 8 Aresco Dr		City Rockfall	State CT	Zip Code 06481-2017
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated 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 05/30/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-J)

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

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

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

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

I. MONETARY RECEIPTS (Section A-J)

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 Merolla-Martin		First Joann	MI 1619
Residential Street Address 46 Clifton Pl		City Norwich	State CT Zip Code 06360-6650
Principal Occupation Tax Advisor		Name of Employer Joann Merolla-Martin	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name Paro		First Roberta	MI 1680
Residential Street Address 246A Yantic St		City Norwich	State CT Zip Code 06360-4134
Principal Occupation Teacher		Name of Employer Vista Life Innovations	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name Corsino		First Franca	MI 1295
Residential Street Address 331 Ballfall Rd		City Middletown	State CT Zip Code 06457-2326
Principal Occupation Contract Coordinator		Name of Employer Aetna Insurance	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Bauer		First Nancy	MI A 1209
Residential Street Address 726 Long Hill Rd		City Middletown	State CT Zip Code 06457-5014
Principal Occupation Educator		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$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 Hajjar	First Evalynne	MI 1446	Contribution ID # 1446
Residential Street Address 730 Canton Ave	City Milton	State MA	Zip Code 02186-3134
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$250.00
If yes, list Event #	\$250.00		

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

Last Name Dixon	First Christa	MI 1340	Contribution ID # 1340
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$45.00
If yes, list Event #	\$20.00		

Last Name Stewart	First Robert	MI 1846	Contribution ID # 1846
Residential Street Address 73 Asylum St	City Norwich	State CT	Zip Code 06360-4923
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$25.00
If yes, list Event #	\$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 VonDorster		First Mary	MI	Contribution ID # 1894
Residential Street Address 355 Brook St		City Groton	State CT	Zip Code 06340-4834
Principal Occupation Attorney		Name of Employer CT Legal Services		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Willis		First Matthew	MI	Contribution ID # 1919
Residential Street Address 65 Cider Mill Rd		City Rockfall	State CT	Zip Code 06481-2011
Principal Occupation Attorney		Name of Employer Halloran & Sage, LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$10.00
If yes, list Event #		\$10.00		
Last Name Zimmitti		First Maria	MI	Contribution ID # 1936
Residential Street Address 506 Ballfall Rd		City Middletown	State CT	Zip Code 06457-2374
Principal Occupation		Name of Employer Maria Zimmitti - Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name White		First Courtney	MI	Contribution ID # 1914
Residential Street Address 365 Middlefield St		City Middletown	State CT	Zip Code 06457-3645
Principal Occupation Disability Claims Case Manager		Name of Employer Liberty Mutual		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$5.00
If yes, list Event #		\$5.00		

I. MONETARY RECEIPTS (Section A-J)

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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$25.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$50.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$50.00
If yes, list Event #	\$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 Samolis	First Joseph	MI	Contribution ID # 1777
Residential Street Address 84 Bretton Rd	City Middletown	State CT	Zip Code 06457-4150
Principal Occupation Planning conservation and development	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$350.00
If yes, list Event #			\$250.00

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

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

Last Name Gugliotti	First Thomas	MI	Contribution ID # 1439
Residential Street Address 17 Millstone Dr	City Avon	State CT	Zip Code 06001-2335
Principal Occupation Partner	Name of Employer Updike Kelly & Spellacy		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$25.00
If yes, list Event #			\$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 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 Michele Guinault-Picciotto		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$25.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$20.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$200.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$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 O'Leary	First Patrice	MI	Contribution ID # 1663
Residential Street Address 127 Ann St	City Meriden	State CT	Zip Code 06450-5935
Principal Occupation Procurement Mgr	Name of Employer Island Companies		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$50.00	
		\$50.00	

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

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Drew for CT		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Manfield		First Robert	MI 1572
Residential Street Address 920 Sherman Ave		City Hamden	State CT Zip Code 06514-1148
Principal Occupation Vice President		Name of Employer Utility Communications	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$150.00	
Last Name Kelly		First Thomas	MI E 1503
Residential Street Address 28 Plumb Rd		City Trumbull	State CT Zip Code 06611-4133
Principal Occupation Regulatory Affairs		Name of Employer UnitedHealthcare	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$300.00	
Last Name Honneus		First David	MI 1475
Residential Street Address 205 Bentley Ct		City Brewster	State NY Zip Code 10509-6554
Principal Occupation Sales		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$60.00	
Last Name Kronenberger		First Erin	MI 1524
Residential Street Address 103 Birdsey Ave Fl 2		City Middletown	State CT Zip Code 06457-4303
Principal Occupation Teacher		Name of Employer City of Meriden BOE	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		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 Kruk	First Pauline	MI	Contribution ID # 1526
Residential Street Address 165 Walsh Ave	City Newington	State CT	Zip Code 06111-2848
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$20.00	

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

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

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

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

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

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

I. MONETARY RECEIPTS (Section A-J)

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 Sclare		First Daniel	MI	Contribution ID # 1803
Residential Street Address 13 Farmstead Ln		City Ellington	State CT	Zip Code 06029-4242
Principal Occupation Retired teacher		Name of Employer S. Windsor Board of Ed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/02/2017	Aggregate Contributions \$10.00
Last Name Sisson		First Elaine C.	MI	Contribution ID # 1825
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/02/2017	Aggregate Contributions \$65.00
Last Name Wilson		First Brenda	MI	Contribution ID # 1922
Residential Street Address 163 Cynthia Ln Apt A2		City Middletown	State CT	Zip Code 06457-2126
Principal Occupation Director		Name of Employer Ryan Woods Autism Foundation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/02/2017	Aggregate Contributions \$105.00
Last Name Stewart		First Frank	MI	Contribution ID # 1845
Residential Street Address 1061 Matianuck Ave		City Windsor	State CT	Zip Code 06095-3209
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/03/2017	Aggregate Contributions \$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

Last Name Wallace	First Gary	MI 1897	
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/03/2017	Aggregate Contributions \$200.00
If yes, list Event #	\$100.00		

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

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

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

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

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

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

I. MONETARY RECEIPTS (Section A-J)

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 Santostefano		First Raymond	MI A 1789
Residential Street Address 166 Dora Dr		City Middletown	State CT Zip Code 06457-4163
Principal Occupation Maintenance 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$100.00	
Last Name Smith		First Erin	MI A 1832
Residential Street Address 53 W Meadow Ln		City Middletown	State CT Zip Code 06457-1684
Principal Occupation Attorney		Name of Employer	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Secore		First Donald	MI J 1807
Residential Street Address 700 Ridgewood Rd		City Middletown	State CT Zip Code 06457-1735
Principal Occupation Owner, Sub Contractor		Name of Employer American Liberty Instillation	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$200.00	
Last Name Schmidt		First Robert	MI J 1800
Residential Street Address 1011 Town Colony Dr		City Middletown	State CT Zip Code 06457-5920
Principal Occupation Registrar of Voters		Name of Employer Town of Somers	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		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 Schmidt	First Theresa	MI	Contribution ID # 1801
Residential Street Address 62 Pond Cir	City Somers	State CT	Zip Code 06071-1658
Principal Occupation RN Advisor	Name of Employer Vizient Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$50.00
If yes, list Event #	\$50.00		

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

Last Name Vinci	First Joseph	MI	Contribution ID # 1888
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$200.00
If yes, list Event # <u>06052017a</u>	\$200.00		

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

I. MONETARY RECEIPTS (Section A-J)

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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$125.00	
Last Name Turner		First Maria	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$375.00	
Last Name Turner		First Michael	MI J 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$375.00	
Last Name Van Rijssen		First Hendrik	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$20.00	
		\$20.00	

I. MONETARY RECEIPTS (Section A-J)

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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Method of 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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
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-J)

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 1321
Residential Street Address 74 Abbey Rd		City East Hampton	State CT Zip Code 06424-2103
Principal Occupation Business manager Finantial Secretay-Treasurer		Name of Employer Roofers / Waterproofers Local 12	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$40.00	
Last Name D'Aquila		First Thomas	MI C 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$100.00	
Last Name D'Aquila		First Sally	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$375.00	
Last Name D'Aquila		First Salvatore	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$375.00	
		\$75.00	

I. MONETARY RECEIPTS (Section A-J)

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 Carabetta		First Giovanni	MI 1262
Residential Street Address 187 Canyon Dr		City Meriden	State CT Zip Code 06450-2433
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$100.00	
Last Name Carabetta		First Joseph	MI F 1263
Residential Street Address 187 Canyon Dr		City Meriden	State CT Zip Code 06450-2433
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$100.00	
Last Name Girgenti		First Aldo	MI 1417
Residential Street Address 282 Millbrook Rd		City Middletown	State CT Zip Code 06457-5580
Principal Occupation Clerk		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$100.00	
Last Name Emond		First Normand	MI P 1365
Residential Street Address 20 Hall Hill Rd		City Portland	State CT Zip Code 06480-1644
Principal Occupation Superintendent		Name of Employer IHC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$200.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Drew for CT		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Donatelli		First Anthony	MI M 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$200.00	
Last Name Desmarais		First Robert	MI 1331
Residential Street Address 57 Shadduck 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name Perrotti		First MaryAnn	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Polinsky		First Andrea	MI M 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$375.00	
		\$375.00	

I. MONETARY RECEIPTS (Section A-J)

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 Pulino		First Franco	MI 1723
Residential Street Address 164 Fowler Ave		City Middletown	State CT Zip Code 06457-5302
Principal Occupation Building Management		Name of Employer Carabetta	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$100.00	
Last Name Rollefson		First Virginia	MI 1754
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$85.00	
Last Name Parnasso		First Aldo	MI 1677
Residential Street Address 98 Brown St		City Middletown	State CT Zip Code 06457-5017
Principal Occupation Regional Management		Name of Employer Carabetta	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$100.00	
Last Name Parnasso		First Melinda	MI M 1678
Residential Street Address 98 Brown St		City Middletown	State CT Zip Code 06457-5017
Principal Occupation Cafeteria Worker		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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
If yes, list Event # <u>06052017a</u>		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 Patrician		First Debra	MI 1688
Residential Street Address 81 Long Hill Rd		City Deep River	State CT Zip Code 06417-2105
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$150.00	
Last Name Milardo		First Michael	MI A 1625
Residential Street Address 33 Birdsey Ave		City Middletown	State CT Zip Code 06457-4301
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Milardo		First Sebastiano	MI 1626
Residential Street Address 713 Pine St		City Middletown	State CT Zip Code 06457-4176
Principal Occupation Owner		Name of Employer Melilli Cafe	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$200.00	
Last Name Monarca		First Marianne	MI 1633
Residential Street Address 191 Clark Hill Rd		City East Hampton	State CT Zip Code 06424-1918
Principal Occupation Special Projects Manager		Name of Employer Meriden Housing Authority	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$375.00	
		\$325.00	

I. MONETARY RECEIPTS (Section A-J)

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 Monarca		First Richard	MI 1634
Residential Street Address 98 Grove St		City Middletown	State CT Zip Code 06457-2221
Principal Occupation Contractor		Name of Employer Monarca Construction	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$150.00	
Last Name Monarca		First Darly	MI M 1631
Residential Street Address 24 Cimarron Rd		City Middletown	State CT Zip Code 06457-2354
Principal Occupation Office		Name of Employer Monarca Construction	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$150.00	
Last Name Moore		First John	MI A 1637
Residential Street Address 180 Johnson St		City Middletown	State CT Zip Code 06457-2247
Principal Occupation Auto Body Tech		Name of Employer Fat City Motor Cycles	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$350.00	
If yes, list Event # <u>06052017a</u>		Amount of Contribution \$100.00	
Last Name Moore		First Mariah	MI 1638
Residential Street Address 50 Military Rd		City Middletown	State CT Zip Code 06457-2002
Principal Occupation Nurse		Name of Employer Hartford Hospital	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$100.00	
If yes, list Event # <u>06052017a</u>		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-J)

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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$110.00	
Last Name Massaro		First Sandra	MI 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 Engineering Services, Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>05192017a</u>		Aggregate Contributions \$250.00	
Last Name Larson		First Sue	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$25.00	
Last Name Larson		First David	MI H 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event # <u>06052017a</u>		Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-J)

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 Nielsen		First Eric	MI 1655	
Residential Street Address 25 Dryden Dr		City Meriden	State CT Zip Code 06450-6114	
Principal Occupation Case Management 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
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 06/06/2017	Aggregate Contributions \$25.00
Last Name Fleming		First Ben	MI 1390	
Residential Street Address 1314 Cromwell Hills Dr		City Cromwell	State CT Zip Code 06416-1815	
Principal Occupation Financial Service		Name of Employer Voya Fin Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$25.00
Last Name Guy		First Isabel	MI F 1442	
Residential Street Address 161 Mount Vernon St		City Middletown	State CT Zip Code 06457-3214	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$85.00
Last Name Boyd		First Robert	MI 1230	
Residential Street Address 10 Main St		City Cheshire	State CT Zip Code 06410-2403	
Principal Occupation teacher		Name of Employer Cheshire Academy		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$15.00

I. MONETARY RECEIPTS (Section A-J)

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 Shatzer		First Lewis	MI Contribution ID # 1810	
Residential Street Address 62 Williams St Apt 2		City Norwich	State Zip Code CT 06360-3443	
Principal Occupation retired		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$25.00
Last Name Scruggs		First Lyle	MI Contribution ID # 1806	
Residential Street Address 21 Thomas Dr		City Storrs	State Zip Code CT 06268-1211	
Principal Occupation Professor, Political Science		Name of Employer University of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$50.00
Last Name Waller		First Debra	MI Contribution ID # 1898	
Residential Street Address 259 Park Rd		City Haddam	State Zip Code CT 06438-1225	
Principal Occupation Assembler		Name of Employer Lee Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$15.00
Last Name Waller		First Robert	MI Contribution ID # 1899	
Residential Street Address 259 Park Rd		City Haddam	State Zip Code CT 06438-1225	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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

I. MONETARY RECEIPTS (Section A-J)

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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$25.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$50.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$20.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$20.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Parrotta		First Peter	MI	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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

I. MONETARY RECEIPTS (Section A-J)

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 Pomeranz		First James	MI L 1714
Residential Street Address 265 Farms Village Rd # 727		City West Simsbury	State CT Zip Code 06092-2437
Principal Occupation Attorney		Name of Employer Pomerantz, Drayton, and Stabnick	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Hutton		First Thomas	MI 1483
Residential Street Address 11 Blue Hill Rd		City Middletown	State CT Zip Code 06457-5001
Principal Occupation Retired		Name of Employer	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name McCarthy		First Richard	MI 1597
Residential Street Address 150 Bay View Ave		City Mystic	State CT Zip Code 06355-2341
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Lukens		First Ellen	MI 1563
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017
If yes, list Event #		Aggregate Contributions \$65.00	
		\$20.00	

I. MONETARY RECEIPTS (Section A-J)

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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017
If yes, list Event # <u>06082017a</u>		Aggregate Contributions \$90.00	
Last Name Johnson		First Judy	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017
If yes, list Event # <u>06082017a</u>		Aggregate Contributions \$30.00	
Last Name Nocera		First Gene	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017
If yes, list Event # <u>06082017a</u>		Aggregate Contributions \$25.00	
Last Name Nocera		First Karen	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017
If yes, list Event # <u>06082017a</u>		Aggregate Contributions \$175.00	

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 Orr		First Jean	MI Contribution ID # 1669
Residential Street Address 11 Hamlin Ct		City Middletown	State Zip Code CT 06457-3253
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017
If yes, list Event # <u>06082017a</u>		Aggregate Contributions \$30.00	
Last Name Davis		First Trevor	MI Contribution ID # 1323
Residential Street Address 585 Arbutus St		City Middletown	State Zip Code CT 06457-5184
Principal Occupation Real Estate Broker		Name of Employer Trevor Davis Commercial Real E	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017
If yes, list Event # <u>06082017a</u>		Aggregate Contributions \$25.00	
Last Name Browning		First Sam	MI Contribution ID # 1237
Residential Street Address 671 Scotland Rd		City Norwich	State Zip Code CT 06360-9403
Principal Occupation Attorney		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017
If yes, list Event # <u>06082017a</u>		Aggregate Contributions \$50.00	
Last Name Alderman		First Kathleen	MI Contribution ID # 1180
Residential Street Address 8 Knowles Ave		City Middletown	State Zip Code CT 06457-3117
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017
If yes, list Event # <u></u>		Aggregate Contributions \$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 Arafah		First Barbara	MI Contribution ID # 1192
Residential Street Address 116 Bretton Rd		City Middletown	State Zip Code CT 06457-4148
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017
If yes, list Event # <u>06082017a</u>		Aggregate Contributions \$275.00	
Last Name Daley		First Gerald	MI Contribution ID # E 1317
Residential Street Address 70 Autumn Ln		City Middletown	State Zip Code CT 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017
If yes, list Event # <u>06082017a</u>		Aggregate Contributions \$100.00	
Last Name Serra		First Marie	MI Contribution ID # 1808
Residential Street Address 1510 Randolph Rd		City Middletown	State Zip Code CT 06457-5114
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017
If yes, list Event # <u>06082017a</u>		Aggregate Contributions \$200.00	
Last Name Schmitz		First Paul	MI Contribution ID # 1802
Residential Street Address 184 Russett Ln		City Middletown	State Zip Code CT 06457-5822
Principal Occupation MGT Consultant		Name of Employer Paul Schmitz	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 06/08/2017
If yes, list Event # <u>06082017a</u>		Aggregate Contributions \$10.00	

I. MONETARY RECEIPTS (Section A-J)

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 Russo		First William	MI 1772
Residential Street Address 1112 Town Pl		City Middletown	State CT Zip Code 06457-1750
Principal Occupation City of Middletown		Name of Employer Public Works Director	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017
If yes, list Event # <u>06082017a</u>		Aggregate Contributions \$300.00	
Last Name Russo		First Daniel	MI 1770
Residential Street Address 78 Hawks Nest Cir		City Middletown	State CT Zip Code 06457-1514
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 06/08/2017
If yes, list Event # <u>06082017a</u>		Aggregate Contributions \$10.00	
Last Name Ranslow		First Mandy	MI 1726
Residential Street Address 190 Liberty St Fl 3		City Middletown	State CT Zip Code 06457-2662
Principal Occupation Archaeologist		Name of Employer Connecticut Department of Transportation	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/10/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Peterson		First Elizabeth	MI W 1701
Residential Street Address 15 Browns Crossing Rd		City Gales Ferry	State CT Zip Code 06335-1408
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/12/2017
If yes, list Event #		Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-J)

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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/12/2017	Aggregate Contributions \$20.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/12/2017	Aggregate Contributions \$25.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/12/2017	Aggregate Contributions \$50.00
If yes, list Event #		\$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 Falzarano		First Anthony	MI	Contribution ID # 1377
Residential Street Address 75 Latici St		City Putnam	State CT	Zip Code 06260-1131
Principal Occupation Mayor		Name of Employer Town of Putnam		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Faraci		First Sandra	MI	Contribution ID # 1378
Residential Street Address 25 Schuyler Ave		City Middletown	State CT	Zip Code 06457-4328
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$100.00
Last Name Gomes		First Marlana	MI	Contribution ID # 1426
Residential Street Address 170 Clover St		City Middletown	State CT	Zip Code 06457-5206
Principal Occupation Operations & Technology Intern		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated 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 06/12/2017	Aggregate Contributions \$50.00
Last Name Gomes		First Matthew	MI	Contribution ID # 1427
Residential Street Address 170 Clover St		City Middletown	State CT	Zip Code 06457-5206
Principal Occupation Student		Name of Employer Student at Union College		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated 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 06/12/2017	Aggregate Contributions \$50.00

I. MONETARY RECEIPTS (Section A-J)

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 Gomes		First Tina	MI F 1429	
Residential Street Address 170 Clover St		City Middletown	State CT Zip Code 06457-5206	
Principal Occupation Finance - Government		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Gambino		First Robert	MI 1400	
Residential Street Address 4 Old Mill Rd		City New Milford	State CT Zip Code 06776-2111	
Principal Occupation Not Employed		Name of Employer Not Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$250.00
Last Name Russo		First Guy	MI P 1771	
Residential Street Address 599 Chamberlain Hill Rd		City Middletown	State CT Zip Code 06457-5546	
Principal Occupation Director Water Infrastructure		Name of Employer Prime AE Group INC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$250.00
Last Name Thornton		First Domenique	MI 1866	
Residential Street Address 168 Timber Ridge Rd		City Middletown	State CT Zip Code 06457-1538	
Principal Occupation Attorney		Name of Employer State of CT Dept. of Labor		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$375.00
				\$175.00

I. MONETARY RECEIPTS (Section A-J)

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 Smyth		First Frederick	MI C 1835
Residential Street Address 42 Birch Mill Trl		City Essex	State CT Zip Code 06426-1203
Principal Occupation Operations Manager		Name of Employer Dainty Rubbish Services	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/12/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Wellin		First Paul	MI 1911
Residential Street Address 482 E St Plainville Ct # 6062		City Plainville	State CT Zip Code 06062
Principal Occupation Partner		Name of Employer Ironworkers Local 15	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/12/2017
If yes, list Event #		Aggregate Contributions \$5.00	
Last Name Stephens		First Mark	MI 1844
Residential Street Address 33 Maple Ave		City Higganum	State CT Zip Code 06441-4233
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/13/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Rutty		First Wayne	MI 1773
Residential Street Address 34 Rutty Ln		City Haddam	State CT Zip Code 06438-1258
Principal Occupation retired		Name of Employer Middlesex Hospital	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/13/2017
If yes, list Event #		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 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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/13/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/13/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$5.00
If yes, list Event #	\$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 Gomes		First Steven	MI M 1428
Residential Street Address 170 Clover St		City Middletown	State CT Zip Code 06457-5206
Principal Occupation Information Technology		Name of Employer Optum Technologies	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06302017a</u>		Aggregate Contributions \$50.00	
Last Name English		First Maura	MI 1370
Residential Street Address 320 W 84th St Apt 1D		City New York	State NY Zip Code 10024-4207
Principal Occupation Vice President, Business Development		Name of Employer Avenue Capital Group	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06302017a</u>		Aggregate Contributions \$25.00	
Last Name Browning		First Samuel	MI P 1238
Residential Street Address 671 Scotland Rd		City Norwich	State CT Zip Code 06360-9403
Principal Occupation attorney		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06302017a</u>		Aggregate Contributions \$50.00	
Last Name Bellmore		First Sandra	MI A 1218
Residential Street Address 41 Evergreen Springs Park		City Clinton	State CT Zip Code 06413
Principal Occupation info requested		Name of Employer info requested	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06302017a</u>		Aggregate Contributions \$375.00	
		\$375.00	

I. MONETARY RECEIPTS (Section A-J)

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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Rook		First Victor	MI	Contribution ID # B 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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

I. MONETARY RECEIPTS (Section A-J)

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 Roegiers		First Gary	MI V 1751
Residential Street Address 31 Sachem Dr		City Middletown	State CT Zip Code 06457-1707
Principal Occupation Physician		Name of Employer Connecticut Spine & Sports Medicine	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Taylor		First Kyle	MI 1859
Residential Street Address 804 Main St Apt 2		City El Segundo	State CA Zip Code 90245-2319
Principal Occupation President		Name of Employer USA	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event #		Aggregate Contributions \$5.00	
Last Name Walsh		First Michael	MI 1902
Residential Street Address 18 Pent Rd		City Bloomfield	State CT Zip Code 06002-1519
Principal Occupation Trial Attorney		Name of Employer Walsh Woodard, LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Tundermann		First Roberta	MI 1873
Residential Street Address 132 Margarite Road Ext		City Middletown	State CT Zip Code 06457-5137
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event #		Aggregate Contributions \$55.00	
		\$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 Woodard		First D. Lincoln	MI	Contribution ID # 1927
Residential Street Address 525 Chestnut Hill Rd		City Glastonbury	State CT	Zip Code 06033-4105
Principal Occupation attorney		Name of Employer self employed/walsh woodard, llc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017	Aggregate Contributions \$375.00
If yes, list Event #		\$375.00		
Last Name Wolfram		First Douglas	MI	Contribution ID # 1925
Residential Street Address 34 Henry Rd		City Danielson	State CT	Zip Code 06239-3320
Principal Occupation Manager		Name of Employer Central Breaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name McInerney		First Charles	MI	Contribution ID # 1611
Residential Street Address 929 Middle St		City Middletown	State CT	Zip Code 06457-1526
Principal Occupation Florist		Name of Employer McInerney Farm		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$75.00
If yes, list Event #		\$75.00		
Last Name Rosario		First Jenna	MI	Contribution ID # 1761
Residential Street Address 177 Dora Dr		City Middletown	State CT	Zip Code 06457-4173
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$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 Rosario		First Michael	MI 1762
Residential Street Address 177 Dora Dr		City Middletown	State CT Zip Code 06457-4173
Principal Occupation Pipe Fitter		Name of Employer Local 777	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Orr		First Jean	MI 1670
Residential Street Address 11 Hamlin Ct		City Middletown	State CT Zip Code 06457-3253
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event #		Aggregate Contributions \$80.00	
Last Name Castillo		First Yolanda	MI 1272
Residential Street Address 123 Main St Apt C		City Manchester	State CT Zip Code 06042-3165
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event #		Aggregate Contributions \$15.00	
Last Name Bengtson		First Katie	MI 1220
Residential Street Address 8 Glenwood Dr		City East Hampton	State CT Zip Code 06424-1345
Principal Occupation Teacher		Name of Employer Wethersfield Public Schools	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

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 Barber		First Kenneth	MI 1201
Residential Street Address 39 Daly Rd		City East Hampton	State CT Zip Code 06424-1608
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Baker		First Frederick	MI M 1199
Residential Street Address 947 Roxburgh Ave		City East Lansing	State MI Zip Code 48823-3130
Principal Occupation Attorney		Name of Employer Frederick M. Baker Jr., PLLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Greenberg		First Michael	MI A 1433
Residential Street Address 34 Evergreen Ave		City Middletown	State CT Zip Code 06457-4605
Principal Occupation Sales Representative		Name of Employer Allan S Goodman	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Hassett		First Kevin	MI 1457
Residential Street Address 28 Magnolia Ave		City Middletown	State CT Zip Code 06457-4351
Principal Occupation Operating Engineer		Name of Employer C.J. Fucci Construction	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event #		Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-J)

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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Gilbert		First George	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/17/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name More		First John	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/17/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Mitchell		First Ellen	MI 1629
Residential Street Address 5019 0 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/17/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

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 Pugliese		First Richard	MI	Contribution ID # 1722
Residential Street Address 1703 Randolph Rd		City Middletown	State CT	Zip Code 06457-4041
Principal Occupation Physician - retired		Name of Employer Middlesex Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$170.00
Last Name Warmath		First Michelle	MI	Contribution ID # 1904
Residential Street Address 1191 Berlin Tpke Unit 12		City Berlin	State CT	Zip Code 06037-3228
Principal Occupation TRANSLATOR		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$25.00
Last Name Spaulding		First Christopher	MI	Contribution ID # 1840
Residential Street Address 116 Old Hyde Rd		City Weston	State CT	Zip Code 06883-1610
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$20.00
Last Name Reardon		First Ines	MI	Contribution ID # 1731
Residential Street Address 105 Liberty St		City Madison	State CT	Zip Code 06443-3200
Principal Occupation professor		Name of Employer Univ New Haven		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/18/2017	Aggregate Contributions \$250.00

I. MONETARY RECEIPTS (Section A-J)

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 Pioggia		First Ray	MI 1707	
Residential Street Address 819 River Blvd		City Suffield	State CT Zip Code 06078-1498	
Principal Occupation photojournalist		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$10.00
Last Name Otte		First Karen	MI 1671	
Residential Street Address 525 New Haven Rd		City Durham	State CT Zip Code 06422-2510	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$50.00
Last Name Paris		First Anne	MI 1675	
Residential Street Address 4014 41st St N		City Arlington	State VA Zip Code 22207-4612	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$5.00
Last Name Horsley		First Valerie	MI 1476	
Residential Street Address 31 Edwards St		City New Haven	State CT Zip Code 06511-3943	
Principal Occupation Professor		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$30.00

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

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

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

Last Name Gasparri	First Robert	MI	Contribution ID # 1403
Residential Street Address 54 Fleetwood Dr	City Waterbury	State CT	Zip Code 06706-2801
Principal Occupation Construction	Name of Employer Bob Gasparri		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017
If yes, list Event #		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 Hayden		First Ed	MI 1458	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$50.00
Last Name Donovan		First Christopher	MI 1343	
Residential Street Address 188 Atkins St		City Meriden	State CT Zip Code 06450-3404	
Principal Occupation Political Action Coordinator		Name of Employer Connecticut Education Assoc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$100.00
Last Name Vigue		First James	MI 1886	
Residential Street Address 490 Burlington Ave		City Bristol	State CT Zip Code 06010-3105	
Principal Occupation Legislative Advocate		Name of Employer AFT - Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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 type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$50.00
Last Name Valys		First Patricia	MI 1882	
Residential Street Address 1019 Upper Maple St		City Dayville	State CT Zip Code 06241-2015	
Principal Occupation		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated 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 06/19/2017	Aggregate Contributions \$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

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

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

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

I. MONETARY RECEIPTS (Section A-J)

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 Stalzer		First Sue	MI	Contribution ID # 1842
Residential Street Address 39W991 Carl Sandburg Rd		City Saint Charles	State IL	Zip Code 60175-7750
Principal Occupation Real estate agent		Name of Employer Baird and Warner		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$5.00
If yes, list Event #		\$5.00		
Last Name Dickerson		First Caitlin	MI	Contribution ID # 1333
Residential Street Address 2543 Meridian Pkwy Apt 1110		City Durham	State NC	Zip Code 27713-2484
Principal Occupation GME Coordinator		Name of Employer Duke		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$5.00
If yes, list Event #		\$5.00		
Last Name Hall		First Gretchen	MI	Contribution ID # 1451
Residential Street Address 7 Louis Dr		City Wellesley Hills	State MA	Zip Code 02481-1164
Principal Occupation magazine publisher		Name of Employer PwC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$20.00
If yes, list Event #		\$20.00		
Last Name Fish		First Dorothy C.	MI	Contribution ID # 1388
Residential Street Address 135 Appletree Dr		City East Hartford	State CT	Zip Code 06118-3503
Principal Occupation Nurse		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

I. MONETARY RECEIPTS (Section A-J)

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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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

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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" 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
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name Kelly		First Cristyn	MI 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017
If yes, list Event #		Aggregate Contributions \$5.00	
Last Name Martin		First Terra	MI 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Meyering		First Kathy	MI 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

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 Newton		First Ana Alicia	MI	Contribution ID # 1654
Residential Street Address 9 Stratton Rd		City Granby	State CT	Zip Code 06035-1716
Principal Occupation Director		Name of Employer Nourish My Soul		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$20.00
Last Name Paro		First Roberta	MI	Contribution ID # 1681
Residential Street Address 246A Yantic St		City Norwich	State CT	Zip Code 06360-4134
Principal Occupation Teacher		Name of Employer Vista Life Innovations		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$45.00
Last Name Pestal		First Michael	MI	Contribution ID # 1700
Residential Street Address 64 Prout Hill Rd		City Middletown	State CT	Zip Code 06457-5430
Principal Occupation teacher		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$25.00
Last Name Marafino		First Bette	MI	Contribution ID # 1577
Residential Street Address 982 N Main St		City West Hartford	State CT	Zip Code 06117-2054
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$30.00
				\$25.00

I. MONETARY RECEIPTS (Section A-J)

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 Klinck		First Mary	MI	Contribution ID # 1511
Residential Street Address 2 Broom Rd		City East Haddam	State CT	Zip Code 06423-1399
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$50.00
If yes, list Event #				
Last Name Cotten		First W. Vance	MI	Contribution ID # 1301
Residential Street Address 322 Butternut St		City Middletown	State CT	Zip Code 06457-3004
Principal Occupation Bishop/Pastor		Name of Employer Shiloh Missionary Baptist Church		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$170.00
If yes, list Event #				
Last Name Corden		First Cynthia	MI	Contribution ID # 1294
Residential Street Address 3 Hughes Pl Apt A		City New Haven	State CT	Zip Code 06511-4967
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$35.00
If yes, list Event #				
Last Name Casserino		First Daniel	MI	Contribution ID # 1270
Residential Street Address 130 Deepwood Dr		City Lebanon	State CT	Zip Code 06249-2143
Principal Occupation Administrator		Name of Employer Department of Defense		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$50.00
If yes, list Event #				

I. MONETARY RECEIPTS (Section A-J)

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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
If yes, list Event #		Aggregate Contributions \$200.00	
Last Name Gauniciaux		First Anthony	MI J 1407
Residential Street Address 194 E Main St		City Middletown	State CT Zip Code 06457-4401
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
If yes, list Event #		Aggregate Contributions \$300.00	
Last Name Elak		First Kevin	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Field		First Jonathan	MI W 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
If yes, list Event #		Aggregate Contributions \$250.00	
		\$200.00	

I. MONETARY RECEIPTS (Section A-J)

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 Fazzino		First Salvatore	MI	Contribution ID # 1383
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$45.00
Last Name Shelton		First Jeffrey	MI	Contribution ID # 1814
Residential Street Address 33 Reservoir Rd		City Farmington	State CT	Zip Code 06032-2401
Principal Occupation Doctor		Name of Employer Middlesex Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$375.00
Last Name Zickefoose		First Mary B	MI	Contribution ID # 1935
Residential Street Address 63 Brookridge Dr		City Avon	State CT	Zip Code 06001-4011
Principal Occupation Homemaker		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$20.00
Last Name Spadaccini		First Joseph	MI	Contribution ID # 1836
Residential Street Address 773 Bartholomew Rd		City Middletown	State CT	Zip Code 06457-5609
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017	Aggregate Contributions \$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 Suydam		First Emiko	MI 1854	
Residential Street Address 200 E 89th St Apt 36E		City New York	State NY Zip Code 10128-4307	
Principal Occupation Organization Development/HR Consultant		Name of Employer Executive Advantage, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017	Aggregate Contributions \$200.00
Last Name Vecchitto		First Rosemarie	MI 1884	
Residential Street Address 111 Dekoven Dr Apt 1209		City Middletown	State CT Zip Code 06457-3465	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Haley		First Shawn	MI 1449	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$40.00
Last Name Griswold		First Corinne	MI 1438	
Residential Street Address 44		City Granby	State CT Zip Code 06035	
Principal Occupation computer programmer		Name of Employer CapSpecialty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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

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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Johnson		First Michael	MI J 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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 type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Lavalla-Bocanegra		First Katie	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Matthews		First Leigh	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event #		Aggregate Contributions \$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017	Aggregate Contributions \$30.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017	Aggregate Contributions \$10.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$25.00
If yes, list Event # <u>06222017a</u>		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$5.00
If yes, list Event #		\$5.00		

I. MONETARY RECEIPTS (Section A-J)

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 Meyer Lampert		First Audrey	MI	Contribution ID # 1620
Residential Street Address 120 Loomis St		City North Granby	State CT	Zip Code 06060-1202
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Pinkin		First June G	MI	Contribution ID # 1705
Residential Street Address 22 Santina Dr		City Manchester	State CT	Zip Code 06040-7001
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$10.00
If yes, list Event #		\$10.00		
Last Name Renz		First Elaine	MI	Contribution ID # 1734
Residential Street Address 55 Metacomet Rd		City Farmington	State CT	Zip Code 06032-1801
Principal Occupation Unemployed		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$325.00
If yes, list Event # <u>06222017a</u>		\$225.00		
Last Name Renz		First Robert	MI N	Contribution ID # 1735
Residential Street Address 55 Metacomet Rd		City Farmington	State CT	Zip Code 06032-1801
Principal Occupation Engineer		Name of Employer Kaman Precision Products		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$375.00
If yes, list Event # <u>06222017a</u>		\$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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
If yes, list Event #		Aggregate Contributions \$40.00	
		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
If yes, list Event #		Aggregate Contributions \$375.00	
		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
If yes, list Event #		Aggregate Contributions \$50.00	
		\$25.00	

I. MONETARY RECEIPTS (Section A-J)

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 Kovacs		First John	MI	Contribution ID # 1518
Residential Street Address 40 Simpson Ave		City Wallingford	State CT	Zip Code 06492-4727
Principal Occupation SALES		Name of Employer JOHN KOVACS INS AGENCY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Hryb		First Donna	MI	Contribution ID # 1478
Residential Street Address 19 Quarry Rd		City Glastonbury	State CT	Zip Code 06033-3826
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$7.50
Last Name Knickerbocker		First Jeffery	MI	Contribution ID # 1512
Residential Street Address 8 Brockett Rd		City Wallingford	State CT	Zip Code 06492-5630
Principal Occupation Attorney		Name of Employer Bendett & McHugh		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$50.00
Last Name Gebrian		First Jeffrey	MI	Contribution ID # 1410
Residential Street Address 56 Sunrise Hill Dr		City West Hartford	State CT	Zip Code 06107-3350
Principal Occupation Landmark Architect		Name of Employer Jeffrey Gebrian		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$250.00
				\$100.00

I. MONETARY RECEIPTS (Section A-J)

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 Gold		First Judith	MI R	Contribution ID # 1421
Residential Street Address 88 Balfour Dr		City West Hartford	State CT	Zip Code 06117-2901
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$375.00
Last Name Gold		First Lee	MI A	Contribution ID # 1422
Residential Street Address 69 Mohawk Dr		City West Hartford	State CT	Zip Code 06117-2230
Principal Occupation Attorney		Name of Employer Butler, Norris and Gold		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$375.00
Last Name Gomes		First Lynn	MI T	Contribution ID # 1425
Residential Street Address 640 Lower Ln		City Berlin	State CT	Zip Code 06037-3122
Principal Occupation Hairdresser		Name of Employer Avanti Hair Studio		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$10.00
Last Name Fischer		First Sandra	MI	Contribution ID # 1387
Residential Street Address 236 Stony Creek Rd		City Branford	State CT	Zip Code 06405-3237
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$10.00

I. MONETARY RECEIPTS (Section A-J)

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 Baileystown 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$300.00
If yes, list Event # 06222017a		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$100.00
If yes, list Event # 06222017a		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$100.00
If yes, list Event # 06222017a		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$25.00
If yes, list Event # 06222017a		\$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 Callahan	First Patricia	MI	Contribution ID # 1257
Residential Street Address 47 Metacomet Rd	City Farmington	State CT	Zip Code 06032-1801
Principal Occupation Market Research	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$25.00
If yes, list Event # <u>06222017a</u>	\$25.00		

Last Name Csere	First Timothy	MI	Contribution ID # 1305
Residential Street Address 47 Jacobson Farm Rd	City East Hampton	State CT	Zip Code 06424-1660
Principal Occupation Insurance Agent	Name of Employer Mather & Pitts Insurance		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$25.00
If yes, list Event #	\$25.00		

Last Name Brown	First Melina C	MI	Contribution ID # 1234
Residential Street Address 707 Erskine Rd	City Stamford	State CT	Zip Code 06903-2051
Principal Occupation Executive	Name of Employer Radio Drama Network		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017	Aggregate Contributions \$10.00
If yes, list Event #	\$10.00		

Last Name Brunelle	First Colleen	MI	Contribution ID # 1239
Residential Street Address 48 W Broad St	City Plainville	State CT	Zip Code 06062-2121
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 06/23/2017	Aggregate Contributions \$5.00
If yes, list Event #	\$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 Bellu		First Ann	MI 1219
Residential Street Address 15 Volpe Ct		City New Britain	State CT Zip Code 06053-1819
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
If yes, list Event #		Aggregate Contributions \$10.00	
Last Name Veronis		First George	MI 1885
Residential Street Address 183 Colony Rd		City New Haven	State CT Zip Code 06511-1680
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
If yes, list Event #		Aggregate Contributions \$5.00	
Last Name Taylor		First Joy	MI B 1858
Residential Street Address 21 Metacomet Rd		City Farmington	State CT Zip Code 06032-1801
Principal Occupation Graphic Artist		Name of Employer WH Media	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
If yes, list Event # <u>06222017a</u>		Aggregate Contributions \$100.00	
Last Name Taylor		First Lynn	MI 1860
Residential Street Address 395 South Rd		City New Hartford	State CT Zip Code 06057-3620
Principal Occupation Unemployed		Name of Employer None	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
If yes, list Event #		Aggregate Contributions \$10.00	

I. MONETARY RECEIPTS (Section A-J)

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 Smith		First Robert	MI M 1834
Residential Street Address 6 Cherry Hill Rd		City Norwich	State CT Zip Code 06360-5202
Principal Occupation Correctional Counselor		Name of Employer Department of Correction	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Willis		First Matthew	MI 1920
Residential Street Address 65 Cider Mill Rd		City Rockfall	State CT Zip Code 06481-2011
Principal Occupation Attorney		Name of Employer Halloran & Sage, LLP	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Wasch		First William	MI 1906
Residential Street Address 150 Coleman Rd		City Middletown	State CT Zip Code 06457-5065
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
If yes, list Event #		Aggregate Contributions \$200.00	
Last Name Scotti		First Audrey J	MI 1805
Residential Street Address 950 Faybrook Rd		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017
If yes, list Event #		Aggregate Contributions \$10.00	

I. MONETARY RECEIPTS (Section A-J)

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 Becker		First Kim	MI	Contribution ID # 1212
Residential Street Address 149 Loomis St		City North Granby	State CT	Zip Code 06060-1206
Principal Occupation SAHM		Name of Employer Myself		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017	Aggregate Contributions \$100.00
Last Name Galgano		First Peter	MI	Contribution ID # 1398
Residential Street Address 59 Wilcox Ave		City East Berlin	State CT	Zip Code 06023-1012
Principal Occupation Media Associate		Name of Employer Middlesex Community College		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017	Aggregate Contributions \$100.00
Last Name Lautenbach		First Richard	MI	Contribution ID # 1538
Residential Street Address 16 Brainard Ave		City Middletown	State CT	Zip Code 06457-3132
Principal Occupation Clinical Psychologist		Name of Employer Hartford Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017	Aggregate Contributions \$100.00
Last Name McCord		First K	MI	Contribution ID # 1601
Residential Street Address 135 Hungary Rd		City Granby	State CT	Zip Code 06035-1816
Principal Occupation Paraprofessional		Name of Employer Granby Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017	Aggregate Contributions \$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 Markee		First Linda	MI 1584
Residential Street Address 179 Case St		City West Granby	State CT Zip Code 06090-1511
Principal Occupation Owner		Name of Employer Markee Ptep	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Peloquin		First Kevin	MI 1693
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017
If yes, list Event #		Aggregate Contributions \$55.00	
Last Name Porter Price		First Mary	MI 1715
Residential Street Address PO Box 277		City Canterbury	State CT Zip Code 06331-0277
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name McQuillan		First Jeffry	MI 1614
Residential Street Address 59 Deerfield Ave		City Middletown	State CT Zip Code 06457-5308
Principal Occupation Artist Instructor		Name of Employer CREC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017
If yes, list Event #		Aggregate Contributions \$20.00	

I. MONETARY RECEIPTS (Section A-J)

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'Neil		First John	MI	Contribution ID # 1664
Residential Street Address 1450 Millbrook Rd		City Middletown	State CT	Zip Code 06457-5538
Principal Occupation Carpenter		Name of Employer CT Carpenters Local 24		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$95.00
Last Name Pehota		First Judith	MI	Contribution ID # 1691
Residential Street Address 549 East St		City Middletown	State CT	Zip Code 06457-1908
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name McCarthy		First Richard	MI	Contribution ID # 1598
Residential Street Address 150 Bay View Ave		City Mystic	State CT	Zip Code 06355-2341
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$75.00
Last Name McCormack		First Ann	MI	Contribution ID # 1603
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$135.00

I. MONETARY RECEIPTS (Section A-J)

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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
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
				\$50.00

I. MONETARY RECEIPTS (Section A-J)

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 Shippin 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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

I. MONETARY RECEIPTS (Section A-J)

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 Spaeth		First John	MI W	Contribution ID # 1838
Residential Street Address 50 Pine St		City Middletown	State CT	Zip Code 06457-3113
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$300.00
Last Name Stochmal		First Joseph	MI 1847	
Residential Street Address 9 Dolan Rd		City Seymour	State CT	Zip Code 06483-2151
Principal Occupation Teacher		Name of Employer Oxford Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$375.00
Last Name Sheil		First Wendy	MI 1813	
Residential Street Address 17 Laurel St		City Middletown	State CT	Zip Code 06457-4616
Principal Occupation Para-educator and coach		Name of Employer Middletown Board of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$120.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$100.00	
Last Name Shobe		First Larry	MI 1817	
Residential Street Address 5 Yellow Yellow Cir		City Middletown	State CT	Zip Code 06457-4929
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$50.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$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 Scalora		First Sebastian	MI	Contribution ID # 1795
Residential Street Address 25 Meadowood Dr		City Middletown	State CT	Zip Code 06457-1913
Principal Occupation Attorney		Name of Employer The Scalora Law Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$375.00
Last Name Scalora		First Nella	MI	Contribution ID # 1793
Residential Street Address 1300 Army Navy Dr Apt 820		City Arlington	State VA	Zip Code 22202-2010
Principal Occupation Attorney		Name of Employer Nella M. Scalora		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$375.00
Last Name Canty		First Leo	MI	Contribution ID # 1260
Residential Street Address 27 Devin Way		City Windsor	State CT	Zip Code 06095-2634
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$52.00
Last Name Dacey		First Helene	MI	Contribution ID # 1315
Residential Street Address 1615 Indian Shore Dr		City Clermont	State FL	Zip Code 34711-2981
Principal Occupation disabled		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Buchsbaum	First Susan	MI	Contribution ID # 1240
Residential Street Address 29 Highland Rd	City Stamford	State CT	Zip Code 06902-2850
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$5.00
If yes, list Event #	\$5.00		

Last Name Buhler	First William	MI	Contribution ID # 1245
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$225.00
If yes, list Event #	\$25.00		

Last Name Gaudiano	First Ashl	MI	Contribution ID # 1404
Residential Street Address 58 Chestnut Hill Rd	City Trumbull	State CT	Zip Code 06611-4112
Principal Occupation Consultant	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

Last Name Leibert	First Joyce	MI	Contribution ID # 1544
Residential Street Address 44 Clifford Dr	City West Hartford	State CT	Zip Code 06107-1205
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$50.00
If yes, list Event #	\$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 Mazzadra	First Peter	MI	Contribution ID # 1592
Residential Street Address 1860 Main St	City East Hartford	State CT	Zip Code 06108-1023
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$10.00	

Last Name Passmore	First Judith	MI	Contribution ID # 1685
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$15.00	

Last Name Millhofer	First L	MI	Contribution ID # 1627
Residential Street Address 167 Sheraton Ln	City Norwich	State CT	Zip Code 06360-6446
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$25.00	

Last Name Nadel	First Jacob	MI	Contribution ID # 1644
Residential Street Address 77 Sturges Hwy	City Westport	State CT	Zip Code 06880-2813
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$20.00	

I. MONETARY RECEIPTS (Section A-J)

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 Peterson		First J	MI Contribution ID # 1702
Residential Street Address 149 Dublin Hill Rd		City Higganum	State Zip Code CT 06441-4130
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Reid		First Marjory	MI Contribution ID # 1733
Residential Street Address 24 Bunker Hill Rd		City Lakeville	State Zip Code CT 06039
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Rodko		First Eric	MI Contribution ID # 1750
Residential Street Address 4000 Robinson Rd Apt K		City Rocky Hill	State Zip Code CT 06067
Principal Occupation Executive Director		Name of Employer St. Luke's Community Services	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	
If yes, list Event #		\$50.00	
Last Name Rollefson		First Virginia	MI Contribution ID # 1755
Residential Street Address 16 Red Orange Rd		City Middletown	State Zip Code CT 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$135.00	
If yes, list Event #		\$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 Rios		First Elizabeth	MI 1745	
Residential Street Address 188 Bailey Rd		City Middletown	State CT Zip Code 06457-2059	
Principal Occupation Nurse		Name of Employer Duncaster		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated 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 \$50.00
Last Name Rittman		First Donald	MI R 1746	
Residential Street Address 660 Lincoln St		City New Britain	State CT Zip Code 06052-1833	
Principal Occupation Consultant		Name of Employer Rittman Consulting		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Robinson		First Kristin	MI 1747	
Residential Street Address 10 Burr Ave		City Middletown	State CT Zip Code 06457-3708	
Principal Occupation Visual Manager		Name of Employer Express		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated 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 \$50.00
Last Name Robinson		First Shawn	MI 1748	
Residential Street Address 10 Burr Ave		City Middletown	State CT Zip Code 06457-3708	
Principal Occupation Sales		Name of Employer Apex Lighting Solutions		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated 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 \$175.00

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 Pieper		First John	MI 1704	
Residential Street Address 143 Acorn Dr		City Middletown	State CT Zip Code 06457-6125	
Principal Occupation Purchasing Agent		Name of Employer City of New Britain		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$75.00
Last Name Nesci		First Salvatore	MI 1653	
Residential Street Address 475 Higby Rd		City Middletown	State CT Zip Code 06457-2383	
Principal Occupation Public Health Official		Name of Employer Local Government		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$250.00
Last Name Nagle		First Mary	MI 1646	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated 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 \$35.00
Last Name Nocera		First Karen	MI 1659	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
				\$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 Matzek-Cook	First Kelley	MI	Contribution ID # 1590
Residential Street Address 7 Brack Farm Rd	City East Hampton	State CT	Zip Code 06424-1363
Principal Occupation Teacher	Name of Employer Middletown Board of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$25.00
If yes, list Event #			\$25.00

Last Name Mazzotta	First Vincent	MI	Contribution ID # 1595
Residential Street Address 34 Jefferson Ave	City Middletown	State CT	Zip Code 06457-4317
Principal Occupation Public Heatg Sanitorieu	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$30.00
If yes, list Event #			\$30.00

Last Name Linkens	First Jessica	MI	Contribution ID # 1552
Residential Street Address 20 Wicker St	City Putnam	State CT	Zip Code 06260-1012
Principal Occupation Regulatory Support	Name of Employer Foster Corporation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$5.00
If yes, list Event #			\$5.00

Last Name Lowry	First Daniel	MI	Contribution ID # 1560
Residential Street Address 34 Klein Dr	City Prospect	State CT	Zip Code 06712-1619
Principal Occupation Teacher	Name of Employer Middletown High School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$20.00
If yes, list Event #			\$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 Marino		First Donna	MI K 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Malespini		First Mary	MI J 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name MacPherson		First Brandon	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated 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
Last Name Larson		First David	MI H 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 Kuhn		First Faith	MI G 1527	
Residential Street Address 1008 Long Hill Rd		City Middletown	State CT Zip Code 06457-5067	
Principal Occupation Political Business Communication		Name of Employer FGK Communications LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$100.00
Last Name Joy		First Jeffrey	MI 1497	
Residential Street Address 8 Stevenson Rd		City Meriden	State CT Zip Code 06451-4976	
Principal Occupation Vocational Consultant		Name of Employer Vocational Dynamics, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Grieco		First Joel	MI 1436	
Residential Street Address 22 Ledyard Rd		City West Hartford	State CT Zip Code 06117-1708	
Principal Occupation Executive Director		Name of Employer Cushman & Wakefield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$100.00
Last Name Holden		First Kristin	MI S 1472	
Residential Street Address 282 Poplar Rd		City Middletown	State CT Zip Code 06457-7932	
Principal Occupation Manager		Name of Employer Top Dog Health		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event # <u>06302017a</u>		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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
If yes, list Event #		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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
If yes, list Event #		Aggregate Contributions \$140.00	
		\$40.00	

Last Name Dunn	First Ronald	MI	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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event #		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 Alberino	First Anthony	MI C	Contribution ID # 1179
Residential Street Address 300 Soundview Ave	City Stamford	State CT	Zip Code 06902-7124
Principal Occupation Technology developer	Name of Employer Alta AI Partners Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 \$50.00
If yes, list Event #	\$50.00		

Last Name Adelstein	First Richard	MI 1177	Contribution ID #
Residential Street Address 106 Highland Ave	City Middletown	State CT	Zip Code 06457-4123
Principal Occupation University Professor	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$250.00
If yes, list Event #	\$100.00		

Last Name D'Antonio	First Jim	MI 1309	Contribution ID #
Residential Street Address 235 Tryon St	City Middletown	State CT	Zip Code 06457-4551
Principal Occupation Manager	Name of Employer City of Middletown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$75.00
If yes, list Event #	\$25.00		

Last Name Carlson	First C.M.	MI 1266	Contribution ID #
Residential Street Address 20 Highview Dr	City Rocky Hill	State CT	Zip Code 06067-3616
Principal Occupation Insurance Agent	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$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 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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$150.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$375.00
If yes, list Event #	\$375.00		

I. MONETARY RECEIPTS (Section A-J)

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 Scalora		First Vittoria	MI F 1796
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Samolis		First Katherine	MI 1780
Residential Street Address 84 Brettish Rd		City Middletown	State CT Zip Code 06457
Principal Occupation Mortgage underwriter		Name of Employer Key bank	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event #		Aggregate Contributions \$275.00	
Last Name Samolis		First Joseph	MI 1778
Residential Street Address 84 Bretton Rd		City Middletown	State CT Zip Code 06457-4150
Principal Occupation Planning conservation and development		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Sisson		First Elaine C.	MI 1826
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event #		Aggregate Contributions \$215.00	
		\$150.00	

I. MONETARY RECEIPTS (Section A-J)

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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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
If yes, list Event #		Aggregate Contributions \$30.00	
Last Name Shaw		First Carolyn	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event #		Aggregate Contributions \$145.00	
Last Name Stabnick		First Richard	MI T 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event #		Aggregate Contributions \$375.00	
Last Name Voli		First Adele	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event #		Aggregate Contributions \$375.00	

I. MONETARY RECEIPTS (Section A-J)

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 Wiernasz		First Margaret	MI	Contribution ID # 1915
Residential Street Address 809 Holly Hill Dr		City Rocky Hill	State CT	Zip Code 06067-4233
Principal Occupation retired		Name of Employer none		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$20.00
If yes, list Event #		\$20.00		
Last Name Wood		First Peter	MI	Contribution ID # 1926
Residential Street Address 208 Breakers Ln		City Stratford	State CT	Zip Code 06615-7569
Principal Occupation development consultant		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$10.00
If yes, list Event #		\$10.00		
Last Name Wolf		First Gail A	MI	Contribution ID # 1924
Residential Street Address 711 Cypress Rd		City Newington	State CT	Zip Code 06111-5605
Principal Occupation associate director of business services		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$5.00
If yes, list Event #		\$5.00		
Last Name Tomczak		First Stephen Monroe	MI	Contribution ID # 1871
Residential Street Address 142 S Elm St		City Wallingford	State CT	Zip Code 06492-4707
Principal Occupation college professor		Name of Employer Southern Connecticut State University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$20.00
If yes, list Event #		\$20.00		

I. MONETARY RECEIPTS (Section A-J)

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 Smeriglio		First Je	MI	Contribution ID # 1830
Residential Street Address 58 Old Ridge Rd		City New Milford	State CT	Zip Code 06776-3961
Principal Occupation Homemaker		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$50.00
Last Name Sapia		First Angelo	MI F	Contribution ID # 1790
Residential Street Address 111 Olympus Pkwy		City Middletown	State CT	Zip Code 06457-2336
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Alston		First Patricia	MI	Contribution ID # 1187
Residential Street Address 46 Washington St Fl 3		City Middletown	State CT	Zip Code 06457-2843
Principal Occupation Realtor		Name of Employer Sterling Realtors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Barton		First Teresa	MI M	Contribution ID # 1207
Residential Street Address 655 Chestnut Hill Rd		City Dayville	State CT	Zip Code 06241-1706
Principal Occupation Contractor-Business Analyst		Name of Employer Veritude, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" 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
				\$75.00

I. MONETARY RECEIPTS (Section A-J)

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 Holzberg		First Robert	MI L 1474
Residential Street Address 192 Coleman Rd		City Middletown	State CT Zip Code 06457-5065
Principal Occupation Attorney		Name of Employer Pullman & Comley, LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$250.00	
Last Name Hennessey		First Richard J	MI 1467
Residential Street Address 34 John Smith Dr		City West Hartford	State CT Zip Code 06107-3632
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$10.00	
Last Name Jacques		First Carol	MI M 1486
Residential Street Address 143 Timrod Trl		City Glastonbury	State CT Zip Code 06033-1938
Principal Occupation Sales		Name of Employer Colonial Life Insurance	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Jacques		First Ronald	MI P 1487
Residential Street Address 143 Timrod Trl		City Glastonbury	State CT Zip Code 06033-1938
Principal Occupation New Homes		Name of Employer Jacques Building & Development	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		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 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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$50.00
If yes, list Event #	\$50.00		

Last Name Raczka	First Theodore	MI	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$20.00
If yes, list Event #	\$20.00		

I. MONETARY RECEIPTS (Section A-J)

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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Rickenback		First Christina	MI F 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$125.00	
Last Name Rickenback		First Robert	MI J 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Reynolds		First Joan	MI 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$75.00	

I. MONETARY RECEIPTS (Section A-J)

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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$80.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$250.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$50.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$25.00
If yes, list Event #		\$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 Zip Code CT 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$15.00	
Last Name Nilan		First Shannon	MI Contribution ID # 1656
Residential Street Address 43 Midland Rd		City Trumbull	State Zip Code CT 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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
If yes, list Event #		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 Zip Code FL 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		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 Zip Code FL 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$375.00	
		\$375.00	

I. MONETARY RECEIPTS (Section A-J)

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 P		First Karol	MI Contribution ID # 1672
Residential Street Address 673 Haddam Quarter Rd		City Durham	State Zip Code CT 06422-1804
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$5.00	
Last Name Patterson		First Diane	MI Contribution ID # 1689
Residential Street Address 95 Kelsey St		City Middletown	State Zip Code CT 06457-5126
Principal Occupation Marketing and Communications		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Parrotta		First Peter	MI Contribution ID # 1683
Residential Street Address 177 Stone Hill Dr		City Rocky Hill	State Zip Code CT 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$300.00	
Last Name Luxenberg		First Yvette	MI Contribution ID # 1565
Residential Street Address 82 S Maple Ave		City Springfield	State Zip Code NJ 07081-1906
Principal Occupation teacher		Name of Employer Newark Academy	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		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 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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$10.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$5.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$25.00
If yes, list Event #	\$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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$20.00
If yes, list Event #	\$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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Latronica		First Mary Kate	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$10.00	
Last Name Ha		First Edward	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Gray		First Jennifer	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		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 Gelderman		First Laurie	MI 1411
Residential Street Address 44 Chalon Rd		City Trumbull	State CT Zip Code 06611-3206
Principal Occupation Physical Therapist		Name of Employer Valley Orthopaedic Specialists	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017a</u>		Aggregate Contributions \$50.00	
Last Name Dupuy		First Alex	MI 1355
Residential Street Address 981 Arbutus St		City Middletown	State CT Zip Code 06457-5181
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name DiGiulio		First Katherine	MI 1334
Residential Street Address 45 Franklin Ave		City Plainville	State CT Zip Code 06062-1601
Principal Occupation Development Director		Name of Employer Congregation of Notre Dame	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$5.00	
Last Name Dodge		First Alliso	MI 1341
Residential Street Address 20 Massasoit Rd		City Middlefield	State CT Zip Code 06455-1070
Principal Occupation Congressional Staffer		Name of Employer US Rep. Rosa DeLauro	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

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 DiStephan		First Raymond	MI	Contribution ID # 1337
Residential Street Address 11 Old Woods Rd		City Brookfield	State CT	Zip Code 06804-3630
Principal Occupation Social Worker		Name of Employer Katonah-Lewisboro		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name DiStephan		First Raymond	MI	Contribution ID # 1338
Residential Street Address 11 Old Woods Rd		City Brookfield	State CT	Zip Code 06804-3630
Principal Occupation Social Worker		Name of Employer Katonah-Lewisboro		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name English		First Meagan	MI	Contribution ID # 1371
Residential Street Address 16 Dorwin Hill Rd		City New Milford	State CT	Zip Code 06776-3818
Principal Occupation Teacher		Name of Employer Danbury PS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name English		First Jerry	MI	Contribution ID # 1368
Residential Street Address 16 Dorwin Hill Rd		City New Milford	State CT	Zip Code 06776-3818
Principal Occupation Business Consultant		Name of Employer Jerry English		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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

I. MONETARY RECEIPTS (Section A-J)

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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017a</u>		Aggregate Contributions \$100.00	
Last Name English		First Conor	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017a</u>		Aggregate Contributions \$175.00	
Last Name Fazzino		First Frances	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Gabriele		First Timothy	MI 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$20.00	

I. MONETARY RECEIPTS (Section A-J)

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 Basinger		First John	MI 1208	
Residential Street Address 133 Lincoln St		City Middletown	State CT Zip Code 06457-2640	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$280.00
Last Name Bartoli		First Hector	MI 1205	
Residential Street Address 399 Pine St		City Middletown	State CT Zip Code 06457-4143	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$125.00
Last Name Barron		First Robert	MI 1203	
Residential Street Address 907 East St		City Middletown	State CT Zip Code 06457-1736	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
Last Name Augeri		First Luka	MI 1196	
Residential Street Address 21 Keefe Ln		City Middletown	State CT Zip Code 06457-3019	
Principal Occupation Customer Service Manager		Name of Employer Jerry's Pizza		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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

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 Anderson	First Bryan	MI	Contribution ID # 1188
Residential Street Address 49 Ingersol Rd	City Milford	State CT	Zip Code 06460-3601
Principal Occupation Educator	Name of Employer NYC Dept of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

Last Name Angelopoulos	First Patricia	MI	Contribution ID # 1189
Residential Street Address 75 Coit St	City Norwich	State CT	Zip Code 06360-4911
Principal Occupation Breakfast Hostess	Name of Employer AmericInn of Griswold		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$10.00
If yes, list Event #	\$10.00		

Last Name Angiletta	First Irene	MI	Contribution ID # 1190
Residential Street Address 40 Lake Shore Dr	City Middlefield	State CT	Zip Code 06455-1053
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$25.00
If yes, list Event #	\$25.00		

Last Name Almeida	First Al	MI	Contribution ID # 1186
Residential Street Address 137 Great Plain Rd	City Danbury	State CT	Zip Code 06811-3844
Principal Occupation Investigator	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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$50.00
If yes, list Event #	\$50.00		

I. MONETARY RECEIPTS (Section A-J)

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 Abbamonte		First Alix	MI	Contribution ID # 1176
Residential Street Address 415 E 82nd St # 1D		City New York	State NY	Zip Code 10028-6616
Principal Occupation publicist		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Alexander		First Barbara	MI	Contribution ID # 1183
Residential Street Address 987		City Monroe	State CT	Zip Code 06468
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$20.00
If yes, list Event #		\$20.00		
Last Name Alfieri		First Peter	MI	Contribution ID # 1184
Residential Street Address 22 Versailles Rd		City Lisbon	State CT	Zip Code 06351-7407
Principal Occupation Pipefitter		Name of Employer Local 777		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Bulkley		First Angela	MI	Contribution ID # 1246
Residential Street Address 2373 Huntington Tpke		City Trumbull	State CT	Zip Code 06611-4017
Principal Occupation Daycare Owner		Name of Employer A Silly Day Family Daycare		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$5.00
If yes, list Event #		\$5.00		

I. MONETARY RECEIPTS (Section A-J)

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 Bennett		First Jeffrey	MI	Contribution ID # 1221
Residential Street Address 41 W Hartford Rd		City Newington	State CT	Zip Code 06111-1122
Principal Occupation Rabbi		Name of Employer Temple Sinai of Newington		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Bivona		First F	MI	Contribution ID # 1224
Residential Street Address 75 Hockanum Blvd Unit 1825		City Vernon	State CT	Zip Code 06066-4069
Principal Occupation Electrical Engineer		Name of Employer Adaptive Optics Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$5.00
If yes, list Event #		\$5.00		
Last Name Cermola		First Christine	MI	Contribution ID # 1273
Residential Street Address 104 White Hollow Rd		City North Branford	State CT	Zip Code
Principal Occupation RTI Instructional Paraprofessional		Name of Employer North Branford Board of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$375.00
If yes, list Event #		\$375.00		
Last Name Collins		First Joy	MI	Contribution ID # 1285
Residential Street Address 95 Hidden Lake Rd		City Higganum	State CT	Zip Code 06441-4441
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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 type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$50.00
If yes, list Event #		\$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 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$20.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$20.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$50.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$20.00
If yes, list Event #		\$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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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 structural 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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

I. MONETARY RECEIPTS (Section A-J)

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 Silberman		First Alan	MI 1822
Residential Street Address 769 Rock Rimmon Rd		City Stamford	State CT Zip Code 06903-1216
Principal Occupation retailer		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Shonta		First Mike	MI L 1819
Residential Street Address 118 Skyview Dr		City Cromwell	State CT Zip Code 06416-1875
Principal Occupation Clerk		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$107.00	
Last Name Valenti		First Jean	MI 1881
Residential Street Address 156 N Orchard St		City Wallingford	State CT Zip Code 06492-3648
Principal Occupation retired		Name of Employer NA	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$10.00	
Last Name Volovski		First Daniel	MI 1893
Residential Street Address 271 Merriman Rd		City Windsor	State CT Zip Code 06095-1014
Principal Occupation Firefighter		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$20.00	

I. MONETARY RECEIPTS (Section A-J)

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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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 \$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 Fruiter		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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of 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

	Total of Section B	\$68,756.80
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Total on Line 14, Column A of Summary Page)</i>		\$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 & Pipefitters			Name of Treasurer Michael Rosario		
Address 1250 E Main St			Is this contribution associated with an event reported in Section J1? If yes, list Event #		Amount of Contribution \$375.00
City Meriden	State CT	Zip Code 06450-4806	Date Received 05/09/2017	Aggregate Contributions \$375.00	
Name of Committee Roofers Political Education Fund			Name of Treasurer Harold Davidson		
Address 15 Bernhard Rd			Is this contribution associated with an event reported in Section J1? If yes, list Event #		Amount of Contribution \$375.00
City North Haven	State CT	Zip Code 06473-3906	Date Received 05/10/2017	Aggregate Contributions \$375.00	
Name of Committee IUPAT Committee			Name of Treasurer Dominick Cieri		
Address 1492 Berlin Tpke			Is this contribution associated with an event reported in Section J1? If yes, list Event #		Amount of Contribution \$375.00
City Berlin	State CT	Zip Code 06037-3230	Date Received 05/12/2017	Aggregate Contributions \$375.00	
Name of Committee IBEW Local 90 Political Action Committee			Name of Treasurer sean daly		
Address 2 N Plains Industrial Rd			Is this contribution associated with an event reported in Section J1? If yes, list Event #		Amount of Contribution \$375.00
City Wallingford	State CT	Zip Code 06492-2381	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

C1. Contributions from Other Committees

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	
	If yes, list Event #				
City Hartford	State CT	Zip Code 06114-2107	Date Received 06/07/2017	Aggregate Contributions \$375.00	\$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	
City Hamden	State CT	Zip Code 06514-2407	Date Received 06/08/2017	Aggregate Contributions \$375.00	\$375.00
Total of Section C1					\$2,250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Drew for CT	July 10 Filing - Original

C2. Reimbursements or Surplus Distributions from other Committees

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						
Total of Section C2							

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:			
		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)					
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
Initial	Grant Adjustment		
Supplemental/Post Election Deficit	Primary	General Election	Special Election
Total of Section H			

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			
Total of Section I			

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Drew for CT		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 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. <input checked="" type="checkbox"/> No	
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 If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
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 (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$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 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. <input checked="" type="checkbox"/> No	
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 If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
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 (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$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 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. <input checked="" type="checkbox"/> No	
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 If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
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 (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$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 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. <input checked="" type="checkbox"/> No	
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 If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
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 (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$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 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. <input checked="" type="checkbox"/> No	
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 If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
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 (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$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 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. <input checked="" type="checkbox"/> No	
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 If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
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 (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$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 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. <input checked="" type="checkbox"/> No	
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 If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
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 (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$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 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. <input type="checkbox"/> No	
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 If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
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 (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$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 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. <input checked="" type="checkbox"/> No	
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 If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
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 (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$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 06/30/2017	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 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.) <input type="text" value="\$0.00"/>	
Total of Section J1			\$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	
J3. In-Kind Donations Not Considered Contributions			
Name of the Donor			
Street Address		City	State Zip Code
Donation Given by: Individual Business Entity Sole Proprietorship	Description of Donation		
	Date Received	Event #	Aggregate value for this event
	Fair Market Value of Donation		
Total of Section J3			

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? If yes, list Event#	Yes No	Description of In-Kind Contribution	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Yes No
Type of Contributor: Individual Committee Sole Proprietorship	Date Received	Aggregate contributions	Fair Market Value of this Contribution

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

L. Refundable Deposit to Telephone Company

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	
Total of Section L				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Drew for CT		July 10 Filing - Original	
N. Expenses Paid By Committee			
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
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$1,060.02
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
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$350.00
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
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$120.12

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee	Date of Payment	Method of Payment
GPS Impact	04/13/2017	<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	Description	Amount
CNSLT		
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 complete Itemization in Addendum		Event #
		\$4,600.00
Name of Payee	Date of Payment	Method of Payment
The Vinci Group	04/13/2017	<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	Description	Amount
CNSLT	Treasury Services	
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 complete Itemization in Addendum		Event #
		\$500.00
Name of Payee	Date of Payment	Method of Payment
Jerald Lentini	04/13/2017	<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	Description	Amount
CNSLT		
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 complete Itemization in Addendum		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	
N. Expenses Paid By Committee			
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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	
N. Expenses Paid By Committee			
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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	
N. Expenses Paid By Committee			
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
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$300.00
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
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$10.00
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
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$246.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Drew for CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee 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? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	
N. Expenses Paid By Committee			
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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	
N. Expenses Paid By Committee			
Name of Payee Political Accounting Consulting 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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	
N. Expenses Paid By Committee			
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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	
N. Expenses Paid By Committee			
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
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$813.14
Name of Payee Political Accounting Consulting 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
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$1,000.00
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
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$4,627.09

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Drew for CT		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee 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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	
N. Expenses Paid By Committee			
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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	
N. Expenses Paid By Committee			
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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$622.58
Name of Payee Political Accounting Consulting 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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$1,274.00
04202017a			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Drew for CT		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee 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
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$8,000.00	
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
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$4,680.00	
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
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$10.00	
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	
O. Expenses Paid By Candidate			
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed? Yes No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Event #
			Amount
			Total of Section O

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	
P. Expenses Incurred on Committee Credit Card			
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)
If yes, assign an Expenditure # and complete Itemization in Addendum		Event #	
			Total of Section P

IV. EXPENDITURES (Sections N - S)

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

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Cheryl A Pizzo	Date Incurred 05/19/2017		
Street Address 75 Long Hill Rd	City Middlefield	State CT	Zip Code 06455-1140
Purpose of Expenditure (by code) RMB	Description fundraiser expenses		
Amount Incurred (Estimate or Actual)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
\$415.00			

Name of Creditor The Vinci Group	Date Incurred 06/05/2017		
Street Address 54 Robert Rd	City Manchester	State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) A-OTH	Description committee paraphernalia		
Amount Incurred (Estimate or Actual)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> 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 (by code) CNSLT	Description PR consulting	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,588.67

Total of Section Q	\$3,003.67
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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 schrag	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
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Name of Vendor Paid by Committee Worker/Consultant

Staples

Street Address of Vendor 910 Wolcott Rd	City Waterbury	State CT	Zip Code 06705
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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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$69.43

Last Name of Worker/Consultant schrag	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
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Name of Vendor Paid by Committee Worker/Consultant

Staples

Street Address of Vendor 910 Wolcott Rd	City Waterbury	State CT	Zip Code 06705
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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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$36.37

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 schrag	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
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Name of Vendor Paid by Committee Worker/Consultant

Staples

Street Address of Vendor 910 Wolcott Rd	City Waterbury	State CT	Zip Code 06705
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Purpose of Expenditure (by code) OFFICE	Description Treasury Supplies			
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Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum R	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$1.75
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Last Name of Worker/Consultant schrag	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
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Name of Vendor Paid by Committee Worker/Consultant

staples

Street Address of Vendor 900 Washington St	City Middletown	State CT	Zip Code 06457
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Purpose of Expenditure (by code) OFFICE	Description Treasury Supplies			
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Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum R	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$3.28
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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 schrug	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
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Name of Vendor Paid by Committee Worker/Consultant

staples

Street Address of Vendor 900 Washington St	City Middletown	State CT	Zip Code 06457
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Purpose of Expenditure (by code) OFFICE	Description Treasury Supplies	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount \$4.33
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R					

Last Name of Worker/Consultant Buda	First Kyle	MI	Date of Payment to Vendor 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
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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
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Purpose of Expenditure (by code) FOOD	Description Food for Campaign Meeting	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount \$90.35
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="checkbox"/> No 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 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
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Name of Vendor Paid by Committee Worker/Consultant
staples

Street Address of Vendor 900 Washington St	City Middletown	State CT	Zip Code 06457
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Purpose of Expenditure (by code) OFFICE	Description Office Supplies	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount \$29.77
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="checkbox"/> No 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 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
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Name of Vendor Paid by Committee Worker/Consultant
First and Last

Street Address of Vendor Main St	City Middletown	State CT	Zip Code 06457
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Purpose of Expenditure (by code) FOOD	Description	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount \$90.35
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="checkbox"/> No 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 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
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Name of Vendor Paid by Committee Worker/Consultant

Staples

Street Address of Vendor Washington St	City Middletown	State CT	Zip Code 06457
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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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$29.77

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
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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
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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 #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R			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

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
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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
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Purpose of Expenditure (by code) FNDR *	Description food	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event # 05122017a	Amount \$252.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="checkbox"/> No 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
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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
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Purpose of Expenditure (by code) PRNT	Description	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="checkbox"/> No 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
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Name of Vendor Paid by Committee Worker/Consultant

O'Rourkes Diner

Street Address of Vendor 728 Main St	City Middletown	State CT	Zip Code 06457-2733
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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	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$65.87

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
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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
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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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$38.24

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Kyle	First Buda	MI	Date of Payment to Vendor 06/04/2017	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
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Name of Vendor Paid by Committee Worker/Consultant

Staples

Street Address of Vendor Washington St	City Middletown	State CT	Zip Code 06457
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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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$24.23

Last Name of Worker/Consultant Kyle	First Buda	MI	Date of Payment to Vendor 06/05/2017	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
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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
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Purpose of Expenditure (by code) FNDR *	Description beverages			
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
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 Jerald	First Lentini	MI	Date of Payment to Vendor 06/13/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1123 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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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
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Purpose of Expenditure (by code) POST	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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$49.00

Last Name of Worker/Consultant Jerald	First Lentini	MI	Date of Payment to Vendor 06/27/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1123 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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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
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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 #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R			06272017a	\$573.58

Total of Section R**\$2,807.57**

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

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
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Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section Q. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM

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