Electronic Filing

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



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COVERTINE									
1.NAME OF COMMITTEE						2. TY	PE	OF COMMITTEE	
Boucher For CT	x	Candidate Committee x Exploratory Committee							
3. TREASURER NAME			_	-					
First			MI	Last				Suffix	
Ellen									
4. TREASURER ADDRESS									
Street Address		City			State		Zi	p Code	
59 St Johns Rd		Wilto	n		ст		06	5897	
5. ELECTION DATE	6. OFFICE SOUGHT (Ca	omplete or	nly if Candidate	Committee)	•	7. DISTE	RIC	T NUMBER (if applicable	
11/06/2018	Undetermined								
8. CANDIDATE NAME (Complete only if Complete only if Comp	Candidate or Exploratory Co	ommittee	e)						
First			MI	Last				Suffix	
Toni				Boucher					
9. TYPE OF REPORT									
July 10 Filing - Original									
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	04/23/2017	thru	L	06/30/2017					
11. CERTIFICATION I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
Electronic Filing	Ellen Essman			07/0	8/2017 1	0:45:51A	м		
SIGNATURE	PRINT NAME OF THI	E SIGNE	ER	DATE	CERTIFIED				
A Person who is found to have knowi	naly and willfully violate	ad any -	provisions of	the compaign finance statut	as faces a si	vil nenalty	of	- un	
to \$25,000, unless a fine of a larger a				• -			J	πħ	

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

Revised February 2015

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT						
Boucher For CT	July 10 Filing - Original						
	COLUMN A	COLUMN B					
	This Period	Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$0.00						
14. Contributions received from Individuals (Section A and B)	\$15,554.00	\$15,554.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$15,554.00	\$15,554.00					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$15,554.00	\$15,554.00					
20. Expenses Paid by Committee (Section N)	\$1,233.58	\$1,233.58					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$14,320.42	\$14,320.42					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00					
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$334.99	\$334.99					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00						

SUMMARY PAGE TOTALS

Page 3 of 54							
I. MONETARY RECEIPT	ES (Se	ection A-I)	-				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
Boucher For CT				Filing - Original			
A. Total Contributions from Small Contributors-Received this Period	od O	NLY	1	For Nonpartic \$0.00	ipating Cano	didates ONLY	
B. Itemized Contributions fro	m Inc	lividuals					
Last Name	First				MI	Contribution ID #	
Essman		Ellen			м	0147	
Residential Street Address	City				State	Zip Code	
59 St Johns Rd		Wilton			СТ	06897	
Principal Occupation		Name of Employe	r			•	
СРА		Self-e	mployed				
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a lo dependent child o		Vac	Amo	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:				× No			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions	1		
X No Cash X Personal Check	05/	10/2017	\$100.00		0.00 \$100.00		
If yes, list Event # L Money Order L Credit/Debit Card							
Last Name	First				MI	Contribution ID #	
Bondeson		Janet			м	0001	
Residential Street Address	t Address City				State	Zip Code	
48 Lambert Cmn		Wilton			СТ	06897	
Principal Occupation		Name of Employe	r				
Retired		Retire	d				
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes				unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:				x No			
Is this contribution associated with resource the formation of the section of th	Date	Received	Aggregate	Contributions			
an event reported in Section J1?	06/	04/2017		\$200.00		\$200.00	
					I		
Last Name	First				MI	Contribution ID #	
Mcmenamin		Stephen				0003	
Residential Street Address	City				State	Zip Code	
PO Box 4496		Greenwich			СТ	06831	
Principal Occupation		Name of Employe					
Manager Is contributor a principal of a state contractor or prospective state contractor?		Versai Is contributor a lo	lles Farm	isa or 🗖	A.m.a	unt of Contribution	
Yes X N	lo	dependent child o		V	Ano	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:				X No			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate	Contributions			
If yes, list Event # No Cash Personal Check Money Order Credit/Debit Card	06/	05/2017		\$375.00		\$375.00	

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I. MONETARY RECEIP	ES (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	``	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	.				
B. Itemized Contributions fro	om Inc	lividuals			
Last Name	First			MI	Contribution ID #
Ginter		Gloria			0004
Residential Street Address	City			State	Zip Code
25 Vineyard Ln		Westport		СТ	06880
Principal Occupation	-	Name of Employ	/er	-	
Retired		Retir	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
	No	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with Mathed of contribution	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Build	reconvou	inggregate controlutions		
X No Cash X Personal Check	0.0	06/2017	¢275.00		¢275.00
If yes, list Event # Money Order Credit/Debit Card	06/	06/2017	\$375.00		\$375.00
	-			 	
Last Name	First			MI	Contribution ID #
Delson		Ingrid			0002
Residential Street Address	City			State	Zip Code
52 Locust Rd		Greenwich		СТ	06831
Principal Occupation		Name of Employ	/er	-	-
Member		One l	River Road, LLC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Legislative Legislative Legislative	Data	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # Money Order X Credit/Debit Card	06/	06/2017	\$375.00		\$375.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
Cutler		Douglas			0005
Residential Street Address	City			State	Zip Code
7 Rockhouse Rd		Wilton		СТ	06897
Principal Occupation	-	Name of Employ	/er		•
Self		Self			
			lobbyist, spouse, or	Amoi	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child	V.		
If yes, indicate which branch or branches of average the contract is with:			x _{No}		
government the contract is with:		D 1 1		-	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/	07/2017	\$200.00		\$200.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
White		Kevin			0006
Residential Street Address	City			State	Zip Code
24 Vineyard Ln		Westport		СТ	06880
Principal Occupation		Name of Employ	/er		
Retired		Retire			
				Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child	Vac	Allot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative					
government the contract is with:				1	
Is this contribution associated with an event reported in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	06/	11/2017	\$50.00		\$50.00
intervent in the second beau and the second be	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Taylor		Frank			0007
Residential Street Address	City			State	Zip Code
45 Deacon Abbott Rd		Redding		СТ	06896
Principal Occupation		Name of Employ	er		-
Retired		Retire	ed		
			obbyist spays or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	D.	D 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/3	11/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Hillman		William			0008
Residential Street Address	City			State	Zip Code
86 Walnut Hill Rd		Bethel		СТ	06801
Principal Occupation		Name of Employ	er	-	
Programmer/Analyst		IBM	-		
			obbyist, spouse, or	A.m.ov	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Alliou	int of Contribution
If yes, indicate which branch or branches of			X No		
government the contract is with:					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	06/	11/2017	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Kamen		Sol			0009
Residential Street Address	City			State	Zip Code
3394 NW 53rd Cir	, i	Boca Raton		FL	33496
Principal Occupation	<u> </u>	Name of Employ	er	. =	00100
Retired		Retire			
				A	unt of Countrilloution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of			· .		
government the contract is with:					
Is this contribution associated with an event expected in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	06/	11/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Griswold		John			0010
Residential Street Address	City			State	Zip Code
131 Dolphin Cv Quay		Stamford		СТ	06902
Principal Occupation	-	Name of Employ	er	L <u>.</u>	
Retired		Retire			whet Court 7 1
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		acpendent child (
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes Yes	Date	Received	Aggregate Contributions		
If yes, list Event # No Cash Personal Check Money Order X Credit/Debit Card	06/	11/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	1				

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuale			
Last Name	First	liviuuais		MI	Contribution ID #
Gaydos	FIISt	Anne		IVII	0011
Residential Street Address	City	Anne		State	Zip Code
24 Ann Ave	City	Shelton		CT	06484
Principal Occupation		Name of Employ	/er		00404
Graphic Designer		1 5	Employed		
				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes_list Event #	06/3	11/2017	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Egan		Joseph			0012
Residential Street Address	City			State	Zip Code
113 High Ridge Ave		Ridgefield		СТ	06877
Principal Occupation		Name of Employ	ver		
Retired		Retire	ed	-	
Is contributor a principal of a state contractor or prospective state contractor?	D		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			X No	1	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # Money Order X Credit/Debit Card	06/3	11/2017	\$375.00		\$375.00
	First		•	мі	
Last Name	First	laha		MI	Contribution ID #
Sweeney Residential Street Address	City	John		State	0013 Zip Code
19 Lawson Ln	City	Ridgefield		CT	06877
Principal Occupation	<u> </u>	Name of Employ	/er		000//
Consulting			ney Legal LLC		
				Amou	int of Contribution
Yes X No	D	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If ves. list Event #	06/3	12/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Wexler		William			0014
Residential Street Address	City			State	Zip Code
21 Poplar Plain Rd		Westport		СТ	06880
Principal Occupation		Name of Employ	rer		
Management Consultant		Wexle	er Consulting LLC		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			X No	1	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
					1000.00
If yes, list Event #	06/:	12/2017	\$200.00		\$200.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kaelin	THSt	Michael			0015
Residential Street Address	City	Thendel		State	Zip Code
36 Saddle Ridge Rd	0.1.5	Wilton		СТ	06897
Principal Occupation		Name of Employ	/er		
Attorney			nings & Lockwood LLC		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes list Event # No Cash Personal Check Money Order X Credit/Debit Card	06/	13/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Serenbetz, Jr.		Warren			0016
Residential Street Address	City			State	Zip Code
165 Signal Hill Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	/er		
Investment Management		Radc	liffe Group, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	0	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with Yes Ves	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	06/	13/2017	\$100.00		\$100.00
	1				I
Last Name	First			MI	Contribution ID #
Schmitz		Janet		G	0017
Residential Street Address	City			State	Zip Code
110 Winfield Ln		New Canaan		СТ	06840
Principal Occupation		Name of Employ			
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire		A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	lobbyist, spouse, or of a lobbyist? Yes	Ато	int of Contribution
If yes, indicate which branch or branches of accomment the contract is with:		-	x No		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Build	recoursed	- iggrogate contributions		
X No Cash Personal Check	06/	17/2017	\$200.00		\$200.00
If yes, list Event # Money Order Credit/Debit Card	00,	.,	÷200.00		4200100
Last Name	First			MI	Contribution ID #
Ippolito		Regina			0018
Residential Street Address	City	- 5 -		State	Zip Code
33 Linda Ln	5	Bethel		ст	06801
Principal Occupation		Name of Employ	ver	•	
Retired		Retire	ed		
			lobbyist, spouse, or	Amou	int of Contribution
Yes X N	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions	1	
Is this contribution associated with an event reported in Section J1?					
	06/	17/2017	\$10.00		\$10.00
If yes, list Event # Money Order Credit/Debit Card	1			1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Wessendorf		Charles		К	0019
Residential Street Address	City			State	Zip Code
42 Pipers Hill Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?			88 · 8 · · · · · · · · · · ·		
X No Cash Personal Check	06/-	17/2017	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	00/1	1//201/	\$23.00		\$23.00
	- 		•		0
Last Name	First			MI	Contribution ID #
Drummond	\vdash	Donald			0020
Residential Street Address	City			State	Zip Code
2 Horseshoe Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	э	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	06/-	17/2017	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	00/1	17/2017	\$25.00		\$23.00
Last Name	First			MI	Contribution ID #
	FIISt	Carria		NII .	
Drummond		Sonja			0021
Residential Street Address	City			State	Zip Code
2 Horseshoe Rd	L	Wilton		СТ	06897
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	5	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes	Date	Received	Aggregate Contributions		
	06/1	17/2017	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Dunn		Franklin		R	0022
Residential Street Address	City	Trankin		State	Zip Code
	City	Wilton			-
54 Horseshoe Rd	<u> </u>	Wilton		СТ	06897
Principal Occupation		Name of Employ	/er		
				·	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
		dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?	1				
	06/1	17/2017	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	1			1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuale			
		liviuuais			0 . 1
Last Name	First	Com		MI	Contribution ID #
Mecozzi Residential Street Address	<i>C</i> '1	Gary		F	0023
16 Sunset Pass	City	Wilton		State CT	Zip Code 06897
Principal Occupation		Name of Employe	۲ ۳	CI	06897
		Name of Employe	21	-	
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	Vac	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with	Date	Received	Aggregate Contributions		
an event reported in Section J1?			66 · 6 · · · · · · · · · · · ·		
X No Cash Personal Check	06/	17/2017	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card			+		
Last Name	First			MI	Contribution ID #
Einstein		Eric		в	0024
Residential Street Address	City	-		State	Zip Code
15 Deacon Abbott Ln		Redding		СТ	06896
Principal Occupation		Name of Employe	er		
Retired Physician		Retire	d		
		Is contributor a lo	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child o	f a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Method of contribution:					
X No Cash X Personal Check	06/	18/2017	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Third		Joel		н	0025
Residential Street Address	City			State	Zip Code
19-23 Prospect Rdg		Ridgefield		СТ	06877
Principal Occupation		Name of Employe	er		
Volunteering in Retirement		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	obbyist, spouse, or	Amou	nt of Contribution
	0	dependent child o	f a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
If yes, list Event #	06/	18/2017	\$200.00		\$200.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Nissley		Emily		в	0026
Residential Street Address	City			State	Zip Code
30 Oenoke Ln		New Canaan		СТ	06840
Principal Occupation		Name of Employe	er		
None		None			
Is contributor a principal of a state contractor or prospective state contractor?			bbbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of	5	dependent child o	a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with or quot remoted in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	06/	18/2017	\$249.00		\$249.00
	1			i i	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	``	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Sutherland		Beverly			0027
Residential Street Address	City			State	Zip Code
15 Nod Hill Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	/er		
Retired		None			
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	111100	
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/3	18/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Fisher		John		к	0028
Residential Street Address	City			State	Zip Code
116 Olcott Way		Ridgefield		ст	06877
Principal Occupation		Name of Employ	/er		000//
Retired College President		Retire	-		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu v			
government the contract is with:			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
	06/	18/2017	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Sherwood		Sue		E	0029
Residential Street Address	City			State	Zip Code
16 Hoyt Farm Rd	,	New Canaan		СТ	06840
Principal Occupation		Name of Employ			00040
		1 5			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu v			
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes	Date	Received	Aggregate Contributions		
	06/3	18/2017	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Rowland		Barbara		J	0030
Residential Street Address	City			State	Zip Code
12 Merry Ln	2.1.9	Weston		СТ	06883
Principal Occupation	ا	Name of Employ	10 r	<u> </u>	
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which branch as branches of		acpendent child (
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes Yes	Date	Received	Aggregate Contributions		
	06/	18/2017	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1			1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Alper		Al			0031
Residential Street Address	City			State	Zip Code
78 Pin Oak Ln		Wilton		СТ	06897
Principal Occupation		Name of Employ	er		
IT services & security Business own		Absol	ute Logic, Inc.		
			abbuist spause or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	111100	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/3	18/2017	\$50.00		\$50.00
	I				
Last Name	First			MI	Contribution ID #
Rist		David			0032
Residential Street Address	City			State	Zip Code
10 Shelter Rock Rd		Bethel		ст	06801
Principal Occupation		Name of Employ	er	!	
Retired		Retire			
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	711100	and of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}		
government the contract is with:					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/3	18/2017	\$50.00		\$50.00
					-
Last Name	First			MI	Contribution ID #
Rist		Patricia			0033
Residential Street Address	City			State	Zip Code
10 Shelter Rock Rd		Bethel		СТ	06801
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Data	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.00	0/2017	+50.00		+50.00
If yes, list Event # Money Order X Credit/Debit Card	06/.	18/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Sedlacek		Verne			0034
Residential Street Address	City			State	Zip Code
21 W Branch Rd		Westport		СТ	06880
Principal Occupation]	Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?			388 Sourcearons		
X No Cash Personal Check	0.00	10/2017	4275 00		4375 00
If yes, list Event # Money Order X Credit/Debit Card	00/.	19/2017	\$375.00		\$375.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	T				
B. Itemized Contributions from	m Inc	lividuals			-
Last Name	First			MI	Contribution ID #
McCafferty		Anita			0035
Residential Street Address	City			State	Zip Code
135 Walnut St		Southington		СТ	06489
Principal Occupation	-	Name of Employ	/er	•	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No Cash Personal Check	06/	19/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/	19/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Yanoti	1 1130	Timesta		1411	
Residential Street Address	City	Timothy		Charles	0036
	City			State	Zip Code
6 Ballwood Rd	<u> </u>	Old Greenwi		СТ	06870
Principal Occupation		Name of Employ	/er		
Executive		AFR			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with an grant reported in Section 112 Yes	Date	Received	Aggregate Contributions		
	06/	19/2017	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Barhydt		Peter			0037
Residential Street Address	City			State	Zip Code
39 Walsh Ln		Greenwich		СТ	06830
Principal Occupation		Name of Employ	ver		4
CEO		Abero	leen Associates		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	{	
an event reported in Section J1?	Dute	Received	Aggregate controlitons		
No Cash Personal Check	06/	10/2017	¢100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card	06/	19/2017	\$100.00		\$100.00
				1	 1
Last Name	First			MI	Contribution ID #
Taggart		William			0038
Residential Street Address	City			State	Zip Code
295 Park St		New Canaan		СТ	06840
Principal Occupation		Name of Employ	ver		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or	Amou	unt of Contribution
	U	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
government the contract is with	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
No Cash Personal Check	06/	19/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card			\$100.00		+-50.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	-				
B. Itemized Contributions from	m Inc	lividuals			•
Last Name	First			MI	Contribution ID #
Derderian		Thomas			0039
Residential Street Address	City			State	Zip Code
48 Side Cut Rd		Redding		СТ	06896
Principal Occupation	-	Name of Employ	/er	•	•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash Personal Check	06/	19/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/	19/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Straniti	1 1130	Kally		NII .	0040
Residential Street Address	Citu	Kelly		State	
	City				Zip Code
1 Ponus Ave	<u> </u>	Norwalk		СТ	06850
Principal Occupation		Name of Employ			
owner/paralegal			Straniti Paralegal Services		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child o			
government the contract is with:			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
	06/	19/2017	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Steiner		Edward		w	0041
Residential Street Address	City			State	Zip Code
261 Rivergate Dr		Wilton		ст	06897
Principal Occupation		Name of Employ	/er		
Retired		none			
			lobbyist, spouse, or	Amoi	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Date	Received	Aggregate Controutions		
X No Cash Personal Check	0.00	10/2017	¢275.00		+27F 00
If yes, list Event # Money Order Credit/Debit Card	06/	19/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Reilly		Stephen		W	0042
Residential Street Address	City			State	Zip Code
19 Vineyard Ln		Westport		СТ	06880
Principal Occupation		Name of Employ	ver		
Realtor		Higgi	ns Group	_	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If you indicate which branch or branches of	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash Personal Check	06/	19/2017	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card			400.00		

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	T				
B. Itemized Contributions from	m Ind	lividuals		•	
Last Name	First			MI	Contribution ID #
Lasprogato		Joan		G	0043
Residential Street Address	City			State	Zip Code
28 Drumlin Rd		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Retired - School Crossing Guard		West	port Police Dept		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	ant of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			66 - 6		
X No Cash Personal Check	06/	19/2017	\$20.00		\$20.00
If yes, list Event # Money Order Credit/Debit Card	00/	19/2017	\$20.00		\$20.00
					0
Last Name	First			MI	Contribution ID #
Mc Eachern		Margaret		L	0044
Residential Street Address	City			State	Zip Code
4 Winterberry Ln		Ridgefield		СТ	06877
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	06/	19/2017	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	00/	19/2017	430.00		450.00
Last Name	First			MI	Contribution ID #
	First	M/illia ma		NII .	0045
Malone	~	William		~	
Residential Street Address	City			State	Zip Code
40 Cobbler's Lane 205 Main St		New Canaan		СТ	06840
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If you indicate which brough as broughes of	-	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
	06/3	19/2017	\$200.00		\$200.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Kersey		Dallas		м	0046
Residential Street Address	City	Danao		State	Zip Code
154 Steep Hill Rd	City	Weston		CT	06883
Principal Occupation			or.		00005
		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
		acpendent child (of a foodyfst?		
If yes, indicate which branch or branches of government the contract is with:			X No]	
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?	1				
	06/	19/2017	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1			1	

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I. MONETARY RECEIPT	FS (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	``	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions fro	m Ind	lividuals			-
Last Name	First			MI	Contribution ID #
Goodwin		Therese		М	0047
Residential Street Address	City			State	Zip Code
212 Drum Hill Rd		Wilton		СТ	06897
Principal Occupation	·	Name of Employ	/er		•
Retired		Retire	ed		
			lobbyist spouse or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child	Vac	111100	
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/1	19/2017	\$200.00		\$200.00
Last Name	First			MI	Contribution ID #
Finkelstein		Christine			0048
Residential Street Address	City			State	Zip Code
4 Rockhouse Rd		Wilton		СТ	06897
Principal Occupation	<u> </u>	Name of Employ	/er	-	
Consultant		Self			
			lobbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child	Vac	Allot	ant of Contribution
If yes, indicate which branch or branches of		1	X No		
government the contract is with:					
Is this contribution associated with an event remoted in Section 112 Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Cash Personal Check Money Order Credit/Debit Card	06/1	19/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Engel		Frederik			0049
Residential Street Address	City			State	Zip Code
2 Cricklewood Rd		Redding		СТ	06896
Principal Occupation	<u> </u>	Name of Employ	/er		<u>!</u>
Retired		None			
			lobbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child	V	111100	
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Detai	Received			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # No Cash Personal Check Money Order Credit/Debit Card	06/1	19/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Green		Stuart		н	0050
Residential Street Address	City			State	Zip Code
180 Umpawaug Rd		Redding		СТ	06896
Principal Occupation	·	Name of Employ	/er		•
Investor		N/a			
			lobbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child	Vac		
If yes, indicate which branch or branches of			x No		
government the contract is with:			i		
government the contract is with: Executive Legislative Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
government the contract is with:		Received	i		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Christison		D.F.			0051
Residential Street Address	City			State	Zip Code
94 Old Driftway		Wilton		СТ	06897
Principal Occupation		Name of Employ	rer		
Retired		None			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	06/:	19/2017	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	, -				+
Last Name	First			MI	Contribution ID #
Rota		Terry			0052
Residential Street Address	City	Terry		State	Zip Code
351 Riversville Rd	City	Greenwich		СТ	06831
Principal Occupation	L	Name of Employ	70 F	СГ	00031
Accountant		Pepsi			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of			· ·		
government the contract is with:			i		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/2	20/2017	\$10.00		\$10.00
	I				
Last Name	First			MI	Contribution ID #
Van Brussel		Roger			0053
Residential Street Address	City			State	Zip Code
18 Powder Horn Hill Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	rer		
Business Owner		Gybe	North Industries, LLC	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child	of a lobbyist?		
government the contract is with:			X No		
Is this contribution associated with an event reported in Section 112 Yes	Date	Received	Aggregate Contributions		
× No	06/2	20/2017	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Colaprico		Joseph			0054
Residential Street Address	City			State	Zip Code
21 Greenfield Dr		Weston		СТ	06883
Principal Occupation		Name of Employ	er		4
Consultant		Self E	Employed		
				Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date				
X No Cash Personal Check	06/	20/2017	425 NU		\$25.00
If yes, list Event # Money Order X Credit/Debit Card	00/4	20/2017	\$25.00		φ 2 3.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Behr		Brant			0055
Residential Street Address	City			State	Zip Code
67 Highland Ave		Norwalk		СТ	06853
Principal Occupation		Name of Employ	/er	L	
Investments		Conce			
			lobbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	7 tillou	an of contribution
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}		
government the contract is with:					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/3	20/2017	\$5.00		\$5.00
				L	
Last Name	First			MI	Contribution ID #
Waller		Scott			0056
Residential Street Address	City			State	Zip Code
13 Hunting Ln		Westport		СТ	06880
Principal Occupation		Name of Employ	/er		
Physician		Self			
			lobbyist, spouse, or	1 mor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	7 tillou	an of contribution
If yes, indicate which branch or branches of			x _{No}		
government the contract is with:	-				
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/3	20/2017	\$50.00		\$50.00
				L	
Last Name	First			MI	Contribution ID #
Young		Penelope			0057
Residential Street Address	City			State	Zip Code
52 Indian Hill Rd		New Canaan		СТ	06840
Principal Occupation		Name of Employ	ver		
Retired		Retire	ed		
			lobbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Data	Received	Aggregate Contributions	{	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check			150.00		150.00
If yes, list Event # Money Order X Credit/Debit Card	06/.	20/2017	\$50.00		\$50.00
	·				
Last Name	First			MI	Contribution ID #
Overby		James		R	0058
Residential Street Address	City			State	Zip Code
105 Pine Ridge Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Date		- OB OB CONTINUED IN		
No Cash Personal Check	000	71/2017	#E0.00		¢50.00
If yes, list Event # Money Order Credit/Debit Card	00/	22/2017	\$50.00		\$50.00

					Page 18 of 54
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	T				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Overby		Delphine			0059
Residential Street Address	City			State	Zip Code
105 Pine Ridge Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	/er	-	-
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash Personal Check	06/3	22/2017	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	00/1	22/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
	First	1		IVII	
De Simone	<i>C</i> ''	John			0060
Residential Street Address	City			State	Zip Code
8 Tall Oaks Rd	L	Wilton		СТ	06897
Principal Occupation		Name of Employ			
Accountant			er Berlingo & Co.		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent crind	·		
government the contract is with:			× _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	06/2	22/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
De Simone		Roseann			0061
Residential Street Address	City			State	Zip Code
8 Tall Oaks Rd		Wilton		ст	06897
Principal Occupation		Name of Employ	/er	<u>. </u>	4
Registered Nurse - CT State cert		Wilto	n Public Schools		
		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	{	
an event reported in Section J1?	Dute		Aggregate controlations		
X No Cash X Personal Check	06/	77/2017	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	06/.	22/2017	\$100.00		\$100.00
					1
Last Name	First			MI	Contribution ID #
Towers		Richard		н	0062
Residential Street Address	City			State	Zip Code
12 Greens Farms Holw		Westport		СТ	06880
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
	~	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
	06/2	22/2017	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	1		1	1	

					Page 19 of 54
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals		•	
Last Name	First			MI	Contribution ID #
Rothstein		Loretta			0063
Residential Street Address	City			State	Zip Code
169 Old Boston Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	/er	-	
None		None			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	•	
an event reported in Section J1?					
X No Cash Personal Check	06/	22/2017	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	00/.	22/2017	\$30.00		\$30.00
					G (1) (ID //
Last Name	First			MI	Contribution ID #
Rothstein		David			0064
Residential Street Address	City			State	Zip Code
169 Old Boston Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	/er		
Marketing Research		RTi R	esearch		
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	06/	22/2017	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	00/1	22/2017	\$50.00		450.00
Last Name	First			MI	Contribution ID #
	FIISt	5.4		MI	
Criswell		Beth			0065
Residential Street Address	City			State	Zip Code
337 Ridgefield Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	/er		
None		None			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If was indicate which branch or branches of	0	dependent child			
government the contract is with:			X No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	06/2	22/2017	\$10.00		\$10.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Peshkin		Joy		к	0066
Residential Street Address	City	JUY		State	
	City	Wester			Zip Code
19 Hickory Ln	L	Weston		СТ	06883
Principal Occupation		Name of Employ			
Retired - Attorney		None			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
	06/2	22/2017	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	''				

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions fro	m Ind	lividuale			
	-	liviuuais		1.0	G (T) (T) ID //
Last Name	First	Fuendau		MI	Contribution ID #
Morgan, Jr.	<i>C</i> '1	Evander		J	0067
Residential Street Address	City	New Canaan		State CT	Zip Code 06840
353 South Ave	<u> </u>	New Canaan		CI	06840
Principal Occupation		Name of Employ Retire			
Petroleum Engineer Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Anot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	22/2017	\$375.00		\$375.00
If yes, list Event # Money Order Credit/Debit Card	007.	22/2017	\$373.00		\$575.00
Last Name	First			MI	Contribution ID #
Doty	1 11.51	William		Т	0068
Residential Street Address	City	William		State	Zip Code
85 Main St	eny	Ridgefield		СТ	06877
Principal Occupation		Name of Employ	/er		00077
Optometrist			m T. Doty & Associates		
			lobbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Van		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash X Personal Check	06/	22/2017	\$200.00		\$200.00
If yes, list Event # Money Order Credit/Debit Card			4200000		+200.00
Last Name	First			MI	Contribution ID #
Ciaccio		George		J	0069
Residential Street Address	City	5		State	Zip Code
20 Freedom Way		Shelton		ст	06484
Principal Occupation		Name of Employ	ver		
None		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an auant exported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
	06/3	22/2017	\$200.00		\$200.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Murray		Harlan		w	0070
Residential Street Address	City			State	Zip Code
1 Crowne Pond Ln	L	Wilton		СТ	06897
Principal Occupation		Name of Employ	ver		
None		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	ant of Contribution
If you indicate which branch as branches of	υ	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	1				
If yes, list Event # Cash Cash Credit/Debit Card	06/	22/2017	\$375.00		\$375.00
	1		1	1	

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<form> 6.87 Parking Del Mer Cir. Apt 1108 9.8 Performants Processor Parker of "Processor" Beel and "Processor"</form>	Residential Street Address	City				Zip Code
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Is controlater a gancing of a same contractor or prospective state contractor? Ivanishing Ivanishing Ivanishing Ivanishing Amound of controlation o						
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<form> I drawname i control in a social of with burne to train of our proceed of a social of our proceed of a socia</form>	Is contributor a principal of a state contractor or prospective state contractor? \Box Yes \mathbf{x} N	0		Vac	Amou	unt of Contribution
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an eret et experiel in Section J.7 Y rs Y rs Control 6/22/2017 \$100.00 \$100.00 Las Name Shevchik Image: Section J.7 Mt Common Direction J.7 0072 Residential Street Address Corr Sare Corr Sare J.2 Sare J.2 Sare J.2 Sare J.2 Corr Sare J.2 Cor Sare J.2 Cor	Executive			X No		
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I rys, list Fvent # Maney Order Coalit/Datit Call 96/22/2017 \$100.00 \$100.00 I as Name First Julia Mft Company ID P Residential Street Address City Sate Park ID P 00720 Residential Street Address City Sate Park ID P 00720 None Street Address City Sate Park ID P 00720 None None / Street Address City Sate Park ID P 00720 None None / Street Address City Sate Park ID P None / Street Address Provide Address Addres						
Iryes, lat Lever # More Cenduzbed: Cand First M Controlicion D.0 # Associated Store Address Julia Julia M Controlicion D.4 (00.2 m) Residential Store Address CR Store 6 FL 33715-1074 Principal Occupitor CR None FL 33715-1074 Principal Occupitor None None FL 33715-1074 Inclusion of the Card Address Store 6 Store 6 Store 7 Vec Inclusion of the Card Address Store 6 Store 6 Store 7 Vec Advector 1 Vec Advector 1 Advector 1 Vec Advector 1 Advector 1 Vec Store 7 Vec Advector 1 Advector 1 Vec Advector 1 Advector 1 Vec Store 7 Vec Advector 1 Advector 1 Vec Advector 1 Yes Advector 1 Yes M Controlicion 17 Store 7 Vec Store 7 Vec M Controlicion 17 Store 7 Vec Store 7 Vec Vec M Controlicion 17 Store 7 Vec Vec Store 7 </td <td></td> <td>06/2</td> <td>22/2017</td> <td>\$100.00</td> <td></td> <td>\$100.00</td>		06/2	22/2017	\$100.00		\$100.00
<form> Shevchik OT 007 Raidemi Street Address CF Sate Sate 207 Principal Occupation None None Sate 3721074 Controlled registering Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Inter of Employment Intero of Employment<</form>	If yes, list Event # Money Order Credit/Debit Card	/				
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Residential Street Address City Nate Zip Code 6287 Bahia Del Mar Cir Apt 1108 St Petersburg FL 33715-1074 Principal Occognition None of Employer None None St Petersburg Pres 1s contributor a principal of a state contractor or proprective state contractor? I vg I No Amount of Centribution Amount of Centribution 1s doentification a state contractor or proprective state contractor? I vg I No Amount of Centribution Amount of Centribution 1s doentification a function of the Section J1? Vs Index doentification of the Section J1? No Amount of Centribution 1s doentification of the Section J1? Vs Index doe Centribution St O0.00 St O0.00 Last Name First Kathryn Mil Contribution ID # 1s contributor a principal of a state contractor? Vs None St O0.00 Last Name First Kathryn Mil Contributor a first Spin On.00 1s contributor a principal of a state contractor? Vs None Aggregate Contribution 1'yse, lind Neem A Stocontributor abbeylar, Petersburg Aggregate Contribution Stocontributo		Thist	Julia		, init	
6287 Bahia Del Mar Cir Apt 1108 Name of Employme Name of Employme Name of Employme 1 view on the contracts or prospective state contractor? y or g w or g is contribute or binaches of waches of the contracts or state. Yes, indicate which handes of waches of the contracts or state. Name of Employme Yes, indicate which handes of waches of the contracts or state. Name of Employme Yes, indicate which handes of waches of the contracts or state. Name of t		<i>a</i> :-	Julia		a	
Principal Occupation Name of Employer Nome Lis contributer a principal of a state contractor or prospective state contractor? Legislative No Legislative Amount of Contributions b is contributer a principal of a state contractor or prospective state contractor? Legislative Date Received Aggregate Contributions Amount of Contributions a recent reported in Section J1? Vest Molecol Centributer a principal of a state contractor? Mil Centribution ID # Last Name Cash Perional Check Of/22/2017 \$100.00 \$100.00 Last Name Tafuro Kathryn State 2073 Residential Store Abdess City State 2073 106 W Meadow Rd Wilton Name of Employer Name of Employer Name of Employer Name of Employer State 2073 Last Name Cash Milecol of contribution ID # 06/22/2017 \$100.00 \$100.00 Last Name Tafuro Kathryn State 2073 \$2073 Last Name Executive Legislative Name of Employer Name of Employer \$2073 If Yes, Indicate which branche		City				-
<form> None Is contributed a principal of a state contractor or propertive state on tractor of the contribute of a looky state contractor or propertive state on tractor of the contribute of a looky state contractor or propertive state on tractor of the contribute of a looky state contractor or propertive state on tractor of the contribute of a looky state contractor of the contribution section J1?</form>			St Petersbur	g	FL	33715-1074
Is contributor a principal of a state contractor or prospective state contractor?	Principal Occupation		Name of Employ	/er		
If yes, indicate which branches of an event reported in Section 11?	None		None			
If yes, indicate which how how henches of generative is with: Is executive is used: Is executive is with: Is executive is executive is with: Is executive is executive is with: Is executive is executive is	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
operment the contract is with: I beginative I beginative <thi beginative<="" th=""> I beginative I beginat</thi>		0	dependent child	of a lobbyist?		
is bits contribution associated with an event reported in Section J1? Yes Method of contribution: Money Order Date Received Cedu/Debit Card Aggregate Contributions \$100.00 Last Nume First Mf. Contribution ID # Contribution	Executive			X No		
an event reported in Section J1? Yes Cath Personal Check 06/22/2017 \$100.00 \$100.00 Last Name Tafuro Sate 7073 Residential Street Address City Sate 7073 106 W Meadow Rd City Sate 7073 Principal Occupation None Witton City 06897 Principal Occupation None None 06973 06897 Principal Occupation None None 06897 06973 If yes, indicate which herach oro prospective state contractor? yes No Scontributor a principal of a state contractor or prospective state contractor? yes No Scontributor a principal of a state contractor or prospective state contractor? yes No Scontributor a principal of a state contractor or prospective state contractor? yes No Scontributor a principal of a state contractor? yes No Scontributor a principal of a state contractor or prospective state contractor? Yes No Scontributor a principal of a state contractor or prospective state contractor? Yes No Scontributor a principal of a state contractor or prospective state contractor? Yes No Sconthobitor a principal of a state contractor or	Is this contribution associated with mean Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Money Order Credit/Debit/Card Op/C/2/2017 \$100.00 First cardination DP Last Name First cardination DP First cardination DP Sate Zip Code 106 Weadow Rd Value of Employment Name of Employment Sate Zip Code Principal Occupation Name of Employment Name of Employment Amount Amount Amount 1 yes, list Event # Money Order Legislative Sate Zip Code Contribution DP Amount Amount Amount 1 yes, list Event # Money Order Legislative Name of Employment Amount Amount Amount Amount Amount Last Name Yes Method of contribution: Date Received Aggregate Contributions Mit Contribution DP Amount Last Name Yes Method of contribution: Elsie Mit Contribution DP Gr Point Gr Point Gr Point Gr Point 1 yes, list Event # Money Order Principal Occupation None Elsie Mit Contribution DP 1 yes, list Event # Mithod of contribution: Receride<	Vac			80 · 8 · · · · · · · · ·		
If yes, list Event # Money Order Credit/Debit Card First Mill Contribution D/# Last Name Fafuro First S 0073 Residential Street Address CT 06 CT 06 CT 06 2/p Code 106 W Meadow Rd Wilton CT 06 CT 06 CT 06 073 Principal Occupation Name of Employer Wilton CT 06 074 06 074 06 074 06 074 06 074 06 074 06 074 06 074 06 074 06 074 06 074 <	Cash Personal Check	0.0	77/2017	¢100.00		¢100.00
Tafuro S 073 Residential Street Address City	If yes, list Event # Money Order Credit/Debit Card	00/	22/2017	\$100.00		\$100.00
Tafuro S 073 Residential Street Address City				•		
Residential Street Address City State Zip Code 106 W Meadow Rd Wilton CT 06897 Principal Occupation Name of Employer Nor Is contributor a principal of a state contractor or prospective state contractor? Is very simplified of a lobby sit, spouse, or including a lobby sit? Yes Amount of Contribution a lobby sit. Is contribution associated with an event reported in Section 11? Yes Method of contribution Date Received Aggregate Contributions Amount of Contribution 11/2 Is some framework None Crealing Field Contribution 11/2 Method of contribution: Aggregate Contributions Aggregate Contributions Last Name None Craig First Mil Contribution 11/2 Size Original Original Original Original Original Original Original Size Ori		First				
106 W Meadow Rd Wilton CT 06897 Principal Occupation Name of Employer Yes Name of Employer Name of Employer Yes			Kathryn		S	
Principal Occupation Homemaker Name of Employer None Is contributor a principal of a state contractor or prospective state contractor?	Residential Street Address	City			State	Zip Code
Homemaker None Is contributor a principal of a state contractor or prospective state contractor?	106 W Meadow Rd		Wilton		СТ	06897
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of If y	Principal Occupation		Name of Employ	/er		
If yes, indicate which branch or branches of government the contract is with: Executive	Homemaker		None			
If yes, indicate which branch or branches of government the contract is with:	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
a overnment the contract is with: Executive Legislative Legislative Aggregate Contributions Is this contribution associated with an event reported in Section J1? Yes Method of contribution: Date Received Aggregate Contributions If yes, list Event # No Cash Personal Check Ob/22/2017 \$35.00 \$35.00 Last Name F 0074 Craig F 0074 Residential Street Address F 0074 150 High Ridge Ave F 0074 Principal Occupation F 06877 Retired Yes No Yes No If yes, indicate which branch or branches of contractor or prospective state contractor? Yes No S contribution: Is contribution a lobyist, spouse, or dependent child of a lobyist? Yes No Is this contribution associated with an event reported in Section J1? Yes Aggregate Contribution Yes No Is this contribution associated with an event reported in Section J1? Yes Aggregate Contribution Yes No Is this contribution associated with an event reported in Section J1? Yes Personal Check O6/22/201	Yes X N	0	dependent child	of a lobbyist? Yes		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution: Cash Date Received Aggregate Contributions If yes, list Event # No Cash Image: Personal Check Credit/Debit Card 06/22/2017 \$35.00 \$35.00 Last Name First MI Contribution ID # Craig First MI Contribution ID # Residential Street Address City State Zip Code 150 High Ridge Ave Ridgefield CT 06877 Principal Occupation Retired None Is contribution alobbyist, spouse, or dependent child of a lobbyist? Yes Amout of Contribution If yes, indicate which branch or branches of a event reported in Section J1? Executive Legislative Date Received Aggregate Contributions No Is this contributor a sociated withich as sociated withich an event reported in Section J1? Yes Method of contribution: No Date Received Aggregate Contributions No Is this contributor a principal of a state contractor or prospective state contractor? Yes No No Yes Aggregate Contributions If yes, indicate which branch or branches of a evert reported in Section J1? Yes <td< td=""><td>Executive</td><td></td><td></td><td>x _{No}</td><td></td><td></td></td<>	Executive			x _{No}		
an event reported in Section J1? If yes, list Event # Last Name Craig Last Name Craig City	government the contract is with.	Date	Received			
If yes, list Event # No	Vec	Dute	Received	Aggregate contributions		
If yes, list Event # Money Order Credit/Debit Card N N C Last Name First MI Contribution ID # Craig F 0074 Residential Street Address City State Zip Code 150 High Ridge Ave Ridgefield CT 06877 Principal Occupation Name of Employer Name of Employer State CT 06877 Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Dat Received Aggregate Contributions Aggregate Contributions Is this contribution a lobe/istin Second with an event reported in Section J1? Yes Cash Personal Check 06/22/2017 \$100,00 \$100,00	Cash Personal Check	0.00	22/2017	+25.00		+25.00
Craig F 0074 Residential Street Address City State Zip Code 150 High Ridge Ave Ridgefield CT 06877 Principal Occupation Name of Employment CT 06877 Retired None State OCT OCT/Displayer Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Scontributor a lobbysist, spouse, or dependent child of a lobbysist? Yes Yes State contribution associated with an event reported in Section J1? Method of contribution: Yes Personal Check Nogregate Contributions Aggregate Contributions State Contributions State Contributions Is this contribution associated with an event reported in Section J1? Yes Cash Personal Check Nog/22/2017 \$100.00 \$100.00	If yes, list Event # Money Order Credit/Debit Card	06/.	22/2017	\$35.00		\$35.00
Craig F 0074 Residential Street Address City State Zip Code 150 High Ridge Ave Ridgefield CT 06877 Principal Occupation Name of Employment CT 06877 Retired None State OCT OCT/Displayer Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Scontributor a lobbysist, spouse, or dependent child of a lobbysist? Yes Yes State contribution associated with an event reported in Section J1? Method of contribution: Yes Personal Check Nogregate Contributions Aggregate Contributions State Contributions State Contributions Is this contribution associated with an event reported in Section J1? Yes Cash Personal Check Nog/22/2017 \$100.00 \$100.00				•		1
Residential Street Address City State Zip Code 150 High Ridge Ave Ridgefield CT 06877 Principal Occupation Retired Name of Employer Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contribution Is this contribution associated with an event reported in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is this contribution J1? Yes Cash Personal Check 06/22/2017 \$100.00 \$100.00	Last Name	First			MI	Contribution ID #
150 High Ridge Ave CT 06877 Principal Occupation Name of Employer Name of Employer Second Principal of a state contractor prospective state contractor? Name of Employer None Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a lobby ist, spouse, or dependent child of a lobby ist? Yes Yes No If yes, indicate which branch or branches of government the contract is with: Is contribution: Is contribution: No Yes No Aggregate Contributions Yes Aggregate Contributions Yes	Craig		Elsie		F	0074
Principal Occupation Name of Employer Retired None Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions Is this contribution associated with an event reported in Section J1? Yes Method of contribution: Date Received Aggregate Contributions	Residential Street Address	City			State	Zip Code
Retired None Is contributor a principal of a state contractor prospective state on tractor?	150 High Ridge Ave		Ridgefield		СТ	06877
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of contributive legislative Is this contribution associated with an event reported in Section J1? No No No No No No No N	Principal Occupation		Name of Employ	/er		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of contributive legislative Is this contribution associated with an event reported in Section J1? No No No No No No No N	Retired		None			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative X No Is this contribution associated with an event reported in Section J1? Yes Method of contribution: Date Received Aggregate Contributions X No Cash X Personal Check 06/22/2017 \$100.00				lobbyist, spouse, or	Amou	unt of Contribution
government the contract is with: Executive Legislative Aggregate Contributions Is this contribution associated with an event reported in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Image: No Cash Personal Check 06/22/2017 \$100.00 \$100.00	Yes X N	0		Vac		
Is this contribution associated with an event reported in Section J1? No Cash Personal Check 06/22/2017 \$100.00 \$100.00	If yes, indicate which branch or branches of					
an event reported in Section J1?	government the contract is with:	1 -		i		
Image: Section 31? Image: Section 31? Image: Section 31? Image: Section 31? <td>Vac</td> <td>Date</td> <td>Received</td> <td>Aggregate Contributions</td> <td></td> <td></td>	Vac	Date	Received	Aggregate Contributions		
	If yes, list Event # Money Order Credit/Debit Card	06/2	22/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	ES (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	T				
B. Itemized Contributions fro	m Ind	lividuals			-
Last Name	First			MI	Contribution ID #
Benziger		Carol		А	0075
Residential Street Address	City			State	Zip Code
356 Wilton Rd E		Ridgefield		СТ	06877
Principal Occupation		Name of Employ	/er		•
Homemaker		None			
			lobbyist spouse or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child	Vac	111100	
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}		
government the contract is with:	1 -				
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # No Cash Personal Check Money Order Credit/Debit Card	06/2	22/2017	\$150.00		\$150.00
Last Name	First			MI	Contribution ID #
Bauer		George		Р	0076
Residential Street Address	City			State	Zip Code
206 Dudley Rd		Wilton		ст	06897
Principal Occupation	-	Name of Employ	/er	-	
Retired		Retire			
			lobbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child	Vac	Allot	in or contribution
If yes, indicate which branch or branches of		I.	X No		
government the contract is with:					
Is this contribution associated with an event reported in Section 112 Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Cash Personal Check Money Order Credit/Debit Card	06/2	22/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Stackpole		Gregory			0077
Residential Street Address	City			State	Zip Code
39 Picketts Ridge Rd		Redding		СТ	06896
Principal Occupation		Name of Employ	/er		
Tax Assessor		City c	of Stamford		
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child	V	111100	
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Dete	Received			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # No Cash Personal Check Money Order X Credit/Debit Card	06/3	23/2017	\$100.00		\$100.00
			l	l	•
Last Name	First			MI	Contribution ID #
Myerson		Paul			0078
Residential Street Address	City			State	Zip Code
7 Sea Spray Rd		Westport		СТ	06880
Principal Occupation		Name of Employ	/er		
Retired		Retire			
		Is contributor a	lobbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	Ňо	Is contributor a dependent child	lobbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	чо		of a lobbyist? Yes	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?		dependent child o	of a lobbyist? Yes X No	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of Executive Legislative government the contract is with: Legislative Method of contribution:			of a lobbyist? Yes	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	Date	dependent child o	of a lobbyist? Yes X No	Amou	<pre>state state s</pre>

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	T				
B. Itemized Contributions from	m Inc	lividuals			
Last Name	First			MI	Contribution ID #
Gasiorowski		Henry			0079
Residential Street Address	City			State	Zip Code
40 W Elm St		Greenwich		СТ	06830
Principal Occupation		Name of Employ	/er		
Physician		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
No Cash Personal Check	06/	23/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/	2017	\$100,000		\$100.00
Last Name	First			MI	Contribution ID #
Ruffel	1 1130	Charles		1011	0080
Residential Street Address	City	Charles		Charles	
	City			State	Zip Code
60 Teapot HI	<u> </u>	Wilton		СТ	06897
Principal Occupation		Name of Employ			
Finance			Investment		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child	· _		
government the contract is with:			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	06/	23/2017	\$375.00		\$375.00
ii yes, iist Event #					
Last Name	First			MI	Contribution ID #
Gebhardt		Eric			0081
Residential Street Address	City			State	Zip Code
11 Mallory Ln		Redding		ст	06896
Principal Occupation		Name of Employ	/er	<u>. </u>	
Retired		Retire	ed		
				Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V	111100	
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Data	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Controlitons		
No Cash Personal Check	0.01	22/2017	¢50.00		*F0 00
If yes, list Event # Money Order X Credit/Debit Card	06/.	23/2017	\$50.00		\$50.00
				1 T	 T
Last Name	First			MI	Contribution ID #
Derderian		Vicki			0082
Residential Street Address	City			State	Zip Code
48 Side Cut Rd		Redding		СТ	06896
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	υ	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
No Cash Personal Check	06/	23/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		-5/201/	\$100.00		Ψ100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals		-	•
Last Name	First			MI	Contribution ID #
Stevenson		Jayme			0083
Residential Street Address	City			State	Zip Code
65 St Nicholas Rd		Darien		СТ	06820
Principal Occupation		Name of Employ	/er		
First Selectman		Town	of Darien		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			80 · 8 · · · · · · · · ·		
No Cash Personal Check	06/7	23/2017	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card	00/2	23/2017	\$25.00		\$25.00
			•		a
Last Name	First			MI	Contribution ID #
OReilly		Sandra			0084
Residential Street Address	City			State	Zip Code
167 Old Redding Rd		Redding		СТ	06896
Principal Occupation		Name of Employ	/er		
Graphic Design		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			80 · 8 · · · · · · · · ·		
X No Cash Personal Check	06/	23/2017	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card	00/2	25/2017	\$25.00		\$23.00
					C (1 C D)
Last Name	First			MI	Contribution ID #
Torrano		Peter			0085
Residential Street Address	City			State	Zip Code
5 Beauford Rd		Norwalk		СТ	06854
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which branch or branches of	0	dependent child			
government the contract is with:			X No		
Is this contribution associated with an approximate and the section 112 Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check	06/2	23/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Foltz	1 1150	Jonathan			0086
Residential Street Address	City	Jonachan		State	
	City	14/11			Zip Code
80 Ridgefield Rd	μ	Wilton		СТ	06897
Principal Occupation		Name of Employ	/er		
Finance		Self		ı — — —	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which branch or branches of	-	dependent child	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes	Date	Received	Aggregate Contributions	1	
	1				
X No Cash Personal Check	06/2	23/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	1 7			1	-

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuale			
Last Name	First	liviuuais		MI	Contribution ID #
Rybarczyk	FIISt	Pamela		IVII	0087
Residential Street Address	City	Pailleia		State	Zip Code
23 Topledge Rd	City	Redding		CT	06896
Principal Occupation		Name of Employ	er		00050
Radiographer			al Orthopaedics		
			· · · · · · · · · · · · · · · · · · ·	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	obbyist, spouse, or of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes_list Event #	06/2	24/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card				L	
Last Name	First			MI	Contribution ID #
Andreana		Joseph			0088
Residential Street Address	City			State	Zip Code
317 Intervale Rd E		Stamford		СТ	06905
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	D		lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes indicate which branch or branches of		dependent child	·		
government the contract is with:			X No	1	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # Money Order X Credit/Debit Card	06/3	24/2017	\$5.00		\$5.00
	First			МІ	
Last Name Lavelle	FIISt	Robert		MI	Contribution ID # 0089
Residential Street Address	City	RUDEIL		State	Zip Code
38 Aspen Mill Rd	City	Ridgefield		CT	06877
Principal Occupation	<u> </u>	Name of Employ	er		00077
Retired		Retire			
				Amou	unt of Contribution
Yes X No	D	dependent child	V		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
	06/2	24/2017	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card				L	
Last Name	First			MI	Contribution ID #
Fitzpatrick		Paul		J	0090
Residential Street Address	City			State	Zip Code
1104 Sienna Dr		Danbury		СТ	06810
Principal Occupation		Name of Employ	rer		
Sales Rep		Titan	LED Lighting Solutions		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes indicate which branch or branches of		dependent child			
government the contract is with:			X No	1	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/3	24/2017	\$10.00		\$10.00

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L. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Fitzpatrick		Virginia		А	0091
Residential Street Address	City			State	Zip Code
1104 Sienna Dr		Danbury		СТ	06810
Principal Occupation		Name of Employ	/er	•	•
Office Administrator		St. S	tephen's Episcopal Church		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Ves Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
	06/2	24/2017	\$10.00		\$10.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Rauch		Gail		А	0092
Residential Street Address	City			State	Zip Code
338 Westport Rd	, in the second s	Wilton		ст	06897
Principal Occupation		Name of Employ	/er		
None		None			
				1	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Anot	an of contribution
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Dete	Received		-	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check					
If yes, list Event # Money Order Credit/Debit Card	06/2	24/2017	\$35.00		\$35.00
Last Name	First			MI	Contribution ID #
Copersino		Betty			0093
Residential Street Address	City			State	Zip Code
21 Side Hill Rd		Westport		СТ	06880
Principal Occupation		Name of Employ	/er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child			
government the contract is with:			x No		
Is this contribution associated with an event reported in Section 112 Yes Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	06/2	24/2017	\$150.00		\$150.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Dineen		Kathleen		Е	0094
Residential Street Address	City			State	Zip Code
21 Shepherd St		Norwalk		СТ	06851
Principal Occupation		Name of Employ	/er		
Homemaker		None			
				Amoi	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	111100	
If yes, indicate which branch or branches of eovernment the contract is with:			x _{No}		
Is this contribution according with Mathed of contribution	Data	Received		1	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	0.00	74/2017	*100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	06/2	24/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	``	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			-
Last Name	First			MI	Contribution ID #
Dineen		Timothy			0095
Residential Street Address	City			State	Zip Code
21 Shepherd St		Norwalk		СТ	06851
Principal Occupation		Name of Employ	er		
Retired		None			
			obbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	1	
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}		
government the contract is with:					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/2	24/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Savinelli		Emilio		А	0096
Residential Street Address	City			State	Zip Code
34 Mollbrook Dr		Wilton		ст	06897
Principal Occupation		Name of Employ	er		00037
		1 5			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent ennu v			
government the contract is with:			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
	06/2	24/2017	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Nigro		Peter		D	0097
Residential Street Address	City			State	Zip Code
45 Wilton Crst	,	Wilton		СТ	06897
Principal Occupation		Name of Employ	704		00057
College Professor		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent ennu v			
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes	Date	Received	Aggregate Contributions		
	06/2	24/2017	\$20.00		\$20.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Mable		Timothy		R	0098
Residential Street Address	City	,		State	Zip Code
38 Durant Ave		Bethel		СТ	06801-1907
Principal Occupation		Name of Employ	er	<u> </u>	10001 1907
Retired		Retire		· ·	ant of Court 1 at
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		acpendent child (
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes Yes	Date	Received	Aggregate Contributions		
	06/2	24/2017	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	T	• • 1 1			
B. Itemized Contributions from	m Ind	lividuals			1
Last Name	First			MI	Contribution ID #
Luke		Joy		Н	0099
Residential Street Address	City			State	Zip Code
1106 Meadow Rdg		Redding		СТ	06896
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No Cash Personal Check	06/3	24/2017	\$200.00		\$200.00
If yes, list Event # Money Order Credit/Debit Card	00/1	- 1/ 2017	\$200.00		\$200.00
Last Name	First			MI	Contribution ID #
Merritt	1 1150	Henry		F	0100
Residential Street Address	City	Пенну		State	Zip Code
	City	5			-
25 Old Hattertown Rd	L	Redding		СТ	06896
Principal Occupation		Name of Employ			
Retired		Retire		i	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with Yes Ves	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
	06/2	24/2017	\$375.00		\$375.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Anderson		Lillian		Е	0101
Residential Street Address	City			State	Zip Code
35 Woodbrook Dr		Stamford		СТ	06907
Principal Occupation	L	Name of Employ	er	0.	
Retired		None			
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V	Allou	In or contribution
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:		D 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/2	24/2017	\$100.00		\$100.00
	·		I	1	
Last Name	First			MI	Contribution ID #
Parson, Jr.		Francis		С	0102
Residential Street Address	City			State	Zip Code
186A Compo Rd S		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Banker		First	Republic Bank		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
Yes X No	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date		1.551 Contributions		
No Cash Personal Check	0.6.17	74/2017	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	00/4	24/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuale			
	-				Contribution ID #
Last Name	First	William		MI W	0103
Walbert, Jr. Residential Street Address	City	Willidfi		VV State	
319 Valley Rd	City	New Canaan		CT	Zip Code 06840
Principal Occupation		Name of Employ			00840
Finance			ert Capital Management, LLC		
			abbuist spause or	i	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	V		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash Personal Check	06/2	24/2017	\$150.00		\$150.00
If yes, list Event # Money Order Credit/Debit Card	00/1		<i><i><i>q</i>100100</i></i>		÷100100
Last Name	First			MI	Contribution ID #
Essman		Brian			0104
Residential Street Address	City			State	Zip Code
324 E 94th St Apt 4W		New York		NY	10128
Principal Occupation		Name of Employ	er		
Accountant		Marci	Jm LLP		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	unt of Contribution
	D	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes list Event #	06/2	26/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Steinnagel		Kent			0105
Residential Street Address	City			State	Zip Code
143 Imperial Ave		Westport		СТ	06880
Principal Occupation		Name of Employ	er		-
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
If you indicate which branch or branches of	5	dependent child			
government the contract is with:			X No		
Is this contribution associated with an event reported in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	06/2	27/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Westphal		James			0106
Residential Street Address	City			State	Zip Code
89 Cavalry Rd		Westport		СТ	06880
Principal Occupation		Name of Employ			
Consultant		LBSC			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		aspendent ennu	x No		
government the contract is with:			i		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
x No Cash Personal Check					+400.00
If yes, list Event # No Money Order X Credit/Debit Card	06/2	28/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Leonard		Cynthia		с	0107
Residential Street Address	City	-,		State	Zip Code
	City	Wilton		СТ	06897
62 Silver Spring Rd	L			CI	00097
Principal Occupation		Name of Employ	er		
None		None			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If was indicate which branch or branches of	-	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with an avert remoted in Section 112 Yes	Date	Received	Aggregate Contributions	1	
X No Cash Personal Check	06/2	29/2017	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card			<i><i><i></i></i></i>		<i>q</i> 200.00
Last Name	First			MI	Contribution ID #
	Filst	Alos			
Ruskewich		Alex			0108
Residential Street Address	City			State	Zip Code
22 Calvin Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	But		inggrogate contributions		
X No Cash Personal Check	0.00	0.0017	+25.00		+25.00
If yes, list Event # Money Order Credit/Debit Card	06/4	29/2017	\$25.00		\$25.00
				ı	1
Last Name	First			MI	Contribution ID #
Newton		James		L	0109
Residential Street Address	City			State	Zip Code
96 Valeview Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	rer	-	•
Landlord		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	· · · · · · · · · · · · · · · · · · ·		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:		D 1		-	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/2	29/2017	\$100.00		\$100.00
					-
Last Name	First			MI	Contribution ID #
Coates		J. Parker			0110
Residential Street Address	City			State	Zip Code
1 Longwood Dr		Redding		СТ	06896
Principal Occupation	·	Name of Employ	er	•	!
Design Builder			esigns		
			-	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		Lependent ennu v	•		
government the contract is with:			X No]	
Is this contribution associated with an event reported in Section 112 Yes Yes	Date	Received	Aggregate Contributions		
	1				
	06/2	29/2017	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	1			1	

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I. MONETARY RECEIPT	'S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Frostig		Richard		м	0111
Residential Street Address	City			State	Zip Code
5 Glen Ridge Rd		Wilton		СТ	06897
Principal Occupation	·	Name of Employ	/er		
None		None			
			lobbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	111100	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/2	29/2017	\$30.00		\$30.00
	I				
Last Name	First			MI	Contribution ID #
Bass		Robert		С	0112
Residential Street Address	City			State	Zip Code
10 Thomas Rd		Westport		ст	06880
Principal Occupation	<u> </u>	Name of Employ	/er	_	
Consulting		1 5	roup LLC		
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Anot	int of Contribution
If yes, indicate which branch or branches of		1	X No		
government the contract is with:			i		
Is this contribution associated with an approximated in Section 112 Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	06/2	29/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Glass, Jr.		William		0	0113
Residential Street Address	City			State	Zip Code
16 Turner Ln		Wilton		СТ	06897
Principal Occupation	·	Name of Employ	/er	<u>.</u>	
Educator			eport Board of Education		
		-	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V.	711100	and of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/2	29/2017	\$30.00		\$30.00
	<u>ا</u>		l	L	
Last Name	First			MI	Contribution ID #
Light		Andrea			0114
Residential Street Address	City			State	Zip Code
7 Greenwood Pl		Norwalk		СТ	06854
Principal Occupation		Name of Employ	/er		-
Management		Teed	Co Healthcare Recruiting		
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of coveryment the contract is with:			x _{No}		
government the contract is with:		Density 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/2	29/2017	\$25.00	I	\$25.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Mortimer		Mary Lou			0115
Residential Street Address	City			State	Zip Code
27 Apple Ln		Redding		СТ	06896
Principal Occupation		Name of Employ	/er	-	•
Retired		None			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Duit	reconvol	1661 egate controlations		
No Cash Personal Check	06/	20/2017	¢10.00		¢10.00
If yes, list Event # Money Order Credit/Debit Card	06/.	29/2017	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Hocker		J. Chris			0116
Residential Street Address	City			State	Zip Code
45 Picketts Rdige Rd		Redding		СТ	06896
Principal Occupation		Name of Employ	/er		•
Executive		Powe	r Bridge, LLC		
Is contributor a principal of a state contractor or prospective state contractor?				Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Data	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # Money Order Credit/Debit Card	06/2	29/2017	\$50.00		\$50.00
	I				1
Last Name	First			MI	Contribution ID #
Lozyniak		Florence			0117
Residential Street Address	City			State	Zip Code
41 Hermit Ln		Westport		СТ	06880
Principal Occupation		Name of Employ	/er	-	
Homemaker - Retired		None			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government die contract is with	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	0.01	20/2017	+200.00		+200.00
If yes, list Event # Money Order Credit/Debit Card	06/.	29/2017	\$200.00		\$200.00
	·			-	1
Last Name	First			MI	Contribution ID #
Moran		Susan		М	0118
Residential Street Address	City			State	Zip Code
13 Greenlea Ln		Weston		СТ	06883
Principal Occupation		Name of Employ	ver		
Marketing		iHear	t Media		
			<u> </u>	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of average the contract is with:			x _{No}		
government the contract is with:	Det	Received		4	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check					
If yes, list Event # Money Order Credit/Debit Card	06/3	29/2017	\$50.00		\$50.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
	T				
B. Itemized Contributions from	m Inc	lividuals			
Last Name	First			MI	Contribution ID #
Drakos		James		А	0119
Residential Street Address	City			State	Zip Code
44 Rock Ridge Ave		Greenwich		СТ	06831
Principal Occupation		Name of Employ	/er	-	•
Agent		Groto	on Pacific Carriers		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Dute	Received	Aggregate controlations		
X No Cash Personal Check	0.01	20/2017	+100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	06/	29/2017	\$100.00		\$100.00
			•		 1
Last Name	First			MI	Contribution ID #
Kurz		Johanne			0120
Residential Street Address	City			State	Zip Code
80 Gallows Hill Rd		West Reddin	g	СТ	06896
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?				Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	L D /	Received		-	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check					
If yes, list Event # Money Order Credit/Debit Card	06/3	29/2017	\$100.00		\$100.00
	I			I	
Last Name	First			MI	Contribution ID #
Pattee		David		R	0121
Residential Street Address	City			State	Zip Code
15 Pine Mountain Rd		Redding		СТ	06896
Principal Occupation		Name of Employ	/er	•	
Conservation Planner		Town	of Weston (Part time)		
			· · · · ·	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V.		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Dete	Received		-	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/3	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Noonan		John		D	0122
Residential Street Address	City			State	Zip Code
176 North St		Ridgefield		СТ	06877
Principal Occupation	•	Name of Employ	/er	•	•
Retired		Retire			
				Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		an or contribution
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	-		i		
Is this contribution associated with an event reported in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	06/3	30/2017	\$25.00		\$25.00
	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Noonan		Elaine		Р	0123
Residential Street Address	City			State	Zip Code
176 North St		Ridgefield		СТ	06877
Principal Occupation		Name of Employ	rer	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	•	
an event reported in Section J1?					
X No Cash Personal Check	06/3	30/2017	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	00/5	50,201,	425.00		425.00
Last Name	First			MI	Contribution ID #
McManus	1 1150	Gary		F	0124
Residential Street Address	City	Galy		State	Zip Code
	City	No			*
144 Long Lots Rd	L	New Canaan		СТ	06840
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu (· —		
government the contract is with:					
Is this contribution associated with A grant reported in Section 112 Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	06/3	30/2017	\$375.00		\$375.00
	I				
Last Name	First			MI	Contribution ID #
Nietsch		Patricia		С	0125
Residential Street Address	City			State	Zip Code
67 Old Norwalk Rd		New Canaan		СТ	06840
Principal Occupation		Name of Employ	rer		
Behavioral Clinician		Famil	y & Children's Agency		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes	Date	Received	Aggregate Contributions		
X No Cash Personal Check	06/3	30/2017	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Nietsch		Eric		н	0126
Residential Street Address	City	2.10		State	Zip Code
67 Old Norwalk Rd	eny	New Canaan		СТ	06840
Principal Occupation	ا	Name of Employ			300-0
Finance			e & Case	<u> </u>	unt of Countrille si
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:			1		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/3	30/2017	\$50.00		\$50.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Boucher For CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Chingos		Janice		Р	0127
Residential Street Address	City			State	Zip Code
112 Weston Rd		Westport		СТ	06880
Principal Occupation	·	Name of Employ	/er		
Retired		Retire	ed		
			lobbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	111100	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/3	30/2017	\$100.00		\$100.00
	I				
Last Name	First			MI	Contribution ID #
Belote		Patricia		J	0128
Residential Street Address	City			State	Zip Code
50 Marvin Ridge Pl		Wilton		ст	06897
Principal Occupation	<u> </u>	Name of Employ	/er	_	
Retired		Retire			
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Anot	int of Contribution
If yes, indicate which branch or branches of		1	X No		
government the contract is with:					
Is this contribution associated with an event reported in Section 112 Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	06/3	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Brown, Jr.		James		т	0129
Residential Street Address	City			State	Zip Code
135 Middlebrook Farm Rd		Wilton		СТ	06897
Principal Occupation	- 	Name of Employ	/er	<u>.</u>	
None		Retire	ed		
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V.	111100	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:		D 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	06/3	30/2017	\$375.00		\$375.00
	L				-
Last Name	First			MI	Contribution ID #
Weatherwax		Sari		L	0130
Residential Street Address	City			State	Zip Code
19 Whipple Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	/er		-
Designer			employed		
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:		Deceive 1	i		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
	Ι.				
If yes, list Event #	06/3	30/2017	\$50.00	1	\$50.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Boucher For CT		July 10 Filing - Original			
B. Itemized Contributions from Individuals					
Last Name	First			MI	Contribution ID #
Higgins		Julianne			0131
Residential Street Address	City	City		State	Zip Code
18 Hunting Ridge Ln	Wilton			СТ	06897
Principal Occupation Name of Employer		/er	-		
None	None				
Is contributor a principal of a state contractor or prospective state contractor?	X No Is contributor a lobbyist,		lobbyist, spouse, or Yes	Amount of Contribution	
dependent child of a toboyist?			of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative	x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Bute	licectivea	inggregate controlutions		
No Cash Personal Check	0.01	20/2017	¢200.00		+200.00
If yes, list Event # Money Order Credit/Debit Card	06/3	30/2017	\$200.00		\$200.00
Last Name	First	First		MI	Contribution ID #
Fredericks		Jeanne			0132
Residential Street Address	City	City		State	Zip Code
221 Benedict Hill Rd		New Canaan		СТ	06840
Principal Occupation		Name of Employer			
Literary Agent		Jeanne Fredericks Literary Agency		, Inc.	
					int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?			Vac	s	
If yes, indicate which branch or branches of Executive Legislative					
government the contract is with:	Date Received Aggregate Contributions				
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # Money Order Credit/Debit Card	06/30/2017 \$100.00 \$100.		\$100.00		
					1
Last Name	First			MI	Contribution ID #
Freedericks, Jr.		Wesley			0133
Residential Street Address	City			State	Zip Code
221 Benedict Hill Rd		New Canaan		СТ	06840
Principal Occupation	Name of Employer			-	
Attorney	Jenner & Block LLP				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lobbyist, spouse, or			int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of a lobbyist?			
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Bute	licectivea	inggregate controlutions		
No Cash Personal Check	06/	20/2017	¢100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	06/.	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Wong		Elizabeth			0134
Residential Street Address	City	City		State	Zip Code
21 Pequot Trl		Westport		СТ	06880
Principal Occupation	Name of Employer				
Administrator for MD Office James Wong, MD					
				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?		Vac			
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Detc	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	06/3	30/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Boucher For CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DePanfilis		Ralph		L	0135				
Residential Street Address	City			State	Zip Code				
2 French Farm Rd		Norwalk		СТ	06850				
Principal Occupation		Name of Employ	er						
СРА			DePanfilis & Co, LLC						
			obbyist, spouse, or	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac	111100					
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}						
government the contract is with:			i						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event #	06/3	30/2017	\$150.00		\$150.00				
	L		L	I					
Last Name	First			MI	Contribution ID #				
Craybas		Larry			0136				
Residential Street Address	City			State	Zip Code				
15 Kellogg St		Bethel		ст	06801				
Principal Occupation	<u> </u>	Name of Employ	rer						
Retired		Retire							
			lobbyist, spouse, or	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac	711100	an of contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}						
government the contract is with:									
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event #	06/3	30/2017	\$25.00	\$25.00					
Last Name	First			MI	Contribution ID #				
Taliani		Lorraine			0137				
Residential Street Address	City			State	Zip Code				
25 Gilbert St P.O. Box 726		Ridgefield		СТ	06877				
Principal Occupation		Name of Employ	rer		•				
Receptionist		Town	of Ridgefield						
		Is contributor a	obbyist, spouse, or	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	0.01	20/2017	+15.00		+15.00				
If yes, list Event # Money Order X Credit/Debit Card	06/.	30/2017	\$15.00		\$15.00				
			•						
Last Name	First			MI	Contribution ID #				
Karl		Henry			0138				
Residential Street Address	City			State	Zip Code				
22 Winthrop Rd		Bethel		СТ	06801				
Principal Occupation		Name of Employ	er						
Sales		FSM I	_abs						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution				
	υ	dependent child	of a lobbyist?						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
No Cash Personal Check	061	30/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00/3	30/2017	\$100.00		φ100.00				

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I. MONETARY RECEIPT	'S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT						
Boucher For CT			July 10 Filing - Original						
D. Itemined Contributions from Individuals									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Moskow		Ray			0139				
Residential Street Address	City			State	Zip Code				
16 Carriage Rd		Wilton		СТ	06897				
Principal Occupation		Name of Employ	/er	•	•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution				
	0	dependent child	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			X No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
No Cash Personal Check	06/	30/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00/.	50,201,	\$100,000		\$100.00				
Last Name	First			MI	Contribution ID #				
	First	Walter		IVII					
Auch Residential Street Address	Citu	Walter		Charles	0140 Zin Code				
	City			State	Zip Code				
5 Ridgeview Ave	L	Greenwich		СТ	06830				
Principal Occupation		Name of Employ							
Financial			Company LLC						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent crind	·						
government the contract is with:			× _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
If yes, list Event #	06/3	30/2017	\$25.00		\$25.00				
ii yes, iist Event #									
Last Name	First			MI	Contribution ID #				
Dwyer		James			0141				
Residential Street Address	City			State	Zip Code				
26 Point Rd		Norwalk		ст	06854				
Principal Occupation	Norwaik C1 06854								
Retired		Retired							
			1-1-1	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V	111100					
If yes, indicate which branch or branches of average the contract is with:			x _{No}						
government the contract is with:	Data	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	Received	Aggregate Controlitons						
No Cash Personal Check	0.00	20/2017	+F 00		*F 00				
If yes, list Event # Money Order X Credit/Debit Card	06/.	30/2017	\$5.00		\$5.00				
				1	1				
Last Name	First			MI	Contribution ID #				
Koyner		Hillary			0142				
Residential Street Address	City			State	Zip Code				
176 Godfrey Rd E		Weston		СТ	06883				
Principal Occupation		Name of Employ	/er						
Mr. and Mrs.		Mr. a	nd Mrs.						
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	unt of Contribution				
	0	dependent child							
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?	1								
No Cash Personal Check	06/	30/2017	\$50.00		\$50.00				
If yes, list Event # Money Order Credit/Debit Card		, 2017	\$50.00		400,00				

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L. MONETARY RECEIPT	'S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT						
Boucher For CT			July 10 Filing - Original						
D Howing Contributions from Individuals									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Richardson		Laurie			0143				
Residential Street Address	City			State	Zip Code				
23 Giles Hill Rd		Redding		СТ	06896				
Principal Occupation		Name of Employ	ver	•	•				
Adjunct Professor of Finance		Fairfi	eld University						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution				
	0	dependent child of	of a lobbyist? Yes						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	06/3	30/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	, -		+		+				
Last Name	First			MI	Contribution ID #				
Mioli	1 1100	Francesco			0144				
Residential Street Address	City	Trancesco		State	Zip Code				
	City	Hartford			06105				
20 Frederick St Apt 301	L			СТ	00105				
Principal Occupation		Name of Employ							
Student		Stude		.					
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	lobbyist, spouse, or Sector Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with:									
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event #	06/3	30/2017	\$5.00		\$5.00				
	I			I					
Last Name	First			MI	Contribution ID #				
Hutton		Zachary			0145				
Residential Street Address	City			State	Zip Code				
75 Giles Hill Rd		Redding		СТ	06896				
Principal Occupation	Name of Employer								
Men's Department		Darie	n Sports Shop						
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of							
government the contract is with:			X No						
Is this contribution associated with an event reported in Section 112 Yes Yes	Date	Received	Aggregate Contributions						
	06/3	30/2017	\$5.00		\$5.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Hutton		Randi			0146				
Residential Street Address	City			State	Zip Code				
75 Giles Hill Rd		Redding		ст	06896				
Principal Occupation	-	Name of Employ	/er		J				
Realtor		Self							
			lobbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac						
If yes, indicate which branch or branches of eovernment the contract is with:			x _{No}						
Is this contribution according with Mathed of contribution	Data	Received		1					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	0.00	20/2017	+DE 00		#25.00				
If yes, list Event # Money Order X Credit/Debit Card	06/.	30/2017	\$25.00		\$25.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT					
Boucher For CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Mioli		Carmelo			0148			
Residential Street Address	City			State	Zip Code			
2 Bermuda Rd		Westport		СТ	06880			
Principal Occupation		Name of Employe	er					
Restaurant owner		Self-E	mployed					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo dependent child o	bbbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			X No					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?	06/3	30/2017	\$25.00		\$25.00			
			Total of S	Section B	\$15,554.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page) \$15,55								

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT				
Boucher For CT						July 10 Filing - Origin	al			
C1. Co	ntributi	ons from Othe	er Comn	nittees						
Name of Committee				Name of Treasurer						
Address	Address Is this contribution associated with an Yes No event reported in Section J1? If yes, list Event #									
City	State	Zip Code	Date	Received	Aggregate Contrib	putions				
Total of Section C1										

						Page 41 of 54			
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE					TYPE OF REPORT				
Boucher For CT					July 10 Filing - Original				
С	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 si	-				
	r			Surplus distribution f	rom exploratory committee				
Expenditure #	Description								
Total of Section C2									

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE				TYPE O	OF REPORT				
Boucher For CT					- Original				
D. Loans Rece	ived this Peri	od							
Name of Lender		Source of Loan: Bank	Candidate	Individual	Other	Date of Receipt			
Street Address	City	Dalik	Candidate	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No			
Name of Cosigner/Guarantor (if applicable)				•		Amount Received			
Street Address	City			State	Zip Code				
Total of Section D									

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE				TYPE	OF REPORT				
Boucher For CT	July 10 Filing - Original								
E. Personal I	Funds of the Candidate Rec	eived this Period (Candida	te 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							
Boucher For CT	Ju	ly 10 Filing - Original							
G. Interest from Deposits in Authorized Accounts									
Name of Institution			Date Rece	ived	Amount				
	-								
Street Address	treet Address City State		te	Zip Code					
Total of Section G									

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE	NAME OF COMMITTEE									
Boucher For CT		July 10 Filing - Original								
H. Publi	H. Public Grant Funds Received from the Citizens' Election Fund									
Purpose of Grant: Initial Grant Adjustm Supplemental/Post Election Defici	Primary General Election Special Election	Date Received	Amount							
	·	Total of Section H								

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE				TYPE OF REPORT					
Boucher For CT			July 1	0 Filing - Original					
I. Miscellaneous Monetary Receipts not Considered Contributions									
Name			Date o	f Transaction	Amount Received				
Street Address	City	State		Zip Code					
Description	•	•							
Total of Section I									

II. EVENT ACTIVITY (Sections J1 - J4)									
NAME OF COMMITTEE (Provide Con	plete Name as Registered with Commiss	sion)		TYPE	OF REPORT				
Boucher For CT				July 10 Filing - O	riginal				
	J1. Event Informati	on		1					
Event # Date of Event Letter	Description				Was this a fundraising event? Yes No				
Location: Street Address			City		State Zip Code				
Was this event hosted at a personal residence?		Yes No	if yes, go to Section J4 In-Kind Don with a House Party and complete rec host(s) for food, beverage and invita	quired information for					
Did this fundraiser include items donated by a busine donated by an individual of up to \$100?	ess entity of up to \$200 or items	Yes No	If yes, to to Section J3 In-Kind Dona complete required information.	ations not Considered	Contributions and				
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of purchases from an individual of up to \$100?	of donated items with	Yes No	(If yes, enter Total Receipts here.)						
			Te	otal of Section J1					

II.EVENT ACTIVITY (Sections J1 - J4)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT						
Boucher 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	Description of Donation					Market Value of Donation
Business Entity	Date Received	Event #		Aggregate value for this event		
Sole Proprietorship						

Total of Section J3

II.EVENT ACTIVITY (Sections J1 - J4)								
NAME OF COMMITTEE (Provide (Complete Name as Registered with Commission)			TYPE OF REP	ORT			
Boucher For CT July 10 Filing - Origina								
J4. In-Kind Donations Not Considered Contributions Associated with a House Party								
Name of Host			Is this event Yes	supporting more than one c If yes, c No Addend	omplete Ite	emization in		
Street Address		Citv			State	Zip Code		
Description of Donation						farket Value of Donation		
Event #	Aggregate value of this Event - all hosts	Aggregate valu	ue of all Events	s - 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
Boucher 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?	contract.		l of a state contractor or prosp ch branch or branches of ntract is with:	-	Yes No cutive Legislative		Market Value of this Contribution
Type of Contributor: Individual Committee	Sole Propr	ietorship	Date Received		Aggregate contributions		
		- •	1		Total of Section K		

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

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Com	mission)			ТҮРЕ О	OF REPORT		
Boucher For CT July 10 Filing - Ori						riginal		
	N. Expenses Paid F	By Commi	ttee					
Name of Payee Anedot				Date of Payr			eck # bit Card	
						State LA	Zip Code 70884	
Purpose of Expend Description Credit Card Fees BNK							I Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum							\$29.86	
Name of Payee Date of Payment Webster Bank 06/08/2017						eck # bit Card		
Street Address 219 Towne Grn			^{City} Wilton			State CT	Zip Code 06897	
Purpose of Expend BNK	Description Bank Charge						I Amount	
Is this expenditure coordinated with another candidate for Yes Which reimbursement is sought? Event # (if applicable) Event # (if applicable)							\$37.00	
Name of Payee Date of Payment Anedot 06/14/2017					Method of Payment Check # Debit Card X EFT			
Street Address PO Box 84314			^{City} Baton Rouge			State LA	Zip Code 70884	
Purpose of Expend BNK	Description Credit Card Fees						I Amount	
which reimbursement is sour	ed with another candidate for Yes ht? X No # and complete Itemization in Addendum	Expend (if appl		Event #	÷		\$27.85	

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commiss	sion)			ТҮРЕ С	OF REPORT		
Boucher For CT July 10 Filing - O						Driginal		
N. Expenses Paid By Committee								
Name of Payee Anedot				Date of Pays 06/15/20			neck # bbit Card	
Street Address City PO Box 84314 Baton Rouge						State LA	Zip Code 70884	
Purpose of Expend Description Credit Card Fees BNK							l Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum							\$16.50	
Name of Payee Date of Payment Mona Amin 06/16/2017					Method of Payment X Check # 92 Debit Card EFT			
Street Address 368 Ridgefield Rd			^{City} Wilton			State CT	Zip Code 06897	
Purpose of Expend Description RMB Postage for Exploratory Letter							Amount	
which reimbursement is sour	ed with another candidate for eth? Yes x No # and complete Itemization in Addendum	Expend (if appl		Event #	ŧ	\$502.00		
Name of Payee Anedot				Date of Payr			neck # bbit Card	
Street Address PO Box 84314			City Baton Rouge	1		State LA	Zip Code 70884	
Purpose of Expend BNK	Description Credit Card Fees						I Amount	
which reimbursement is sour	ed with another candidate for Yes 2. th? X No # and complete Itemization in Addendum	Expend (if appl		Event #	ŧ		\$42.23	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF						PF REPORT		
Boucher For CT					July 10 Filing - C	Driginal		
	N. Expenses Paid By C	ommi	ttee					
Name of Payee Date of Payment Toni Boucher 06/28/2017						Method of Payment X Check # 93 Debit Card EFT		
Street Address 5 Wicks End Ln			City Wilton	•		State CT	Zip Code 06897	
Purpose of Expend RMB							f Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event #						\$334.99		
Name of Payee Date of Payment Anedot 06/29/2017						Method of Payment Check # Debit Card X EFT		
Street Address PO Box 84314			^{City} Baton Rouge			State LA	Zip Code 70884	
Purpose of Expend BNK Description Credit Card Fees							I Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Event # If yes, assign an Expenditure # and complete Itemization in Addendum Event #							\$57.98	
Name of Payee Date of Payment Anedot 06/30/2017						Method of Payment Check # Debit Card X EFT		
Street Address PO Box 84314			^{City} Baton Rouge			State LA	Zip Code 70884	
Purpose of Expend BNK	Description Credit Card Fees						I Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum							\$5.48	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O					OF REPORT			
Boucher For CT	Boucher For CT July 10 Filing -							
	N. Expenses Paid By Commi	ttee						
Name of Payee Date of Payment Anedot 06/30/2017					Method of Payment Check # Debit Card X EFT			
Street Address PO Box 84314	City Baton Rouge				State LA	Zip Code 70884		
Purpose of Expend Description Credit Card Fees BNK						l Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum						\$22.36		
Name of Payee Date of Payment Checks Unlimited 06/30/2017					Method of Payment Check # Debit Card X EFT			
Street Address PO Box 19000		^{City} Colorado Springs			State CO	Zip Code 80935		
Purpose of Expend OFFICE	Description Checks, Deposit Slips, Endorsement Stamp					l Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure			Event #			\$135.38		
Name of Payee Date of Payment Webster Bank 06/30/2017					Method of Payment Check # Debit Card EFT			
Street Address 219 Towne Grn		City Wilton			State CT	Zip Code 06897		
Purpose of Expend BNK	Description Bank Service Charges					A mount		
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure			Event #			\$21.95		
				Total of S	Section N	\$1,233.58		

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	IV.	EXPENDITURES (Se	ections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE							PE OF REPORT	
Boucher For CT					July 10 Filing -	Original		
	O. Expe	enses Paid By Candidate			1			
Name of Payee (Name of vendor Staples	who candidate paid directly)			Date of Paymo 06/03/201		Is Reimbursem	ent Claimed? Yes No	
Street Address 654 Main Ave .		^{City} Norwalk	State CT	2 Zip Coo 06897			Amount	
Purpose of Expenditure (by code) A-DM	Description Envelopes for Direct Mailing			Event #			\$15.94	
Name of Payee (Name of vendor Staples	who candidate paid directly)			Date of Paymo 06/04/201		Is Reimbursem	ent Claimed? Ves No	
Street Address 654 Main Ave .		^{City} Norwalk	State CT	2ip Cod 06897			Amount	
Purpose of Expenditure (by code) A-DM	Description Paper for Mailer			Event #			\$21.05	
Name of Payee (Name of vendor WIX.com	who candidate paid directly)			Date of Paymo 06/04/201		Is Reimbursem	ent Claimed? Yes No	
Street Address 235 W 23rd St		City New York	State NY	Zip Coo	le		Amount	
Purpose of Expenditure (by code) WEB	Description Web-site hosting			Event #			\$168.00	
Name of Payee (Name of vendor Rocket Science Group	who candidate paid directly)			Date of Payme 06/15/201		Is Reimbursem	ent Claimed? Yes No	
Street Address 675 Ponce De Leon Ave .		City Atlanta	State GA	30308			Amount	
Purpose of Expenditure (by code) WEB	Description Mail service			Event #	Total	of Section 0	\$130.00	
					Total o	of Section O	\$334.99	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF R					REPORT		
Boucher For CT				July 10 Filing - Origina	July 10 Filing - Original		
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution			Type of Credit Card: Visa Other	Master Card Discov	er	American Express	
Name of Vendor					Date of Tra	nsaction	
Street Address			City		State	Zip Code	
Purpose of Expenditure (by code)	Description					Amount	
			Expenditure # (if applicable)	Event #			
Total of Section P							

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					F REPORT	
Boucher For CT	Boucher For CT July 10 Filing - Origin					inal	
Q. Expenses Incurred By Committee but Not Paid During this Period							
Name of Creditor						Date Incurre	d
Street Address			City			State	Zip Code
Purpose of Expenditure (bv code)	Description						ant Incurred ate or Actual)
Is this expenditure coordinated reimbursement is sought? If yes, assign an Expenditure #	Expenditure # (if applicable)	Event #					
				Total of S	ection O		

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	EE (Provide Complete N	ame as Registered with Comr	nission)			TYPE OF RE	PORT	
Boucher For CT						July 10 Filing - Original		
	R. Itemization of Reimbursements and Secondary Payees							
Last Name of Worker/Consultar	nt				of Payment to Vendor 16/2017	Reimburse Committee sultant as reported in eck # 92 bit Card T		
Name of Vendor Paid by Comn Postmaster	nittee Worker/Consultant			II				
Street Address of Vendor City 15 Hubbard Rd Wilton						State CT	Zip Code	
Purpose of Expenditure (by code) POST Description Postage for Exploratory Letter								
Is this expenditure coordinated which reimbursement is sought If yes, assign an Expenditure #	?	Yes X No	Expenditure # (if applicable)			Event #		Amount \$490.00
Last Name of Worker/Consultar	n	First Mona		МІ		of Payment to Vendor 16/2017	Worker/Con Section N: X Ch De	Reimburse Committee sultant as reported in eck # 92 bit Card
Name of Vendor Paid by Comn Chase	Name of Vendor Paid by Committee Worker/Consultant EFT							
Street Address of Vendor Old Ridgefield Road			City Wilton				State CT	Zip Code 06897
Purpose of Expenditure (by code) BNK	Description To cover bank charge	for check						
Is this expenditure coordinated which reimbursement is sought		Yes X No	Expenditure # (if applicable)			Event #		Amount
If yes, assign an Expenditure # a	and completes Itemization in Ac	ldendum R						\$12.00
						Total of Section R		\$502.00

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IV. EXPENDITURES (Sectuibs N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Boucher For CT			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	1	1	•				
			Total of Section S				
Section J4. ADDENDUM							
NAME OF COMMITTEE			TYPE OF REPOR	RT			

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				
	Amount of Expenditure			
Expenditure #		Amount of Expenditure		