SEEC FORM 30

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



Electronic Filing

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Page 1 of 224

COVER PAGE

1.NAME OF COMMITTEE						2. TYP	E OF COMMITTEE
Dave Walker for CT						x	Candidate Committee Exploratory Committee
3. TREASURER NAME							
First		ļ	MI J	Last Knight			Suffix
Michael]	Kiligiit		_	
4. TREASURER ADDRESS					ı		
Street Address		City			State		Zip Code
2180 Kings Hwy E Unit 1		Fairfie	e1a		СТ		06824
5. ELECTION DATE	6. OFFICE SOUGHT (Con	mplete oi	nly if Candidate	Committee)		7. DISTRI	ICT NUMBER (if applicable
11/06/2018	Undetermined						
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)		•		
First			MI	Last			Suffix
David			М	Walker			
9. TYPE OF REPORT							
July 10 Filing - Original							
10. PERIOD COVERED							
	Beginning Date			Ending Date			
	Beg			Ending Succ			
	04/01/2017	thru	u	06/30/2017			
TI. CERTIFICATION							
I hereby certify and state, on this Itemized Campaig accurate and complete.				l of the information set forth e period covered is true,			
Electronic Filing	Michael Joshi			07/0	9/2017 12	:49:31PM	1
SIGNATURE	PRINT NAME OF THE	3 SIGNE	∃R	DATE	CERTIFIED		
A Person who is found to have knowing	ngly and willfully violate	ed any i	provisions of	the campaign finance statute	es faces a civi	il penalty o	of up
to \$25,000, unless a fine of a larger a	mount is otherwise prov	/ided fo	or as a maxin	num fine in the Connecticut G	eneral Statu	tes.	

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE. (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	TYPE OF REPORT					
Dave Walker for CT	July 10 Filing - Original						
	COLUMN A This Period	COLUMN B Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$0.00						
14. Contributions received from Individuals (Section A and B)	\$72,156.11	\$72,156.11					
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)	\$72,156.11	\$72,156.11					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$72,156.11	\$72,156.11					
20. Expenses Paid by Committee (Section N)	\$25,744.37	\$25,744.37					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$46,411.74	\$46,411.74					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$800.00	\$800.00					
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$2,386.39	\$2,386.39					
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$279.17	\$279.17					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$103.75						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$103.75						

							Page 3 01 224
	I. MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Dave Walker for CT				July 10	Filing - Original		
A. Total Contributions from Small Co	ontributors-Received this Perio	d O	NLY		For Nonpartic	ipating Cand	idates ONLY
	B. Itemized Contributions from	n Ind	lividuals				
Last Name		First				MI	Contribution ID #
miller			charles				0312
Residential Street Address		City				State	Zip Code
1 Jennings Ct			Westport			СТ	06880
Principal Occupation			Name of Employe	r			
Is contributor a principal of a state contractor or prospective state	e contractor?)	Is contributor a lo dependent child of		se, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:	Executive Legislative		•	,	x No		
Is this contribution associated with	Method of contribution:	Date	Received	Aggregate	Contributions	1	
an event reported in Section J1?							
□ No	Cash Personal Check Money Order X Credit/Debit Card	04/	10/2017		\$100.00		\$100.00
If yes, list Event #	Money Order X Credit/Debit Card						
Last Name	ast Name First					MI	Contribution ID #
Comstock			James				0313
Residential Street Address		City				State	Zip Code
158 Kenwood Ave .			Fairfield			СТ	06824
Principal Occupation			Name of Employe	r		-	-
Is contributor a principal of a state contractor or prospective state	e contractor?	,	Is contributor a lo		se, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		,	dependent child of	a lobbyist?			
government the contract is with:	Executive Legislative				x No		
Is this contribution associated with Yes	Method of contribution:	Date	Received	Aggregate	Contributions		
an event reported in Section 31?	Cash Personal Check						
If yes, list Event #	Money Order X Credit/Debit Card	04/	10/2017		\$100.00		\$100.00
	·		I			-	1
Last Name		First				MI	Contribution ID #
Long			Matthew				0314
Residential Street Address		City				State	Zip Code
120R Washington Rd			Cromwell			СТ	06416
Principal Occupation			Name of Employe	ſ			
Is contributor a principal of a state contractor or prospective state	e contractor?		Is contributor a lo		se, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		,	dependent child of	a lobbyist?	_		
government the contract is with:	Executive Legislative		ļ.,		x No		
Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date	Received	Aggregate	Contributions		
_	Cash Personal Check	١					440.00
If yes, list Event #	Money Order X Credit/Debit Card	04/	10/2017		\$10.00		\$10.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	ı		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Dave Walker for CT			July 10 Filling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Myers		John			0315
Residential Street Address	City	F : 6 11		State	Zip Code
326 Hillside Road Fairfield Ct Principal Occupation	L .	Fairfield Name of Employ	on.	СТ	06824
типера оссираноп		Name of Employ	ei		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?		
government the contract is with:	Б.	D : 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	04/	10/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	0-1/	10/2017	¥100.00		
Last Name	First			MI	Contribution ID #
hansen		raymond			0316
Residential Street Address	City			State	Zip Code
1295 James Farm Rd	<u></u>	Stratford		СТ	06614
Principal Occupation		Name of Employ	er		
		T 47 4 1	11 · · · · · · ·		unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	04/	10/2017	\$100.00		\$100.00
	l			l	
Last Name	First			MI	Contribution ID #
filo Residential Street Address	City	mary		State	0317 Zip Code
351 Grovers Ave	City	Bridgeport		CT	06605
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	a loodyist:		
government the contract is with:			x No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	04/	10/2017	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card	0-1/	10/2017	Ψ23.00		
Last Name	First			MI	Contribution ID #
Hawkins		Jacob			0318
Residential Street Address	City			State	Zip Code
314 Etowah Dr .		Cartersville		GA	30120
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N			obbyist, spouse, or Yes	Amou	ant of Contribution
Yes X N If yes, indicate which branch or branches of	υ	dependent child of	or a robbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
$ \square$		40/2017			+400.00
If yes, list Event # Cash Cash Personal Check No Money Order X Credit/Debit Card	04/	10/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original								
Dave Walker for CT			July 10 1 ming - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Buchanan		Jennifer			0319			
Residential Street Address	City			State	Zip Code			
1004 N Perkins		Rushville		IN	46173			
Principal Occupation		Name of Employ	er	•				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	04/	10/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	0 .,	10, 201,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
	1 1130	Edward		1411	0320			
Bryan Residential Street Address	City	Luwaru		State	Zip Code			
	City	F		1	-			
15 Inwood Ln		Farmington		СТ	06032			
Principal Occupation		Name of Employ						
Attorney			Ison, Jacobs and Bozek, LLC					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		перениент сина с	<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # No Money Order X Credit/Debit Card	04/	10/2017	\$25.00		\$25.00			
I you, not broken								
Last Name	First			MI	Contribution ID #			
Allen		William			0321			
Residential Street Address	City			State	Zip Code			
8 S Shore Ln		Bethel		ME	04217			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	04/	10/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		•			·			
Last Name	First			MI	Contribution ID #			
Murphy		Michael			0322			
Residential Street Address	City	riiciidei		State	Zip Code			
4904 Wheatstone Dr .	City	Fairfax		VA	22032			
	_		on.	VA	22032			
Principal Occupation		Name of Employ	Ci .					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	1				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check		10/2017	+100.00		±100.00			
If yes, list Event # No Money Order X Credit/Debit Card	04/	10/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT							
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Fiore		Jenna			0468			
Residential Street Address	City			State	Zip Code			
116 Sachem Rd .	L	Southbury		СТ	06488-1023			
Principal Occupation		Name of Employ						
Banker			Fargo Bank	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	04/	10/2017	\$25.00		\$25.00			
ii yes, iist Event #								
Last Name	First			MI	Contribution ID #			
Soderlund		Kurt			0298			
Residential Street Address	City			State	Zip Code			
1337 Fairfield Beach Rd	L	Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	04/:	11/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Walker		Gary			0299			
Residential Street Address	City	<u> </u>		State	Zip Code			
135 Riverview Pl		Stratford		СТ	06615			
Principal Occupation	•	Name of Employ	er		•			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	04/	11/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	04/.	11/2017	\$100.00					
Last Name	First			MI	Contribution ID #			
Hyman		Frederick			0300			
Residential Street Address	City			State	Zip Code			
38 Eleven O'Clock Rd		Weston		СТ	06883			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with: Executive Legislative		D : 1	x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	047	11/2017	¢100 00		¢100 00			
If yes, list Event # No Money Order X Credit/Debit Card	04/.	11/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-1)	I TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Weinberg		Edward			0301			
Residential Street Address	City			State	Zip Code			
24 Ranch Rd		Woodbridge		СТ	06525			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	04/	11/2017	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card	0 1,7	11,201,	423.00		423.00			
Last Name	First			MI	Contribution ID #			
	1 1130	Alexius		1411	0302			
Conroy	C't	Alexius		Ct-t-				
Residential Street Address	City			State	Zip Code			
1160 Pequot Ave		Southport		СТ	06890			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	04/	11/2017	\$100.00		\$100.00			
it yes, list Event #								
Last Name	First			MI	Contribution ID #			
Waltrip		William			0303			
Residential Street Address	City			State	Zip Code			
640 Bridgeway Ln		Naples		FL	34108			
Principal Occupation		Name of Employ	er					
• •								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of						
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	riggiegate Contributions					
No Cash Personal Check	04/	11/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	04/	11/2017	\$100.00		\$100.00			
				1.0	a			
Last Name	First			MI	Contribution ID #			
D'Amato		Linda			0304			
Residential Street Address	City			State	Zip Code			
15 Mohican Hill Rd		Fairfield		СТ	06825			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	1							
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	04/	11/2017	\$100.00		\$100.00			
11 Jos, 150 Event " Cledit/Debit Cald			l l					

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT							
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Myers		Kimberly			0305			
Residential Street Address	City			State	Zip Code			
220 Riverside Blvd # 43C , 43C	L .	New York		NY	10069			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
If was indicate which beaugh as branches of	0	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	04/	11/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	04/	11/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Walker		Richard			0306			
Residential Street Address	City			State	Zip Code			
947 Rocky Point Ln		Tega Cay		SC	29708			
Principal Occupation		Name of Employ	er					
L. stillet size in left state where the state of the stat		I	-114					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No	04/	11/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Walker		Andrea			0307			
Residential Street Address	City	E . M.		State	Zip Code			
947 Rocky Point Ln Principal Occupation		Fort Mill Name of Employ	or .	SC	29708			
тпера оссиранов		Name of Employ	ci					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ınt of Contribution			
Yes A No	0	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	04/	11/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
DANIELS		DANIEL			0308			
Residential Street Address	City			State	Zip Code			
64 W Brother Dr		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with: Legislative Legislative Legislative	D-4	Danaiyad						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No	04/	11/2017	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Goodman		Doug			0309			
Residential Street Address	City			State	Zip Code			
4265 Congress St		Fairfield		CT	06824			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
If was indicate which beaugh as broughes of	0	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check	04/	11/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	04/	11/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
griggs		charles			0310			
Residential Street Address	City			State	Zip Code			
106 Grovers Ave	L	Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
Yes X N	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31? Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	04/	11/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Salerno		David			0311			
Residential Street Address	City			State	Zip Code			
33 Old Hickory Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 N	0	dependent child of		7 tinou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # No Money Order X Credit/Debit Card	04/	11/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
McNeal	1 1150	Julie			0289			
Residential Street Address	City			State	Zip Code			
5 Island St Andover Ct		Andover		СТ	06232			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist?					
government the contract is with: Legislative Legislative Legislative	D-4	Dagaired						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	04/	12/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT							
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Bodine		Victoria			0290			
Residential Street Address	City			State	Zip Code			
1445 Fairfield Beach Rd	L .	Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
If was indicate which beaugh as branches of	0	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	04/	12/2017	¢100.00		\$100.00			
If yes, list Event # No Money Order X Credit/Debit Card	04/.	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
McManus		Betty			0291			
Residential Street Address	City			State	Zip Code			
1633 Fairfield Beach Rd .		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
L. stillet size in left state where the state of the stat		I	-114		unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Personal Check No Cash Personal Check Money Order X Credit/Debit Card	04/	12/2017	\$100.00		\$100.00			
ii yes, iist Event #				<u> </u>				
Last Name	First			MI	Contribution ID #			
Honeyman		Evan			0292			
Residential Street Address 260 Deerbrooke Cir	City	Couthington		State CT	Zip Code 06489			
Principal Occupation	<u> </u>	Southington Name of Employ	er	CI	00469			
The stopping of the stopping o		vp-v-)	-					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	·					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	04/	12/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	04/	12/2017	\$30.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Dunne		Jeffrey			0293			
Residential Street Address	City			State	Zip Code			
90 Butternut Ln	<u> </u>	Southport		СТ	06890			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with: Legislative Legislative Legislative	D-4	Danaiyad						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No	04/	12/2017	\$100.00		\$100.00			

I, MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
(** ** * * * * * * * * * * * * * * * *								
Dave Walker for CT			outy 10 1 lilling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Cingari		Russell			0294			
Residential Street Address	City			State	Zip Code			
615B Cherokee La .		Stratford		СТ	06614			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
s contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	04/	12/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	.,							
Last Name	First			MI	Contribution ID #			
Belyaev	1 1150	Anna		.,,,	0295			
Residential Street Address	City	Ailia		State	Zip Code			
	City	Westown Com	200		60558			
4324 Central Ave		Western Spri		IL	60338			
Principal Occupation		Name of Employ	er					
I		T	-11	A	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with:								
Is this contribution associated with A second of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # No Money Order X Credit/Debit Card	04/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Raveis		William			0296			
Residential Street Address	City			State	Zip Code			
2525 Post Rd		Southport		CT	06890			
Principal Occupation		Name of Employ	er	-	-			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	04/	12/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		,						
Last Name	First			MI	Contribution ID #			
Goodrich		Steve			0297			
Residential Street Address	City	31646		State	Zip Code			
9405 Blackwell Rd # 302	City	Rockville		MD	20850			
	_	1	OF .	טויו	20030			
Principal Occupation		Name of Employ	CI					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor of	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amou	02 Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	D-4	Received						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
_		42/2017			+400.00			
If yes, list Event # Cash Credit/Debit Card	04/	12/2017	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Coutu		Chris			0279			
Residential Street Address	City			State	Zip Code			
65 Linden St # L		Glastonbury		СТ	06033			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31? Cash Personal Check	١							
If yes, list Event # No Money Order X Credit/Debit Card	04/	13/2017	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
cook	Thist	j michael		IVII	0280			
Residential Street Address	City	J michael		State	Zip Code			
235 Eden Road Palm Bch Fl		Palm Beach		FL	33480			
Principal Occupation		Name of Employ	er		•			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Legislative Legislative	Dete	D i 4						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	04/	13/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	J .,	10, 201,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Levin-Epstein		Ethan			0281			
Residential Street Address	City			State	Zip Code			
157 Eleven O'Clock Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist spouse or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	oody ist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	04/	13/2017	\$100.00		\$100.00			
				L				
Last Name Williams	First	Reba		MI	Contribution ID # 0282			
Residential Street Address	City	Кера		State	Zip Code			
135 Zaccheus Mead Ln		Greenwich		CT	06831			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amov	unt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	or a roodyrst?					
government the contract is with:	-		X No					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	047	13/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	I 54/	13/201/	φ100.00		¥100.00			

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I MONETADY DECEIDT	C (C.								
I. MONETARY RECEIPT	5 (50	ection A-I)	TWDE OF DEDORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Williams		Dave			0283				
Residential Street Address	City			State	Zip Code				
135 Zaccheus Mead Ln		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
		1 ,							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37						
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?									
No Cash Personal Check	04/	13/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	04/.	13/2017	\$100.00		\$100.00				
LAN	г: .) or	Contribution ID #				
Last Name	First			MI					
Davis		Gerald			0284				
Residential Street Address	City			State	Zip Code				
103 Seabright Ave	<u> </u>	Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist?						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	04/:	13/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		-							
Last Name	First			MI	Contribution ID #				
Badioli		Carlo			0285				
Residential Street Address	City			State	Zip Code				
19 Westview Ln	City	Norwalk		CT	06854				
Principal Occupation		Name of Employ	or .	Ci	00054				
Timepal occupation		Name of Employ	Ci						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist snouse or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Amou	iit of Collification				
If yes, indicate which branch or branches of		1	x No						
government the contract is with:		D : 1							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cook Revenuel Cheek									
If yes, list Event # Cash Credit/Debit Card	04/:	13/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Feick		Peter			0286				
Residential Street Address	City			State	Zip Code				
478B Iroquois Ln		Stratford		CT	06614				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist? Yes						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
No Cash Personal Check	047	13/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	04/.	13/201/	\$100.00		φ100.00				

I MONETADY DECEIDT	0 (0.	action A D							
I. MONETARY RECEIPT	<u>s (s</u> i	ection A-1)	TYPE OF DEPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original									
Dave Walker for CT			outy 10 1 lilling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Goodfriend		SE			0287				
Residential Street Address	City			State	Zip Code				
115 Zaccheus Mead Ln		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er		-				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
s contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of Government the contract is with: Executive Legislative			x _{No}						
In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			20 0						
No Cash Personal Check	04/	13/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	0-7/	13/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
	First			IVII					
Scinto	G'i	Robert		G	0288				
Residential Street Address	City			State	Zip Code				
144 Old Academy Rd .		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
				1					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (<u></u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
□ No □ □	04/	13/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Nolan		Andrew			0276				
Residential Street Address	City			State	Zip Code				
121 Barrett Ln		Wyckoff		NJ	07482				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of							
If yes, indicate which branch or branches of Government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			20 0						
No Cash Personal Check	04/	14/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	0-1/	14,2017	Ψ100.00		ψ100.00				
Last Name	First			MI	Contribution ID #				
	FIISt			IVII	0277				
Sargent	G'i	Gregory		G					
Residential Street Address	City	E : C I		State	Zip Code				
1609 Fairfield Beach Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution									
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check		14/2017	+50.00		* F0.00				
If yes, list Event # No Money Order X Credit/Debit Card	04/	14/2017	\$50.00		\$50.00				

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I MONETA DV DECEME	0 (0	4° A T							
I. MONETARY RECEIPT	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Harrison		William			0278				
Residential Street Address	City			State	Zip Code				
74 Vineyard Ln		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
· F. · · · · F. · ·									
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check		4.4/2047	+400.00		+400.00				
If yes, list Event # No Money Order X Credit/Debit Card	04/	14/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Monaco		Domenic			0469				
Residential Street Address	City			State	Zip Code				
76 Westfield Dr		Trumbull		CT	06611				
Principal Occupation		Name of Employ	er						
retired		retire	d						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Duit	Treeer ved	1156.05ate continuations						
No Cash X Personal Check	04/	14/2017	¢100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	04/	14/2017	\$100.00		\$100.00				
F									
Last Name	First			MI	Contribution ID #				
Walker		David			0470				
Residential Street Address	City			State	Zip Code				
37 Beacon St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
СРА		Price	Waterhouse						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a roodyrst:						
government the contract is with:			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No No	04/	14/2017	\$375.00		\$375.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Walker		Mary			0471				
Residential Street Address	City	riar y		State	Zip Code				
	City	Pridagnort		CT	-				
37 Beacon St		Bridgeport		CI	06605				
Principal Occupation Name of Employer									
Housewife Homemaker									
Is contributor a principal of a state contractor or prospective state contractor? Yes X No		Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent cinid (-						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	04/	14/2017	\$375.00		\$375.00				
11 Jos, 110 Livinity Order Livinity Order Livinity Order			l l						

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I MONETADY DECEIDT	C (C.	nation A D			
I. MONETARY RECEIPT	5 (5)	ection A-1)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original					
Dave Walker for CT			July 10 1 ming - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Vacheron		Tom			0275
Residential Street Address	City			State	Zip Code
160 Queens Grant Dr		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er	•	•
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	•	
an event reported in Section J1?					
No Cash Personal Check	04/	15/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	0-7/	13/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	First	1b		IVII	
Soll	G'i	Jacob		G	0274
Residential Street Address	City			State	Zip Code
3450 Vista Hvn		Sherman Oa		CA	91403
Principal Occupation		Name of Employ	er		
				,	
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
U No I□ □	04/	16/2017	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
O'Rourke		Patrick			0273
Residential Street Address	City			State	Zip Code
38 Soundview Dr		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
• •					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of			
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	04/	17/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	04/	17/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Jordan		Joe			0270
Residential Street Address	City			State	Zip Code
24 Laurel Lk E		Weston		СТ	06883
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No Money Order	04/	18/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	i		İ	I	

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Gretsch		Richard			0271			
Residential Street Address	City			State	Zip Code			
76 Maple Tree Ave Unit 8		Stamford		СТ	06906-2211			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
If was indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	04/	18/2017	¢100.00		¢100.00			
If yes, list Event # No Money Order X Credit/Debit Card	04/	18/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Goodfriend		Amy			0272			
Residential Street Address	City			State	Zip Code			
115 Zaccheus Mead Ln		Greenwich		СТ	06831			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	Amot	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	04/	18/2017	\$100.00		\$100.00			
	L .			l				
Last Name O'Hara	First	Christopher		MI	Contribution ID # 0472			
Residential Street Address	City	Christopher		State	Zip Code			
62 Lords Hwy E		Weston		CT	06883			
Principal Occupation		Name of Employ	er					
Seller Representative Specialist		Coldw	vell Banker					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	04/	18/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Heisler		Rachael			0265			
Residential Street Address	City	Dathaada		State	Zip Code			
7500 Woodmont Ave Apt 613 Principal Occupation	<u> </u>	Bethesda Name of Employ	er	MD	20814			
типера оссаранов		rame of Employ						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	047	19/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	I 5-7	-5/201/	Ψ100.00		T-30.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Corselli		Joseph			0266				
Residential Street Address	City			State	Zip Code				
245 Whiting Pond Rd .		Fairfield •		СТ	06824				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If you indicate which brough or broughest of	No	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? We have the definition of the section of	Date	Received	Aggregate Contributions						
Cash Personal Check	04/	10/2017	#100.00		+100.00				
If yes, list Event # No Money Order X Credit/Debit Card	04/	19/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Corselli		Amy			0267				
Residential Street Address	City			State	Zip Code				
245 Whiting Pond Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # ☐ No ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	04/	19/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Grill		Tyler			0268				
Residential Street Address 152 Chestnut Hill Rd	City	Turrenhaall		State CT	Zip Code				
Principal Occupation		Trumbull Name of Employ	er	CI	06611				
Timepa occupanci		rame of Employ							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of	No	dependent child of	·						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	04/	10/2017	±100.00		+100.00				
If yes, list Event # Money Order X Credit/Debit Card	04/	19/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Rosenfeld		David			0269				
Residential Street Address	City			State	Zip Code				
530 Unquowa Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	No		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Lethic contribution executed with Method of contributions	D-/	Received							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
If yes, list Event # ☐ No ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	04/	19/2017	\$100.00		\$100.00				

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NAME OF COMMITTER (Provide Complete value as Registered with Commission 1970 Fig. REPORT 1970 Fig. Rep	I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF BEDORT						
List Name										
This Name										
Carleon	B. Itemized Contributions from Individuals									
Processing Pro		First			MI					
Numer of Employer South-butter a principal of a state contractor or prospective state cont	Residential Street Address	City	-		State	Zip Code				
Controllector a principal of a data contractor or prospective state centralized? Yes No Secretary or specified procession of the controllector of prospective state centralized? Yes Secretary or specified procession of the controllector of prospective state centralized procession of the controllector of prospective state centralized procession of the controllector of procession of the co	54 Lee Dr		Fairfield		СТ	06824				
Marcon function which hunch or branches of secretary is with the committed or a sobolysist? Yes No No No No No No No N	Principal Occupation	-	Name of Employ	er		•				
First State Sta	Is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	ant of Contribution				
Personal Check D4/20/2017 \$100.00 \$100	Evacutiva Lagislativa									
This Name No	l Vac	Date	Received	Aggregate Contributions						
Notinght	No Cash Personal Check	04/	20/2017	\$100.00		\$100.00				
Notinght	Last Name	First			MI	Contribution ID #				
Principal Occupation										
Principal Occupation Section 117 Security Secur	Residential Street Address	City			State	Zip Code				
Le contributor a principal of a state contractor or prospective state contractor? Yes No of Branches of Severament the contract is which branch or branches of Severament the contract is which branch or branches of Severament the contract is which branch or branches of Severament the contract is which branch or branches of Severament the contract is which the contract is which the contract is which the security of the securit	2180 Kings Hwy Unit 1		Fairfield		СТ	06824				
Security	Principal Occupation		Name of Employ	er						
Secontine which branch or branches of covernment the contract is with: an event reported in Section J1? Yes, Institute of Institute of Section J1? Yes, Institute which branch or branches or event reported in Section J1? Yes, Institute which branch or branches or Personal Check Yes, Institute which branch or branches or event reported in Section J1? Yes, Institute which branch or branches or Personal Check Yes, Institute which branch or branches or Personal Check Yes, Institute which branch or branches or Personal Check Yes, Institute which branch or branches or Personal Check Yes, Institute which branch or branches or Personal Check Yes, Institute which branch or branches or Personal Check Yes, Institute which branch or branches or Personal Check Yes, Institute which branch or branches or Personal Check Yes, Institute which branch or branches or Personal Check Yes, Institute which branch or branches or Personal Check Yes, Institute which branch or branches or Personal Check Yes, Institute which branch or branches or Personal Check Yes, Institute which branch or branches or Personal Check Yes, Institute which branch or branches or Yes, Institute which whic	Is contributor a principal of a state contractor or prospective state contractor?	o		Vac	Amou	ant of Contribution				
It yes, indicate which branches of sovertiment the contract is with: Last Name First State contribution a principal of a state contractor or prospective state contractor? Ves No No No No No No No N	Evacutiva Lagislativa		dependent enna (
Last Name Knight Residential Street Address 2180 Kings Hwy Unit 1 If yes, last Event # Executive Personal Check Perso	Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
Last Name Last Name Last Name Last Name Last Name Last Name DiSario Residential Street Address DiSario Last Name DiSario Last Name DiSario Last Name DiSario Residential Street Address DiSario DiSario Residential Street Address DiSario DiSario Residential Street Address DiSario Residential Street Address DiSario DiSario DiSario DiSario DiSario DiSario Residential Street Address DiSario	an event reported in Section 31? No Cash Personal Check	04/	20/2017	\$100.00		\$100.00				
Residential Street Address 2180 Kings Hwy Unit 1 Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of an event reported in Section J1? Last Name DiSario Residential Street Address State City Sample Couption City Contributors Contributors City					<u> </u>					
Secontributor a principal of a state contractor or prospective state contractor? Yes X No No No No No No No		First			MI					
Principal Occupation Name of Employer Security S	Residential Street Address	City			State	Zip Code				
Is contributor a principal of a state contractor or prospective state contractor?	2180 Kings Hwy Unit 1		Fairfield		СТ	06824				
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Le	Principal Occupation		Name of Employ	er						
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Method of contribution: Personal Check O4/2017 \$100.00 \$100.00	Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Of a lobbyist?	Amou	ant of Contribution				
an event reported in Section J1? If yes, list Event # Last Name DiSario Residential Street Address 1 Corporate Dr S # 100 Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of a covernment the contract is with: Is this contribution associated with an event reported in Section J1? Amount of Contribution: Date Received Aggregate Contributions \$100.00	Evacutiva Logislativa		•							
Last Name DiSario Residential Street Address 1 Corporate Dr S # 100 Principal Occupation If yes, indicate which branch or branches of acovernment the contract is with: Is this contribution associated with an event reported in Section J1? Personal Check Money Order Personal Check Q4/21/2017 \$100.00 \$100.00 Personal Check Q4/21/2017 \$100.00 \$100.00 Shelton Shelton State Zip Code	l Voc	Date	Received	Aggregate Contributions						
DiSario Residential Street Address City Shelton CT 06484 Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions 1	□ No □ □	04/	20/2017	\$100.00		\$100.00				
DiSario Residential Street Address City Shelton CT 06484 Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions 1	I art Nama	Firet			l _{MI}	Contribution ID #				
Residential Street Address 1 Corporate Dr S # 100 Shelton Name of Employer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Amount of Contribution Legislative Date Received Aggregate Contributions \$100.00 \$100.00		1 1130			IVII					
Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Name of Employer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Yes Is contributor a lobbyist? Is contributor a lobbyist? Date Received Aggregate Contributions \$\text{No}\$ \$\text{\$\text{No}\$}\$ \$\text{\$\text{No}\$}\$ \$\text{\$\text{No}\$}\$ \$\text{\$\text{\$\text{No}\$}\$}\$ \$\text{\$\text{\$\text{\$\text{No}\$}\$}\$ \$\text{\$\text{\$\text{\$\text{\$\text{No}\$}\$}\$}\$ \$\$\text{		City			State					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	1 Corporate Dr S # 100		Shelton		СТ	06484				
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Yes X No	Principal Occupation	•	Name of Employ	er						
If yes, indicate which branch or branches of government the contract is with: Executive	Is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	unt of Contribution				
Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions Personal Check 04/21/2017 \$100.00 \$100.00	If yes, indicate which branch or branches of		dependent child (of a foodyist?						
Personal Check O4/21/2017 \$100.00 \$100.00	Is this contribution associated with Method of contribution:	Date	Received	 						
If yes, list Event # I Maney Order IAI Credit/Debit Cord I	an event reported in Section 31?	04/	21/2017	\$100.00		\$100.00				

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I MONETADY DECEIDT	0 (0.	action A D							
I. MONETARY RECEIPT	<u>s (s</u>	ection A-1)	TYPE OF DEPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original									
Dave Walker for CT			outy 10 1 lilling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Petri		Steen			0259				
Residential Street Address	City			State	Zip Code				
515 Stillson Rd		Fairfield		CT	06824				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	04/2	21/2017	\$100.00		\$100.00				
noney order Carde Debt Card									
Last Name	First			MI	Contribution ID #				
Knight		Darlene			0260				
Residential Street Address	City			State	Zip Code				
2180 Kings Hwy Unit 1		Fairfield		CT	06824				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	04/2	21/2017	\$200.00		\$100.00				
noney order Carde Debre Card									
Last Name	First			MI	Contribution ID #				
Siegel		Michael			0261				
Residential Street Address	City			State	Zip Code				
415 Morgan Oak Cir		Atlanta		GA	30342				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a loodyist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with A gray overtage and dis Section 112. Yes We thought of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	04/2	21/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Elmo		Brian			0257				
Residential Street Address	City			State	Zip Code				
26 Franklin St .		Trumbull		CT	06611				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	04/2	22/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original									
Dave Walker for CT			July 10 1 ming - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lainas		Gregory			0256				
Residential Street Address	City			State	Zip Code				
82 Great Pine Path		Plantsville		СТ	06479				
Principal Occupation		Name of Employ	er	•					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
s contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	04/	23/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	04/.	23/2017	\$100.00		φ100.00				
Last Name	First			MI	Contribution ID #				
	First			IVII					
cassetta	G'i	sebastian		G	0711				
Residential Street Address	City			State	Zip Code				
7 Morningside Ln		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child c							
government the contract is with:			x _{No}						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
□ No □ □	04/	24/2017	\$100.00		\$100.00				
If yes, list Event # 04012017B									
Last Name	First			MI	Contribution ID #				
Herrmann		Thomas			0255				
Residential Street Address	City			State	Zip Code				
75 Kellers Farm Rd		Easton		СТ	06612				
Principal Occupation		Name of Employ	er	ļ.					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of							
If yes, indicate which branch or branches of Government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	04/	26/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	0 1,7	20,2017	Ψ100.00		Ψ100.00				
Last Name	First			MI	Contribution ID #				
	FIISt	Caan		IVII					
Horgan	G'i	Sean		G	0252				
Residential Street Address	City			State	Zip Code				
134 Washington St	L	Ayer		MA	01432				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution									
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	in or Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}						
government the contract is with:	Б.	D i d		1					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
— III Cook Demonst Charle	_								
If yes, list Event # Cash Credit/Debit Card	04/	27/2017	\$100.00		\$100.00				

I MONETADY DECEIDT	0 (0.	action A D				
I. MONETARY RECEIPT	<u>s (s</u> i	ection A-1)	TYPE OF DEPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original						
Dave Walker for CT			outy 10 1 ming - Original			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Breiner		Eli			0253	
Residential Street Address	City			State	Zip Code	
25 Garfield St		Lakewood		NJ	08701	
Principal Occupation		Name of Employ	er			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution	
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac			
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?	Date	Received	riggiegate Contributions			
Cash Personal Check	04/	27/2017	±100.00		±100 00	
If yes, list Event # No Money Order X Credit/Debit Card	04/.	27/2017	\$100.00		\$100.00	
1	·					
Last Name	First			MI	Contribution ID #	
Honeyman		Evan			0254	
Residential Street Address	City			State	Zip Code	
260 Deerbrooke Cir		Southington		CT	06489	
Principal Occupation		Name of Employ	er			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution	
)	dependent child of	of a lobbyist?			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
No Cash Personal Check	04/	27/2017	\$100.00		\$50.00	
If yes, list Event # Money Order X Credit/Debit Card	0 .,		Ψ200.00			
Last Name	First			MI	Contribution ID #	
Farr	1 1130	Daniel		1411	0249	
Residential Street Address	City	Daniel		State	Zip Code	
	City	Dumbana		CT	06422	
17 Olde Yankee Way		Durham		CI	06422	
Principal Occupation		Name of Employ	er			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of		dependent enna (x No			
government the contract is with: Executive Legislative						
Is this contribution associated with on expert separated in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # Cash Credit/Debit Card	04/	28/2017	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Litan		Robert			0250	
Residential Street Address	City			State	Zip Code	
9215 E Killarney Pl		Wichita		KS	67206	
Principal Occupation		Name of Employ	er			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution	
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac			
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?	Date	1.0001700	. 1991 Pare Contributions			
No Cash Personal Check	044	20/2017	#100.00		¢100.00	
If yes, list Event # No Money Order X Credit/Debit Card	^{U4/}	28/2017	\$100.00		\$100.00	

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NAME OF COMMITTEE (Provide Completes Name as Registered with Commission 1970 For REPORT 1970 For	I MONETADY DECEIDT	0 (0.	action A D							
Note March		<u>s (s</u> i	ection A-1)	TYPE OF DEPORT						
File Section										
Early Name				outy 10 1 ming - Original						
Barkenright	B. Itemized Contributions from Individuals									
Signatural Stock Authors	Last Name	First			MI	Contribution ID #				
Story Stor	Birkenruth		Harry			0251				
Name of Impolescent Section Personal Cross Personal	Residential Street Address	City			State	Zip Code				
In contribute a principal of a state contactor or prospective state contactor or Year Year Amount of Contribution Procurse 1 tapstanive 1 tapsta	81 Ball Hill Rd		Storrs		СТ	06268				
Tyes, inclinate which branche of souther in with. Ves No Legislative Legisla	Principal Occupation		Name of Employ	er						
Tyes, inclinate which branche of souther in with. Ves No Legislative Legisla										
Executive Legislative Le	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Lat Name Lat Na	Yes X No)	dependent child of	of a lobbyist?						
March of Contribution	Evacutiva Lagislativa			x _{No}						
It seemed the section of 17	Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
Last Name	Vac			20 0						
Last Name Young Resident System Address S2 Indian Rock Rd Friction New Canan Crow New Canan Resident a principal of a state contractor or prospective state centractor? If yee, indicate which branch or branches of software and state contractor or prospective state centractor? If yee, indicate which branch or branches of software and state contractor or prospective state centractor? If yee, indicate which branch or branches of software and state contractor or prospective state centractor? If yee, indicate which branch or branches of software and software software and software software and software an		04/	28/2017	¢100 00		¢100 00				
Noting Form Personal Check Perso		04/.	20/2017	\$100.00		φ100.00				
Noting Form Personal Check Perso	Lact Nama	Eiret			М	Contribution ID #				
Readential Street Address \$2 Indian Rock Rd \$2 Indian Rock Rd \$3 Indian Rock Rd \$4 New Canaan New Canaan New Canaan New Canaan New Canaan New Canaan New Canaan New Canaan Name of Employer Name of Emp		First	Danalana		IVII					
So Indian Rock Rd Size Contributor a principal of a state contractor or prospective state contractor Size Siz		G'i	Penelope		G					
Name of Employer Name of Emp		City				-				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Security Yes X No Yes X No Security Yes X No Security Yes X No					СТ	06840				
If yes, indicate which branch or branches of societard with an event reported in Section 31? Yes	Principal Occupation		Name of Employ	er						
If yes, indicate which branch or branches of societinal files of its contribution associated with an event reported in Section 31? It yes, indicate which branch or branches of societinal files of the contribution associated with an event reported in Section 31? It yes, its Event # Principal Occupation It yes, indicate which branch or branches of soverment the contract is with: Yes										
If yes, indicate which branches or branches of avorement the contract is with an event reported in Section J1? Last Name Fogel Residential Street Address 649 Merwins Ln Street principal of a state contractor or prospective state contractor? Last Name Yes, indicate which branch or branches or avorement the contract is with an event reported in Section J1? Yes, indicate which branch or branches or avorement may be contribution associated with an event reported in Section J1? Yes, indicate which branch or branches or avorement may be contractor or prospective state contractor or prospecti	Is contributor a principal of a state contractor or prospective state contractor?)		37	Amou	nt of Contribution				
Aggregate Contribution associated with an event reported in Section J1? Last Name Fogel Last Name Fogel Residential Street Address G49 Merivator a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of soverments the contract is with: Last Name Last Name First David City Fairfield City Fairfield David City Fairfield Fairfie	If yes indicate which branch or branches of		dependent child (<u> </u>						
an event reported in Section J1? If yes, list Event # First	Evacutiva Lagislativa			X No						
an event reported in Section J1? If yes, list Event #	Vac	Date	Received	Aggregate Contributions						
Annuary Annu	an event reported in Section J1?									
Last Name Fogel	U No I□ □	04/	29/2017	\$100.00		\$100.00				
Fogel Residential Street Address 649 Merwins Ln Stote 649 Merwins Ln Stote 649 Merwins Ln Stote Fairfield Residential Street Address 649 Merwins Ln Stote Fairfield Residential Street Address Sometingual Occupation Stote Fairfield Residential Street Address Sometingual Occupation Stote Fairfield Residential Street Address Sometingual Occupation Stote First	If yes, list Event # Money Order Credit/Debit Card									
Residential Street Address 649 Merwins Ln South Fairfield City State City	Last Name	First			MI	Contribution ID #				
Finding and Coccupation Annual of Employer Security and principal of a state contractor prospective success of government the contract is with: Security Security Legislative Legislativ	Fogel		David			0246				
Finding and Coccupation Name of Employer State Contribution a principal of a state contractor prospective state contractor? Yes Y	Residential Street Address	City			State	Zip Code				
Principal Occupation Is contributor a principal of a state contractor or prospective state contractor?	649 Merwins Ln		Fairfield		СТ	-				
Is contributor a principal of a state contractor or prospective state contractor?	Principal Occupation		Name of Employ	er						
If yes, indicate which branch or branches of government the contract is with: Executive			1 ,							
If yes, indicate which branch or branches of government the contract is with: Executive	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Is this contribution associated with an event reported in Section J1? Last Name Last Name Residential Street Address 265 Post Rd W Principal Occupation Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective	Yes X No)								
Second Contribution associated with an event reported in Section J1?	Evacutiva			x _{No}						
an event reported in Section J1? If yes, list Event # Last Name randel Residential Street Address 265 Post Rd W Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution as government the contract is with: Is this contribution as principal of a State Contractor or prospective state contractor: Amount of Contribution Vestion	Is this contribution associated with Method of contribution:	Date	Received							
If yes, list Event # State Money Order X Credit/Debit Card O4/30/2017 \$100.00 \$100.00 Last Name First MI Contribution ID # O247 Residential Street Address City State Zip Code 265 Post Rd W Westport CT O6880 Principal Occupation Name of Employer Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Date Received Aggregate Contributions Is this contribution associated with an event reported in Section J1? Personal Check O4/30/2017 \$100.00 \$100.00 State Zip Code Zip Cod	Vac	Duit	recerved	1.15g.1.0gate continuations						
If yes, indicate which branch or branches of government the contractor or prospective state contractor? Is this contribution a ssociated with an event reported in Section J1? In this contribution a personal Check In the contractor or personal Check In the contractor		04/	30/2017	¢100 00		¢100 00				
randel Residential Street Address City Westport CT 06880 Principal Occupation Name of Employer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Personal Check O4/30/2017 State City Westport CT 06880 Amount of Contribution Amount of Contribution Aggregate Contributions \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00	If yes, list Event # Money Order X Credit/Debit Card	04/.	30/2017	\$100.00		\$100.00				
randel Residential Street Address City Westport CT 06880 Principal Occupation Name of Employer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Personal Check O4/30/2017 State City Westport CT 06880 Amount of Contribution Amount of Contribution Aggregate Contributions \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00	T. AV	г) or	C (1 (ID)				
Residential Street Address 265 Post Rd W Westport Name of Employer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Date Received Aggregate Contributions \$\text{State} \text{Zip Code} \text{CT} \text{06880} Amount of Contribution Amount of Contribution Date Received Aggregate Contributions \$\text{\$\text{\$\text{No}}\$} \text{\$\text{\$\text{No}}\$} \$\text{\$		First			MI					
Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Date Received Aggregate Contributions \$\text{Ves} \text{No} \text{06880}\$ Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist? \text{X} \text{No} \text{No} \text{Ves} \text{No} \text{Ves} \text{No} \text{Outribution} \text{Ves} Ves			Jim		~					
Principal Occupation Name of Employer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Name of Employer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? In yes Is contributor a lobbyist? In yes In ye		City				*				
Is contributor a principal of a state contractor or prospective state contractor?			_		СТ	06880				
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Ves X No	Principal Occupation		Name of Employ	er						
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Ves X No										
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Date Received Aggregate Contributions Aggregate Contributions Personal Check 04/30/2017 \$100.00	Is contributor a principal of a state contractor or prospective state contractor?	,		Vac	Amou	nt of Contribution				
government the contract is with: Is this contribution associated with an event reported in Section J1? Date Received Aggregate Contributions Personal Check 04/30/2017 \$100.00			dependent child of	of a foodyist?						
an event reported in Section J1? Yes Cash Personal Check 04/30/2017 \$100.00 \$100.00	Evacutiva I acidativa			X No						
an event reported in Section 31? Cash Personal Check 04/30/2017 \$100.00	V ₂₂	Date	Received	Aggregate Contributions						
□ No □ □ □ 04/30/2017 \$100.00 \$100.00	an event reported in Section J1?									
	If yes, list Event # Cash Credit/Debit Card	04/	30/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF BEDORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dave Walker for CT			TYPE OF REPORT July 10 Filing - Original				
B. Itemized Contributions from							
Last Name Seyal	First	Aziz		MI	Contribution ID # 0235		
Residential Street Address	City			State	Zip Code		
138 Mona Ter		Fairfield		СТ	06824		
Principal Occupation		Name of Employ	rer				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	lobbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event # Cash Personal Check No	05/	01/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
VOGEL	First	WILLIAM		IVII	0236		
Residential Street Address	City	WILLIAM		State	Zip Code		
60 Bridle Trl		Fairfield		СТ	06824		
Principal Occupation	•	Name of Employ	rer				
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative	U	dependent child of	of a lobbyist?				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?	Dute	Received	riggiogate contributions				
If yes, list Event # No Cash Personal Check Money Order X Credit/Debit Card	05/	01/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Ross		Christa			0237		
Residential Street Address	City			State	Zip Code		
1146 E Main St	<u> </u>	Stratford		СТ	06614		
Principal Occupation		Name of Employ	rer				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	lobbyist, spouse, or Of a lobbyist?	Amou	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x No				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check							
If yes, list Event # No Money Order X Credit/Debit Card	05/	01/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Murphy		Joanne			0238		
Residential Street Address	City	Carrage		State	Zip Code		
124 Derby Ave Principal Occupation	<u> </u>	Seymour Name of Employ	rer	СТ	06483		
ттера оссиранов		rume of Employ					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	lobbyist, spouse, or Of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		acpendent ennu (x No				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?			30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
If yes, list Event # Cash Personal Check No Cash Personal Check Money Order X Credit/Debit Card	05/	01/2017	\$100.00		\$100.00		

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Dyke		Barry				0239
Residential Street Address	City				State	Zip Code
PO Box 95 Principal Occupation		Hampton Name of Employe	or		NH	03843
Tindpai Occupation		rvaine of Employs	31			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	1 1	Amou	nt of Contribution
Yes X No	0	dependent child of	I a lobbyist?			
government the contract is with: Executive Legislative			х	No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
Cash Personal Check	0.51	04 /004 =				
If yes, list Event # No Money Order X Credit/Debit Card	05/	01/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Raveis		Meghan				0240
Residential Street Address	City				State	Zip Code
389 Redding Rd		Fairfield			СТ	06824
Principal Occupation		Name of Employe	er	•		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna e	x	1		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
No Cash Personal Check	05/	01/2017	\$100.00			\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00,	01, 201,	4100.00			Ψ 2 00.00
Last Name	First				MI	Contribution ID #
Raveis		Ryan				0241
Residential Street Address	City				State	Zip Code
389 Redding Rd	<u> </u>	Fairfield			СТ	06484
Principal Occupation		Name of Employe	er			
I will be a similar of the state of the stat		I	11		A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	dependent child of	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of			х	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Personal Check No	05/	01/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Atkins Projection of Court Address	Cit	Kevin			C+-+-	0242
Residential Street Address 45 Anvil Rd	City	Southport			State CT	Zip Code 06890
Principal Occupation		Name of Employe	er		Ci	00030
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or] _V	Amou	nt of Contribution
If was indicate which branch or branches of	U	dependent child of	i a lobbyist?			
government the contract is with: Executive Legislative			x	No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31?		01/2017				+27.00
If yes list Event # No Money Order X Credit/Debit Card	05/	01/2017	\$27.00			\$27.00

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
McGrath		Danielle			0243			
Residential Street Address	City			State	Zip Code			
23 Burnham HI	<u> </u>	Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check	0.51	0.4 / 0.0.4 =	4400.00					
If yes, list Event # No Money Order X Credit/Debit Card	05/	01/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Knubel		John			0244			
Residential Street Address	City			State	Zip Code			
1365 Eliotroad Franklin Tennessee		Franklin		TN	37064			
Principal Occupation		Name of Employ	er	•	•			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ł				
an event reported in Section J1?	Bute	10001100	11gg. ogute continuations					
If yes. list Event # Cash Personal Check No Money Order X Credit/Debit Card	05/	01/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Boeschenstein		Stephen			0245			
Residential Street Address	City			State	Zip Code			
30 Valley Rd Principal Occupation		New Canaan	ON .	СТ	06840			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 No	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # No Money Order X Credit/Debit Card	05/	01/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Sherman		Donald		J	0473			
Residential Street Address	City			State	Zip Code			
PO Box 449		Southport		СТ	06890			
Principal Occupation		Name of Employ						
Real Estate Broker			d J Sherman Real Estate					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Resonal Check No Money Order Credit/Debit Card	05/	01/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original								
Dave Walker for CT			July 10 1 ming 3 ngman					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Belk		William		I	0474			
Residential Street Address	City			State	Zip Code			
133 Town Farm Rd .		Litchfield		СТ	06759-2601			
Principal Occupation		Name of Employ	er					
Real Estate Broker		South	east Investments Inc					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	·					
government the contract is with: Executive Legislative	-							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	05/	01/2017	\$100.00		\$100.00			
					ı			
Last Name	First			MI	Contribution ID #			
Smith		Renee		С	0475			
Residential Street Address	City			State	Zip Code			
49 Parker Hill Rd .		Killingworth		СТ	06419			
Principal Occupation		Name of Employ						
General contractor			rstone Construction					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child c	<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	05/	01/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Robinson		Gail			0476			
Residential Street Address	City			State	Zip Code			
247 Harborview Ave .		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Real Estate Broker		Ravei	s Real Estate					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child c	a lobbyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cook X Barcanal Charle								
If yes, list Event #	05/	01/2017	\$100.00		\$100.00			
				1				
Last Name	First			MI	Contribution ID #			
Szalkowski		Mike			0230			
Residential Street Address	City			State	Zip Code			
688 Cumberland Cir		Atlanta		GA	30306			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		acpendent ennu (x No					
government the contract is with:		L.,,						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
— III Cook Demonstrate	l							
If yes, list Event # Cash Credit/Debit Card	05/	02/2017	\$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 Dave Walker for CT July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
niesyn		karin			0231			
Residential Street Address	City			State	Zip Code			
25 Staples Rd Principal Occupation		Name of Employ	or	СТ	06612			
Tindpai Occupation		rvaine of Employ	ei					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amo	unt of Contribution			
Yes X No	0	dependent child of	of a lobbyist?	l'es				
government the contract is with: Executive Legislative			x 1	No				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	0.51	00/004=	425.00		105.00			
If yes, list Event # No Money Order X Credit/Debit Card	05/	02/2017	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Downey		Mortimer			0232			
Residential Street Address	City			State	Zip Code			
10205 Martinhoe Dr		Vienna		VA	22181			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or	Amo	unt of Contribution			
If yes, indicate which branch or branches of		dependent enna e	· –					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	No				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	05/	02/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00,	02,201,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
EBRAHIM		AHMED			0233			
Residential Street Address	City			State	Zip Code			
18 Old Stratfield Rd	<u> </u>	Fairfield		СТ	06825			
Principal Occupation		Name of Employ	er					
I will be a similar for the second of the se		I	-1.1i		unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	dependent child of	obbyist, spouse, or of a lobbyist?	es Amo	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x 1	lo l				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_				
an event reported in Section J1?								
If yes, list Event # No Money Order X Credit/Debit Card	05/	02/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Carter	Cit	Julie		Ct-t-	0234			
Residential Street Address 91 Ledyard Rd	City	West Hartfor	d	State CT	Zip Code 06117			
Principal Occupation		Name of Employ		101	00117			
. In confine								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amo	unt of Contribution			
If was indicate which branch or branches of	5	dependent child of	or a roodyrst?					
government the contract is with:			x 1	lo				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	05.	02/2017	4400.00		¢100.00			
If yes list Event # No Money Order X Credit/Debit Card	05/	02/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-1)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Muller		Paul		D	0220				
Residential Street Address	City			State	Zip Code				
7 Wildwood Ln		Westport		СТ	06889				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
T 41 (7 C) 1 (1 M	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	05/	03/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00,	00, 201,	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Gallo	1 1150	Tom		.,,,	0221				
Residential Street Address	City	10111		State	Zip Code				
11 Laurie Rd	City	Turrenterall			06611				
		Trumbull		СТ	00011				
Principal Occupation		Name of Employ	er						
L still the said in 1 for the state of the s		To contailent on a 1	-1.1i	A	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative									
Is this contribution associated with or expert separated in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	05/	03/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Kreitler		Heather			0222				
Residential Street Address	City			State	Zip Code				
745 Verna Hill Rd		Fairfield		CT	06824				
Principal Occupation		Name of Employ	er	-					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	or a roodyrst:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes_list Event # Cash Personal Check No Money Order X Credit/Debit Card	05/	03/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Kreitler		John			0223				
Residential Street Address	City			State	Zip Code				
745 Verna Hill Rd		Fairfield		CT	06824				
Principal Occupation		Name of Employ	er	<u> </u>	00021				
		or Employ	==						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date		. 155125410 CONTIDUTIONS						
No Cash Personal Check	05 /	02/2017	#100.00		±100 00				
If yes, list Event # No Money Order X Credit/Debit Card	05/	03/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Weiss		David			0224			
Residential Street Address	City			State	Zip Code			
240 High Point Ln		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with: In this contribution associated with Mathod of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check No	05/	03/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Deane	1 1130	Curtis		WII	0225			
Residential Street Address	City	Curus		State	Zip Code			
PO Box 470		Old Lyme		СТ	06371			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	03/2017	\$100.00		\$100.00			
Last Name Walker	First	Deborah		MI	Contribution ID # 0226			
Residential Street Address	City			State	Zip Code			
2425 L St NW Unit 523		Washington		DC	20037			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Yes A No)	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	05/	03/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mayer		Tony			0227			
Residential Street Address	City			State	Zip Code			
7 Upland Dr		Greenwich		СТ	06831			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	received	Assicanc Contitutions					
No Cash Personal Check	05/	03/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		/ = /	4200.00					

I, MONETARY RECEIPTS (Section A-I)									
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original									
Dave Walker for CT			July 10 1 ming - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Waite		William			0228				
Residential Street Address	City			State	Zip Code				
73 Cavalry Rd		Weston		СТ	06883				
Principal Occupation		Name of Employ	er		!				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Duite	Tiebel ved	1156.05ate Commount						
No Cash Personal Check	05/	03/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	05/1	03/2017	\$100.00		\$100.00				
					I				
Last Name	First			MI	Contribution ID #				
Almonte		Ernest			0229				
Residential Street Address	City			State	Zip Code				
1 Spinnaker Dr	L.,	Barrington		RI	02806				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution				
	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	05/0	03/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•			•				
Last Name	First			MI	Contribution ID #				
Brooks		Eileen			0212				
Residential Street Address	City			State	Zip Code				
7 Stone Gate Dr	City	Sandy Hook		CT	06482				
Principal Occupation		Name of Employ	on.	Ci	00402				
Tincipal Occupation		Name of Employ	CI						
Is contributor a principal of a state contractor or prospective state contractor?		T	obbyist spouse or	1					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Amou	int of Contribution				
If yes, indicate which branch or branches of			X No						
government the contract is with:									
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cook Revenuel Cheek									
If yes, list Event # Cash Credit/Debit Card	05/0	04/2017	\$100.00		\$100.00				
					-				
Last Name	First			MI	Contribution ID #				
Felman		Michelle			0213				
Residential Street Address	City			State	Zip Code				
11 Partrick Rd		Westport		СТ	06880				
Principal Occupation		Name of Employ	er	-	-				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ŀ					
an event reported in Section J1?		,	000 20111104110110						
Cash Personal Check	OE /	04/2017	\$100.00		¢100 00				
If yes, list Event # Money Order X Credit/Debit Card	l ^{03/0}	U7/2U1/	\$100.00	1	\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1	_	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Spain		Pete			0214
Residential Street Address	City	D : 1		State	Zip Code
280 Grovers Ave Principal Occupation		Bridgeport Name of Employe	or	СТ	06605
Tindpai Occupation		Name of Employ	G1		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amo	unt of Contribution
Yes X No	0	dependent child of	of a lobbyist?	Yes	
government the contract is with: Executive Legislative			x	No	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	0.51		425.00		105.00
If yes, list Event # No Money Order X Credit/Debit Card	05/	04/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Azeroual		sandra			0215
Residential Street Address	City			State	Zip Code
31 W 34th St Ste 1012		New York		NY	10001
Principal Occupation		Name of Employe	er		•
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or	Yes Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent enna e	· –		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	No	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	05/	04/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00,	., 201,	Ψ100.00		
Last Name	First			MI	Contribution ID #
Azeroual		Avy			0216
Residential Street Address	City			State	Zip Code
31 W 34th St Ste 1012		New York		NY	10001
Principal Occupation		Name of Employe	er		
In contributor a minimal of a state contractor or measurative state contractor?		In contributor of	shbyggt anguag ar	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child o	obbyist, spouse, or f a lobbyist?	Yes	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	05/	04/2017	\$100.00		\$100.00
					-
Last Name	First			MI	Contribution ID #
Kleinman	C'i	Ari		Gr. r	0217
Residential Street Address 68 Granville St .	City	Fairfield		State	Zip Code 06824
Principal Occupation		Name of Employe	er	1 01	00024
. In confine					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Yes Amo	unt of Contribution
If was indicate which branch or branches of	5	dependent child of	i a loodyist?		
government the contract is with: Executive Legislative			x	No	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?		04/2017	1400.00		±100.00
If yes list Event # No Money Order X Credit/Debit Card	05/	04/2017	\$100.00	1	\$100.00

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I, MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-I)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Klaassen		Joel			0218				
Residential Street Address	City			State	Zip Code				
26 Hillcrest Ln		Weston		СТ	06883				
Principal Occupation		Name of Employ	er						
		1 ,							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
In this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	05.0	04/2047	+400.00		+100.00				
If yes, list Event # No Money Order X Credit/Debit Card	05/	04/2017	\$100.00		\$100.00				
-									
Last Name	First			MI	Contribution ID #				
fischer		harold			0219				
Residential Street Address	City			State	Zip Code				
16 Hillcrest Ln		Weston		CT	06883				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			20 0						
No Cash Personal Check	05/	04/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	04/2017	\$100.00		φ100.00				
LAN	Б. (1.0	C (1 (ID#				
Last Name	First			MI	Contribution ID #				
Sacks		William			0205				
Residential Street Address	City			State	Zip Code				
345 Joan Dr		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	a loodyist:						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
□ No □ □	05/	05/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Nadel		Alan			0206				
Residential Street Address	City			State	Zip Code				
531 Main St Apt 421		New York		NY	10044				
Principal Occupation		Name of Employ	or	141	10011				
Timopal occupation		rume of Employ							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	C	05/2017	+100.00		±100.00				
If yes, list Event # No Money Order X Credit/Debit Card	05/	05/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-1)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original									
Dave Walker for CT			outy 10 1 lilling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Shea		Carol			0207				
Residential Street Address	City			State	Zip Code				
23 Broad St		Weston		СТ	06883				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Duit	110001100	1 1551 egate continuations						
Cash Personal Check	05/	0E/2017	¢100.00		¢100 00				
If yes, list Event # No Money Order X Credit/Debit Card	05/	05/2017	\$100.00		\$100.00				
F									
Last Name	First			MI	Contribution ID #				
Shea		David			0208				
Residential Street Address	City			State	Zip Code				
23 Broad St		Weston		CT	06883				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	riggiegate Contributions						
Cash Personal Check	05.0	05/2047	+400.00		+400.00				
If yes, list Event # No Money Order X Credit/Debit Card	05/	05/2017	\$100.00		\$100.00				
F									
Last Name	First			MI	Contribution ID #				
weitzer		stephen			0209				
Residential Street Address	City			State	Zip Code				
215 Brett Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a loodyist:						
government the contract is with:			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	05/	05/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	,		,						
Last Name	First			MI	Contribution ID #				
cook	1 1130			IVII	0210				
	G'i	peter		G					
Residential Street Address	City			State	Zip Code				
23 Hillsboro Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
No Cash Personal Check	05/	05/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I '	*			•				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name Chapman	First	Scott		MI	Contribution ID # 0211			
Residential Street Address	City			State	Zip Code			
305 Wynnbrook Dr	Щ,	Sandersville		GA	31082			
Principal Occupation		Name of Employe	er					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Voc	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date l	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/0	05/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Walker		James			0200			
Residential Street Address	City			State	Zip Code			
405 Washington Ln Principal Occupation	Ь	Fort Washing		PA	19034			
типера оссираноп		Name of Employe						
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with Method of contribution:		Is contributor a lo dependent child of Received	Voc	Amou	ant of Contribution			
an event reported in Section J1? If yes, list Event # Yes Cash No Cash Money Order X Credit/Debit Card		06/2017	\$100.00		\$100.00			
Last Name Palmer	First	Gwen		MI	Contribution ID #			
Residential Street Address 46 Chelsea St	City	Fairfield		State CT	Zip Code 06824			
Principal Occupation	<u> </u>	Name of Employe	er	Ci	00024			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Yes Method of contribution:		Is contributor a lo		Amou	ant of Contribution			
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/0	06/2017	\$100.00		\$100.00			
Last Name Palmer	First	Joe		MI	Contribution ID # 0202			
Residential Street Address	City			State	Zip Code			
46 Chelsea St	Щ,	Fairfield		СТ	06824			
Principal Occupation		Name of Employe	er					
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative		Is contributor a lo	f a lobbyist? Yes X No	Атоц	unt of Contribution			
Is this contribution associated with an event reported in Section J1? Yes Cash Personal Check		Received	Aggregate Contributions					
No Cash Personal Check	05/0	06/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Popkowski		Lori			0203			
Residential Street Address	City			State	Zip Code			
4 Hemlock Ridge Rd .		Weston		СТ	06883			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	05/	06/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Grzeika	1 1100	Linda			0204			
Residential Street Address	City			State	Zip Code			
54 HI Highway Lea Farm Road		Colchester		СТ	06415			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	51 a 1000y1st?					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check No No No No No No No N	05/	06/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dickson	First	Tim		IVII	0191			
Residential Street Address	City			State	Zip Code			
388 N Quaker Ln		West Hartfor	rd	СТ	06119			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	05/	07/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dickson		Robert			0192			
Residential Street Address	City			State	Zip Code			
107 Cliffmore Rd		West Hartfor	d	СТ	06107			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent child (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date							
No Cash Personal Check	05/	07/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card			·					

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I. MONETARY RECEIPT	S (S	ection A-I)	TWIE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dave Walker for CT			TYPE OF REPORT July 10 Filing - Original		
B. Itemized Contributions from	_				
Last Name Dickson	First	Carol		MI	Contribution ID # 0193
Residential Street Address	City			State	Zip Code
107 Cliffmore Rd		West Hartfor	d	СТ	06107
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	07/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Rolls		John			0194
Residential Street Address	City			State	Zip Code
4 Frog Rock Rd .		Armonk		NY	10504
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		перенаен сина с	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Cash Personal Check If yes, list Event # No No Money Order Cativ Debit Card	05/	07/2017	\$100.00		\$100.00
If yes, list Event# Money Order X Credit/Debit Card					
Last Name Romeeo	First	Scott		MI	Contribution ID # 0195
Residential Street Address	City			State	Zip Code
PO Box 11567		Atlanta		GA	30355
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	05/	07/2017	\$25.00		\$25.00
Last Name Porco	First	Frank		MI	Contribution ID # 0196
Residential Street Address	City	FIGUR		State	Zip Code
87 Seabright Ave	City	Bridgeport		CT	06605
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	at a lobbyist?		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	05,	07/2017	450.00		* F0.00
If yes, list Event # No Money Order X Credit/Debit Card	05/	07/2017	\$50.00		\$50.00

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF BEDORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original					
B. Itemized Contributions from	m Inc	lividuals			
Last Name Hisey	First	James		MI	Contribution ID # 0197
Residential Street Address	City			State	Zip Code
384 Ronald Dr		Fairfield		СТ	06625
Principal Occupation	-	Name of Employ	er	•	•
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	_	•	x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	07/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Stetter		Leslie			0198
Residential Street Address	City			State	Zip Code
269 Carroll Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		•
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	-	dependent child of	of a lobbyist?		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Cash Personal Check	05/	07/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card			•		
Last Name Hennessey	First	Daniel		MI	Contribution ID # 0199
Residential Street Address	City	Daniel		State	Zip Code
1 Humble Ln		Weston		СТ	06883
Principal Occupation		Name of Employ	er		!
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
Yes N If yes indicate which branch or branches of	0	dependent child of	of a lobbyist?	111100	and of Commodition
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	05/	07/2017	\$100.00		\$100.00
Lad Name	First			MI	Contribution ID #
Last Name Csejka	FIISt	Steven		IVII	Contribution ID # 0183
Residential Street Address	City	Steven		State	Zip Code
195 Tanglewood Cir	City	Milford		CT	06461
Principal Occupation		Name of Employ	er	!	!
Is contributor a principal of a state contractor or prospective state contractor? Yes X N.	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	~	dependent child of	of a lobbyist?		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			-		
If yes, list Event # Cash Personal Check No Cash Personal Check Money Order X Credit/Debit Card	05/	08/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-1)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT	July 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kabasakalian		Colette			0184				
Residential Street Address	City			State	Zip Code				
2 Washington Ave		Ridgefield		СТ	06877				
Principal Occupation	•	Name of Employ	er		-				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	05/	08/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Barrett	1 1150	Craig			0185				
Residential Street Address	City	Craig		State	Zip Code				
	City	Davadiae Vall			85253				
4617 E Ocotillo Rd	L	Paradise Vall	-	AZ	85253				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child o	3/	111104	nt of continuation				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received							
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check			4400.00						
If yes, list Event # No Money Order X Credit/Debit Card	05/	08/2017	\$100.00		\$100.00				
1	·								
Last Name	First			MI	Contribution ID #				
Buffam		Jeremy			0186				
Residential Street Address	City			State	Zip Code				
40 Glen Rd		Ridgefield		СТ	06877				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a loodyist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with A second of contribution: Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	05/	08/2017	\$100.00		\$100.00				
Noney Order Card									
Last Name	First			MI	Contribution ID #				
cassetta		linn			0187				
Residential Street Address	City			State	Zip Code				
7 Morningside Ln		Westport		CT	06880				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
	υ	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	05/	08/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I '	•	,	1	-				

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I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dave Walker for CT								
Dave walker for C1			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Barrett		Barbara		<u> </u>	0188			
Residential Street Address	City	D		State	Zip Code			
4617 E Ocotillo Rd Principal Occupation		Paradise Vall	,	AZ	85253			
rindpa Occupation		Name of Employ	ei					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	ant of Contribution			
If we sindicate which branch or branches of)	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}	_				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	05.	20/2017	#100.00		+100.00			
If yes, list Event # No Money Order X Credit/Debit Card	05/0	08/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Fergus		Terrence			0189			
Residential Street Address	City			State	Zip Code			
2311		Avon		ОН	44011			
Principal Occupation		Name of Employe	er					
I will be a similar of the state of the stat		Tt-:!t 1	-11	T				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	obbyist, spouse, or of a lobbyist? Yes	Aillou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check No	05/0	08/2017	\$100.00		\$100.00			
in yes, list Evene#								
Last Name	First			MI	Contribution ID #			
Guzzi Residential Street Address	C'i	Anthony		G	0190			
85 Quarter Horse Ln	City	Fairfield		State CT	Zip Code 06824			
Principal Occupation		Name of Employ	er	101	00024			
. In section								
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If was indicate which branch or branches of	,	dependent child of	a toobyist:					
government the contract is with:			x _{No}	_				
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check	05/	08/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/	30/2017	\$100.00	<u> </u>	Ψ100.00			
Last Name	First			MI	Contribution ID #			
Woods		Rhonda			0477			
Residential Street Address	City			State	Zip Code			
52 Turkey Trot Rd .		New Milford		СТ	06776			
Principal Occupation		Name of Employe						
Real Estate Broker Is contributor a principal of a state contractor or prospective state contractor?			s Real Estate obbyist, spouse, or	Amor	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes list Event # No Money Order Credit/Debit Card	05/0	08/2017	\$100.00		\$100.00			

I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Dave Walker for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Garrett		Michael			0478				
Residential Street Address	City			State	Zip Code				
49 Weber Ave		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
Retired		Retire	d						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist snouse or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash X Personal Check	05/0	08/2017	\$100.00		\$100.00				
If yes, list Event #		•	·		·				
Last Name	First			MI	Contribution ID #				
Lee		John Marshal	I		0479				
Residential Street Address	City	301111 1-101 31101	!	State	Zip Code				
30 Beacon St .	City	Bridgeport		CT	06605				
Principal Occupation		Bridgeport Name of Employ	24	CI	00003				
Finance			e Insurance						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	05/0	08/2017	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Morong		Mary Lou			0480				
Residential Street Address	City			State	Zip Code				
30 Beacon St .		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Teacher		Bridge	eport Board of Ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
U No F Cash	05/0	08/2017	\$75.00		\$75.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Weinberg		Sheila			0481				
Residential Street Address	City			State	Zip Code				
111 Ravine Glade		Glencoe		IL	60022				
Principal Occupation		Name of Employ	er		00022				
CEO			ute for Truth in Accounting						
			obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?		,	000 John John J						
No Cash X Personal Check	OE /	09/2017	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	"	03/201/	\$100.00		φ100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Foote		James			0482			
Residential Street Address	City			State	Zip Code			
78 Mountain Rd .		Farmington		СТ	06032			
Principal Occupation		Name of Employ						
Driver Is contributor a principal of a state contractor or prospective state contractor?			prise Holding obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$10.00		\$10.00			
	L .			I				
Last Name	First	1 66		MI	Contribution ID #			
Nelligan Residential Street Address	City	Jeffrey		State	0483 Zip Code			
1161 Old County Rd .	City	Arnold		MD	21012			
Principal Occupation		Name of Employ	er	ND	1 21012			
Communications		USFV						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Rersonal Check	l							
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Edwards	1 1150	Bert			0484			
Residential Street Address	City			State	Zip Code			
3 Briarcliffe Ct		Ocean View		DE	19970			
Principal Occupation		Name of Employ	er	-	•			
Accountant		SB &	Co, LLC					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	05/	09/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Widner		Mary Frances	5		0485			
Residential Street Address	City			State	Zip Code			
2407 S Queen St .		Arlington		VA	22202			
Principal Occupation		Name of Employ						
Assistant Director Is contributor a principal of a state contractor or prospective state contractor?			Accountability Office obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of		7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Dave Walker for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pearce		Charlie		Α	0486				
Residential Street Address	City			State	Zip Code				
3374 Harbour Point Pkwy		Gainesville		GA	30506				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			abbyigt grauge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash X Personal Check	05/	09/2017	\$100.00		\$100.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Baier		A Leigh			0487				
Residential Street Address	City	A Leigh		State	Zip Code				
4680 Polo Ln	City	Atlanta		GA	30339				
Principal Occupation		Name of Employ	on.	GA	30339				
Attorney			gh Baier, PC						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Sisson		Elliott		Н	0488				
Residential Street Address	City			State	Zip Code				
676 Ponus Ridge Rd .		New Canaan		CT	06840				
Principal Occupation		Name of Employ	er						
Real Estate Broker		Sisso	n Realty LLC						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
U No F Cash	05/	09/2017	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
DeMond		Jeffrey		s	0489				
Residential Street Address	City	,		State	Zip Code				
281 Westport Rd .		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er	C.	00037				
Executive			Broadband						
		-	abbreigt anguag or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	05.4	00/2017	#100 00		¢100.00				
If yes, list Event #	05/	09/2017	\$100.00		\$100.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Gartin		William		J	0490				
Residential Street Address	City			State	Zip Code				
575 Hulls Hwy	<u> </u>	Southport		СТ	06890-1019				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	44 1 4	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Voc	Amot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$100.00		\$100.00				
				L	La . a . a . p. "				
Last Name Brazier	First	Leslie		MI	Contribution ID # 0491				
Residential Street Address	City	Lesile		State	Zip Code				
285 Courtland Ave .		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Secretary		Fairfie	eld University						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check	05/	00/2017	#30.00		±20.00				
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Myers		Jo Ann			0492				
Residential Street Address	City			State	Zip Code				
326 Hillside Rd .		Fairfield		СТ	06824-2140				
Principal Occupation		Name of Employ	er						
homemaker			maker						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	05/	09/2017	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Eck		Robert			0493				
Residential Street Address	City	C		State	Zip Code				
245 Daybreak Ln . Principal Occupation		Southport Name of Employ	or	СТ	06890				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			-11	Amou	unt of Contribution				
	0	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
X personal Charles									
If yes, list Event #	05/	09/2017	\$100.00		\$100.00				

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I MONETA DV DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Dave Walker for CT									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Johnston		John			0494				
Residential Street Address	City			State	Zip Code				
375 Center Rd		Easton		СТ	06612				
Principal Occupation		Name of Employ	er						
Real Estate Broker		1 ,	s Real Estate						
			obbyist spouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Dute	Received	Aggregate Contributions						
Cash X Personal Check	05/	00/2017	¢100.00		\$100.00				
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$100.00		\$100.00				
				,,,	a . 1				
Last Name	First	_		MI	Contribution ID #				
Schwartz		Jennifer			0495				
Residential Street Address	City			State	Zip Code				
8 Saddle Ridge Rd .		Darien		СТ	06820-2524				
Principal Occupation		Name of Employ	er						
Real Estate Broker		Ravei	s Real Estate						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution				
	J	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash X Personal Check	05/	09/2017	\$100.00		\$100.00				
If yes, list Event #		•							
Last Name	First			MI	Contribution ID #				
Lundgren		John			0496				
Residential Street Address	City	30		State	Zip Code				
39 High St	City	Farmington		CT	06032				
Principal Occupation	<u> </u>	Name of Employ	on.	Ci	00032				
Senior Advisor		Visa I							
				A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	V	Amou	nt of Contribution				
If yes, indicate which branch or branches of			X No						
government the contract is with:									
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cook X Bowsonel Cheek									
If yes, list Event # Cash Credit/Debit Card	05/	09/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Coci		Joseph			0497				
Residential Street Address	City			State	Zip Code				
PO Box 562		Westport		СТ	06881-0582				
Principal Occupation		Name of Employ	er	-					
Real Estate Broker		Moun	tain Development Corp						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution				
		dependent child of	or a roodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions]					
an event reported in Section 31?									
No No Tourism enter	05/	09/2017	\$100.00		\$100.00				
If yes, list Event # Money Order	Ī		Ī	I					

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Mulligan		Thomas			0498			
Residential Street Address	City			State	Zip Code			
20 Armitage Dr .	<u> </u>	Bridgeport		СТ	06605			
Principal Occupation		Name of Employ						
Attorney Is contributor a principal of a state contractor or prospective state contractor?			mara & Kenney obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$100.00		\$100.00			
	I			l	La . i . p. "			
Last Name	First	Davida a ura		MI	Contribution ID #			
Adler Residential Street Address	City	Barbara		State	0499 Zip Code			
1 Black Swan Ct	City	Brookfield		CT	06804-3921			
Principal Occupation		Name of Employ	er					
Real Estate Broker		Ravei	s Real Estate					
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Rersonal Check		00/004=	4400.00		1100.00			
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
McInerney		Thomas			0500			
Residential Street Address	City			State	Zip Code			
2 Manitou Ct		Westport		СТ	06880-6006			
Principal Occupation		Name of Employ	er					
Venture Capital Investor		Bluff	Point Assoc Corp					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Dute	10001100	1.66.06ate continuations					
No Cash X Personal Check	05/	09/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Spencer		Kathleen			0501			
Residential Street Address	City			State	Zip Code			
232 Kenyon St .		Hartford		СТ	06105-2240			
Principal Occupation Regional Manager		Name of Employ	^{er} s Real Estate					
			.1.1	Amor	unt of Contribution			
Yes X N	0	dependent child of	Vac	1				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPOR		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Γ				
Dave Walker for CT					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Debbane		Raymond			0502
Residential Street Address	City			State	Zip Code
10 Quail Rd .		Greenwich		СТ	06831-3369
Principal Occupation CEO		Name of Employ	er nvus Group LLC		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	ount of Contribution
)	dependent child of	i a lobbyist?	Yes	
If yes, indicate which branch or branches of government the contract is with:			x 1	No	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31? Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
D'Elia	1 1130	Marjorie		1411	0503
Residential Street Address	City			State	Zip Code
109 Grovers Ave .		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er	•	•
Occupational Therapist		Bridge	eport Hospital		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes Amo	ount of Contribution
If yes, indicate which branch or branches of		dependent child of	a lobbyist?		
government the contract is with:				No	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	05/	09/2017	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/	09/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Marsilius		Philip			0504
Residential Street Address	City			State	Zip Code
340 Sailors Ln		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	ount of Contribution
If yes, indicate which branch or branches of agovernment the contract is with:			x 1	No.	
government the contract is with.	Date	Received	Aggregate Contributions	<u> </u>	
an event reported in Section J1?			1-00-10-11		
No Cash X Personal Check	05/	09/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Marsilius		Phyllis			0505
Residential Street Address	City			State	Zip Code
340 Sailors Ln		Bridgeport		СТ	06605
Principal Occupation Retired		Name of Employer Retire			
			obbriet enouge or	Amo	ount of Contribution
Yes X No)	dependent child of		Yes	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X 1	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes list Event # No Money Order Credit/Debit Card	05/	09/2017	\$100.00		\$100.00

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Fritz		George			0506				
Residential Street Address	City			State	Zip Code				
45 Orchard Dr		Greenwich		СТ	06830-6711				
Principal Occupation		Name of Employ							
Retired		Retire	44 1 4	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$50.00		\$50.00				
T. W	F: /			 \	Louis B"				
Last Name Goldbecker	First	Alan		MI	Contribution ID # 0507				
Residential Street Address	City	Aldii		State	Zip Code				
32 Sport Hill Pkwy	City	Easton		CT	06612-2225				
Principal Occupation		Name of Employ	er	<u> </u>	1 00012 2223				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amount of Contribution					
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$100.00		\$100.00				
Last Name	First	-		MI	Contribution ID #				
Toth	FIISt	Jill		IVII	0508				
Residential Street Address	City	JIII		State	Zip Code				
154 Seabright Ave .		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
General Manager		Capta	in's Cove						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	0.5 (00/2017	+400.00		+100.00				
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Towers		Richard			0509				
Residential Street Address	City			State	Zip Code				
12 Greens Farms Holw .		Westport		СТ	06680-6138				
Principal Occupation		Name of Employ	er	-	•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		sependent ennu (x No						
government the contract is with: Legislative Legislative Legislative Legislative	Dot-	Pagaiyad							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	05/	09/2017	\$50.00		\$50.00				
If yes, list Event # Money Order	Ι	,	455.55	I					

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	TWDE OF DEDORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Gardner		Linda			0510			
Residential Street Address	City			State	Zip Code			
442 Toilsome Hill Rd .		Fairfield		СТ	06825			
Principal Occupation		Name of Employ	er					
broker			s Real Estate					
			obbyist spouse or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash X Personal Check	05/	09/2017	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	03/	03,201,	Ψ100.00		4100.00			
Last Name	First			MI	Contribution ID #			
	1 1130	Emily		IVII	0511			
Nissley Residential Street Address	City	Emily		Ct-t-				
	City			State	Zip Code			
30 Oenoke Ln	L	New Canaan		СТ	06840-4515			
Principal Occupation		Name of Employ						
Unemployed			ployed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	_					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash X Personal Check								
U No T	05/0	09/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Nissley		Thomas			0512			
Residential Street Address	City			State	Zip Code			
30 Oenoke Ln	ĺ	New Canaan		СТ	06840-4515			
Principal Occupation		Name of Employ	er					
Retired		Retire						
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		711100	nt of continuation			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	05/	00/2017	¢100.00		¢100.00			
If yes, list Event # Money Order Credit/Debit Card	05/0	09/2017	\$100.00		\$100.00			
-								
Last Name	First			MI	Contribution ID #			
Fusek		John			0513			
Residential Street Address	City			State	Zip Code			
37 Pepper Ln		New Canaan		CT	06840			
Principal Occupation		Name of Employ	er					
Investor		Globa	l Credit Advisors					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	1							
If yes, list Event # No No Money Order Credit/Debit Card	05/0	09/2017	\$100.00		\$100.00			
11 yes, his levent # Lieut/Debit Card								

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT						
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pike	FIISt	William		IVII	0514				
Residential Street Address	City			State	Zip Code				
79 Indian Waters Dr		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?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child (x No						
Is this contribution associated with Mathed of contribution.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Dute	received	riggregate contributions						
If yes, list Event # Cash X Personal Check Money Order	05/0	09/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Klein		Johnathan			0515				
Residential Street Address	City			State	Zip Code				
1445 Capitol Ave		Bridgeport		СТ	06604-1619				
Principal Occupation		Name of Employ	er						
Attorney		Jonat	han J. Klein Sounselor at Law	V					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No						
government the contract is with.	Dete	Received	Aggregate Contributions						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	05/0	09/2017	\$50.00		\$50.00				
<u> </u>				1					
Last Name Ianniello	First	Joseph		MI	Contribution ID # 0516				
Residential Street Address	City	эозерн		State	Zip Code				
128 Balmforth St .	City	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er	<u> </u>	00003				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	05/0	09/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Ianniello	1 1130	Margaret		IVII	0517				
Residential Street Address	City	- largaret		State	Zip Code				
128 Balmforth St .	City	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er	<u> </u>					
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of	J	dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	05/0	09/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Dave Walker for CT			July 10 Filling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Schaefer		C Barry			0518			
Residential Street Address	City			State	Zip Code			
65 Perkins Rd .		Greenwich		СТ	06830-3510			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist snouse or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash X Personal Check	05/	09/2017	\$100.00		\$100.00			
If yes, list Event #	03/	03,201,	Ψ100.00		φ100.00			
Last Name	First			MI	Contribution ID #			
	1 1130	Coorgo		1411	0519			
Wyper Residential Street Address	City	George		State				
	City	5 .			Zip Code			
65 Knollwood Ln		Darien		СТ	06820-2813			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child c	<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Hubler		Bruce			0520			
Residential Street Address	City			State	Zip Code			
149 Old Battery Rd .		Bridgeport		СТ	06605-3618			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash X Personal Check	05/	09/2017	\$100.00		\$100.00			
If yes, list Event #		,	7					
Last Name	First			MI	Contribution ID #			
Lindquist	1 1100	Wayne			0521			
Residential Street Address	City	Wayne		State	Zip Code			
	City	Pridagnort			-			
220 Balmforth St .		Bridgeport	or .	СТ	06605-3507			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
- X Personal Charles								
If yes, list Event # Cash Cash Personal Check No	05/	09/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Costello		William			0522
Residential Street Address	City			State	Zip Code
176 Park Ln	L .	Trumbull		СТ	06611
Principal Occupation		Name of Employ			
Technical Manager Is contributor a principal of a state contractor or prospective state contractor?				Amou	ant of Contribution
Yes X N	0	dependent child o	37	7 tinot	an of contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	05/0	09/2017	\$25.00		\$25.00
	L			l	T
Last Name Matthews	First	Channe		MI	Contribution ID # 0175
Residential Street Address	City	Stacey		State	Zip Code
50 Painter Rdg	City	Washington		CT	06793
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Physics 2 Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	o l	dependent child of	a lobbyist?		
government the contract is with:			x No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	05.4	20/2017	±100.00		±100.00
If yes, list Event # Money Order X Credit/Debit Card	05/0	09/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lautenbach		Ned			0176
Residential Street Address	City			State	Zip Code
1801 Galleon Dr		Naples		FL	34102
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		r	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	05/0	09/2017	\$100.00		\$100.00
If yes, list Event# Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Bankalter		Cindy			0177
Residential Street Address	City			State	Zip Code
106 Castle Ln	<u> </u>	Milford		СТ	06460
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	1	
$ \square$					
If yes, list Event # Cash Cash Personal Check No Money Order X Credit/Debit Card	05/0	09/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original								
Buve walker for en								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Hensley		William			0178			
Residential Street Address	City			State	Zip Code			
25 Washington Ct Apt 6-2		Stamford		СТ	06902			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	05/	09/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/	03,201,	Ψ100.00		4100.00			
Last Name	First			MI	Contribution ID #			
Williams	1 1130	Rich		1411	0179			
	C't	RICH		Ct-t-				
Residential Street Address	City			State	Zip Code			
104 Cherry Ln		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (<u></u>					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
U No I□ □	05/	09/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Spain		Kate			0180			
Residential Street Address	City			State	Zip Code			
280 Grovers Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of						
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	riggiegate Contributions					
No Cash Personal Check	05/	09/2017	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card	05/	09/2017	\$23.00		\$23.00			
T. AV	г) or	G (1 (ID#			
Last Name	First			MI	Contribution ID #			
Marcante		Michael			0181			
Residential Street Address	City			State	Zip Code			
38 Pequot Trl		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	05/	09/2017	\$100.00		\$100.00			
11 yes, his Event # Cledit/Debit Cald				1				

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I, MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original								
Buve walker for ex								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Raveis		Candace			0182			
Residential Street Address	City			State	Zip Code			
2525 Post Rd		Southport		СТ	06890			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
s contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	05/	09/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	05/	09/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
	FIISt	D-H-		IVII				
McCarthy	G'i	Patty		G	0163			
Residential Street Address	City			State	Zip Code			
73 Boulevard Dr		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
				1				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # No Money Order X Credit/Debit Card	05/	10/2017	\$100.00		\$100.00			
in yes, list event #								
Last Name	First			MI	Contribution ID #			
Dempsey		Shelley			0164			
Residential Street Address	City			State	Zip Code			
82 Deforest Rd		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of						
If yes, indicate which branch or branches of GOVERNMENT THE CONTROL IS NOT THE CONTROL IN THE C			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	05/	10/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00,	10, 201,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Andrews	First	Chris		IVII				
	City	Chris		Ct-t-	0165			
Residential Street Address	City	N. NATIC I		State	Zip Code			
52 Connelly Rd		New Milford		СТ	06776			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor of	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	in or Controution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative	Б.	D : 1						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
_								
If yes, list Event # Cash Credit/Debit Card	05/	10/2017	\$50.00		\$50.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Filippone		Al			0166				
Residential Street Address	City			State	Zip Code				
33 Old Farm Rd	<u> </u>	Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	05/	10/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Goldbeck, Jr.	First	R.E.		IVII	0167				
Residential Street Address	City	TALL.		State	Zip Code				
54 Crestwood Rd		West Hartfor	d	СТ	06107				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			X No						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	05/	10/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	10/2017	\$50.00						
Last Name	First			MI	Contribution ID #				
Ravese Blinder		Theresa			0168				
Residential Street Address	City			State	Zip Code				
103 Branch Brook Rd		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
La catalanta a minimal of a state and a st		I	ohhvist snouse or	1					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	V	Amot	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	05/	10/2017	\$100.00		\$100.00				
				l	Laurin				
Last Name Jones	First	Bill		MI	Contribution ID # 0169				
Residential Street Address	City	DIII		State	Zip Code				
26 Sequin St		Newington		СТ	06111				
Principal Occupation	•	Name of Employ	er	•	•				
				_					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with:	Б.	Danier 1							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	05/	10/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	55/	//	Ψ100.00		T-30.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Dave Walker for CT			July 10 Filling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bochniak		Deborah			0170
Residential Street Address	City			State	Zip Code
136 Oldfield Dr	L.,	Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
		T . 11 . 1	11.14		unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	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	ŀ	
an event reported in Section J1?			1.99.18		
No Cash Cresonal Check	05/:	10/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card			•		
Last Name	First			MI	Contribution ID #
Milligan		Janet			0171
Residential Street Address	City			State	Zip Code
82 Round HI Round		Greenwich		СТ	06831
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent enna e			
government the contract is with: Executive Legislative		D : 1			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	05/-	10/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/.	10/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Beck		Bonnie			0172
Residential Street Address	City			State	Zip Code
18 Newell Pl		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	a lobbyist:		
government the contract is with: Executive Legislative			x No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	05/	10/2017	¢100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card	05/.	10/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Beck	1 1130	Philip		1411	0173
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
18 Newell Pl		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		!
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes list Event # No	05/:	10/2017	\$100.00		\$100.00

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(TYPE OF REPORT						
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Torres		Enrique			0174				
Residential Street Address	City			State	Zip Code				
108 Midland St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with:	Б.	D : 1							
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
No. Cash Personal Check	05/	10/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	10/2017	\$100.00						
Last Name	First			MI	Contribution ID #				
Robbins		Todd			0523				
Residential Street Address	City			State	Zip Code				
7 Edgehill Dr		Darien		СТ	06820				
Principal Occupation	•	Name of Employ	er		•				
Managing Director		Five N	file Rive IM						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	05/	10/2017	\$100.00		\$100.00				
I w	F: .			\ <i>a</i>	Louis B"				
Last Name	First	Robert		MI	Contribution ID # 0524				
Bixby Residential Street Address	City	Robert		State	Zip Code				
1600 N Oak St Apt 920	City	Arlington		VA	22209				
Principal Occupation	<u> </u>	Name of Employ	er	*/*	1 22203				
Executive Director		The C	oncord Coalition						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	-						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # No Money Order Credit/Debit Card	05/	10/2017	\$100.00		\$100.00				
				L					
Last Name	First	D		MI	Contribution ID #				
Walker Jr Residential Street Address	City	Dave		State	0525 Zip Code				
3801 Village View Dr Apt 1434	City	Gainesville		GA	30506-4345				
Principal Occupation		Name of Employ	er	G/t	1 30300 1313				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
X personal Charles									
If yes, list Event # Cash Credit/Debit Card	05/	10/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-1)	TYPE OF DEPONT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Van Ness		Paula			0526			
Residential Street Address	City			State	Zip Code			
2550 E River Rd Unit 3106		Tucson		AZ	85718			
Principal Occupation		Name of Employ	er	•	•			
CEO		CT Co	mmunity Foundation					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	05/:	10/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
valentini		angelina			0159			
Residential Street Address	City			State	Zip Code			
17 Sunswept Dr		New Fairfield		СТ	06812			
Principal Occupation		Name of Employ						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	05/:	11/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		, -						
Last Name	First			MI	Contribution ID #			
egan		Peggy			0160			
Residential Street Address	City	33,		State	Zip Code			
6 Poplar Ln		New Milford		СТ	06776			
Principal Occupation		Name of Employ	er	<u> </u>				
· F. · · · · F. · ·								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	05/	11/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/	11,201,	Ψ100.00		4100.00			
Last Name	First			MI	Contribution ID #			
McCarthy	1 1150	Patty			0161			
Residential Street Address	City	raccy		State	Zip Code			
48 Mill Plain Rd	City	Danbury		CT	06811			
Principal Occupation		Name of Employ	er	<u> </u>	00011			
· 1 · · · · · · · · · · · · · · · · · ·		2 mpioy						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
)	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # Cash Personal Check No Money Order	05/:	11/2017	\$100.00		\$100.00			
If yes, list Event #	i		Ī	I				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Hedstrom		Mitchell			0162			
Residential Street Address	City			State	Zip Code			
6 Sound View Ct	<u> </u>	Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If was indicate which beaugh as broughes of	0	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	05/	11/2017	¢100.00		\$100.00			
If yes, list Event # No Money Order X Credit/Debit Card	05/	11/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Steinberg		Harold			0154			
Residential Street Address	City			State	Zip Code			
1881 N Nash St		Arlington		VA	22209			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	05/	12/2017	\$100.00		\$100.00			
T. A.				l	La .a			
Last Name Gleim	First	Irvin		MI	Contribution ID # 0155			
Residential Street Address	City	11 4111		State	Zip Code			
7716 NW 44th Pl	5	Gainesville		FL	32606			
Principal Occupation		Name of Employ	er	!				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent cinia (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No	05/	12/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Patterson		Michael			0156			
Residential Street Address	City	0111		State	Zip Code			
PO Box 4009 Old Lyme, CT Principal Occupation		Old Lyme Name of Employ	or .	СТ	06371			
гисіра Оссиранон		Name of Employ	ei					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	or a roodyrst?					
government the contract is with:	Б.	D : 1	X No					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	05/	12/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	1 /	•	,	I	*			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Dave Walker for CT			July 10 1 ming Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Tooker		Carl			0157
Residential Street Address	City	C1		State	Zip Code
169 Lynam Rd Principal Occupation	<u> </u>	Stamford Name of Employe	ON .	СТ	06903
гипсіраї Оссирацоїї		Name of Employ	ei		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child o	x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Bute	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/:	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Stone	THISC	Robert		1411	0158
Residential Street Address	City			State	Zip Code
23 Bears Den Rd		West Dover		VT	05356
Principal Occupation	•	Name of Employ	er		•
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o			
government the contract is with: Executive Legislative		D : 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	05/	12/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/	12/2017	¥100.00		4100.00
Last Name	First			MI	Contribution ID #
Olenchuk		Ihor			0151
Residential Street Address	City			State	Zip Code
182 Strobel Rd	L	Trumbull		СТ	06611
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child o	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/:	13/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
gaynes		ben			0152
Residential Street Address	City			State	Zip Code
61 Whitney Gln		Westport		СТ	06880
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a le	obbyist, spouse, or Of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			55-56		
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	05/:	13/2017	\$100.00		\$100.00

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I MONETADY DECEME	0 (0	4° A T)			
I. MONETARY RECEIPT	2 (20	ection A-1)	TYPE OF DEPONT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Smith		Michael			0153
Residential Street Address	City			State	Zip Code
6 Ivy Knoll Westport Ct		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
• •					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No Cash Personal Check	05/	13/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		-,	,		
Last Name	First			MI	Contribution ID #
MORRIS		ROBERT			0147
Residential Street Address	City	ROBERT		State	Zip Code
98 Riverside Ave	City	Riverside		CT	06878
Principal Occupation		Name of Employ	or .	CI	00070
типера оссиранов		Name of Employ	Ci		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No.)	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Duit	Trecerved	1 1561 Chaire Commontons		
No Cash Personal Check	05/	14/2017	¢100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card	05/	14/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Baldieri	FIISt	Albert		IVII	0148
20.000	City	Albert		Ct-t-	
Residential Street Address 83 Richards Dr	City	M		State	Zip Code
		Monroe		СТ	06468
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		To contailent on a 1	obbyist spouse or	A	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Alliou	nt of Contribution
If yes, indicate which branch or branches of		1	x _{No}		
government the contract is with:	Б.	D : 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	٥.,	4.4/2047	+100.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	05/	14/2017	\$100.00		\$100.00
F				I	
Last Name	First			MI	Contribution ID #
Tallman		Jeff		_	0149
Residential Street Address	City			State	Zip Code
14 Trout Brook Ln		Weston		СТ	06883
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution					
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	1	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	05/	14/2017	#100.00		¢100.00
If yes, list Event # No Money Order X Credit/Debit Card	05/	14/2017	\$100.00		\$100.00

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MAME OF COMMITTEE (Provide Completes Name as Registered with Commission Any 1911-ing. Great Any 1911-ing	I MONETADY DECEIDT	C (C.	nation A D			
Name		<u>s (s</u> i	ection A-1)	TYPE OF DEPORT		
Section Sect						
Each Name				outy 10 1 ming - Original		
Residential Search Alabania Properties	B. Itemized Contributions from	n Ind	lividuals			
Part Court	Last Name	First			MI	Contribution ID #
Paint Control Paint Paint Control Paint	Banoff		Andrew			0150
Name of Impolyter Name	Residential Street Address	City			State	Zip Code
Is contribute a principal of a state contactor or prospective state contactor or contribute a principal of a state contactor or prospective state contactor or contactor or contribute and or contactor	297 Pine Crk Avve		Fairfield		СТ	06824
Fig. Linkate which hazed or branches of somewheat of a lobeyard Yes No service and the care in lobeyard Yes No service and the care in lobeyard Yes No service and the care in lobeyard Yes Method of combinations are event appealed as Section 17	Principal Occupation		Name of Employ	er		
Fig. Linkate which hazed or branches of somewheat of a lobeyard Yes No service and the care in lobeyard Yes No service and the care in lobeyard Yes No service and the care in lobeyard Yes Method of combinations are event appealed as Section 17						
Expeciation which househ or hundre of prospective flat or contributions and extension of the flat of contributions and extension of the flat of the fl	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Executive Legislative Legi	Yes X No)	dependent child of	of a lobbyist?		
Advanced a Section 117 Vec Method of contribution we cent reproach is Section 117 Vec Method of contribution we cent reproach is Section 117 Vec Method of contribution we cent reproach is Section 117 Vec Method of contribution we cent reproach is Section 117 Vec Method of contribution we cent reproach is Section 117 Vec Method of contribution with cent cent cent cent reproach is Section 117 Vec Method of contribution with cent cent cent cent reproach is Section 117 Vec Method of contribution with cent cent cent cent reproach is Section 117 Vec Method of contribution with cent cent cent cent reproach is Section 117 Vec Method of contribution with cent cent cent reproach is Section 117 Vec Method of contribution with cent cent cent cent reproach is Section 117 Vec Method of cent reproach is Section 117 Vec M	Evacutiva I acidativa			x _{No}		
an event reproted in Section 17? Type, hist Event # Personal Cheek Section Debit Card System Section Debit Card System Section Debit Card S	Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
List Name Prunifer No Money Order Credit-Debit Can Street Mil Outside Control List Name Street Address City Shade Ageregate Control Street Address City Shade Ageregate Control List Name City Shade Ageregate Control List Name City Shade Ageregate Control List Name City Shade City Shade Ageregate Control List Name City Agere	Vac			20 0		
First Security S		05/	14/2017	¢100 00		¢100 00
Prunier		03/	14/2017	\$100.00		φ100.00
Prunier	Lact Nama	Eiret			М	Contribution ID #
Residential Steek Aldress		FIISt	1-1		IVII	
Principal Occupation		O.	Jonn		a	
Name of Employer Name of Emp		City				-
Is contributor a principal of a state contractor or prospective state contractor? Yes No So No S					СТ	06793
Yes Executive Legislative Date Received Aggregate Contributions are vent reported in Section 11? Yes Executive Legislative Date Received Aggregate Contributions are vent reported in Section 11? Yes Aggregate Contributions Show	Principal Occupation		Name of Employ	er		
Yes Legislative which branche or branches of societar with shis contribution associated with an event reported in Section 317: Yes Legislative						
If yes, indicate which branch or branches of sometimate in surface with the contract as with: If yes, indicate which branch or branches of sometimate in sevent exported in Section J1?	Is contributor a principal of a state contractor or prospective state contractor?)		Vac	Amou	nt of Contribution
Second the contract is with: Executive Explaint Legislative Leg	If yes indicate which branch or branches of		dependent child (<u></u>		
an event reported in Section J1? If yes, list Event #	Evacutiva Lagislativa			x No		
an event reported in Section 11? If yes, list Event # Personal Check Personal Check Received Personal Check Pers	Vos	Date	Received	Aggregate Contributions		
Secontributor a principal of a state contractor or prospective start and with san event reported in Section J1? Last Name Personal Check Secontributor a principal of a state contractor or prospective start and secontractor or prospective start and second se	an event reported in Section J1?					
Last Name Evens Evens Evens Evens Evens Eventiributor a principal Occupation Is contributor a principal of a state contractor or prospective state contractor? Executive Legislative Yes X No No Personal Cheek Start Park Park Park Park Park Park Park Park	U No I□ □	05/	15/2017	\$100.00		\$100.00
Evans Fund	If yes, list Event # Money Order Credit/Debit Card					
Residential Street Address 9 Chestnut Hill Rd Sherman	Last Name	First			MI	Contribution ID #
Secontributor a principal of a state contractor or prospective state contractor?	Evans		Keith			0137
Secontributor a principal of a state contractor or prospective state contractor?	Residential Street Address	City			State	Zip Code
Principal Occupation Name of Employer Security S	9 Chestnut Hill Rd		Sherman		СТ	-
Is contributor a principal of a state contractor or prospective state contractor?	Principal Occupation			er		
If yes, indicate which branch or branches of government the contract is with: Executive			1 ,			
If yes, indicate which branch or branches of government the contract is with: Executive	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Is this contribution associated with an event reported in Section J1? Last Name Brennan Residential Street Address 892 Shippan Ave Principal Occupation Is contributor a principal of a state contractor or prospective state on tractor? Is contributor a principal of a state contractor or prospective state on tractor? Brennan Bren	Yes X No)				
Residential Street Address 892 Shippan Ave Frincipal Occupation Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contract or or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Wethod of contribution: Personal Check O5/15/2017 \$100.00 \$100.00 Personal Check O5/15/2017 \$100.00 Personal Check O5/15/2017 \$100.00 State O5/15/2017 \$100.00 State O5/15/2017 \$100.00 State O5/15/2017 \$100.00 State O5/15/2017 O5/15/2017 State O5	Evacutiva			x _{No}		
an event reported in Section J1? If yes, list Event # No	Is this contribution associated with Method of contribution:	Date	Received			
Last Name Brennan Residential Street Address 892 Shippan Ave Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of acovernment the contract is with: Is this contribution associated with an event reported in Section J1? No Credit/Debit Card Prirst Barbara City Stamford City S	Vac	Date	Received	riggiegate Contributions		
If yes, indicate which branch or branches of government the contract is with: Is this contribution a sociated with an event reported in Section J1? MI Contribution ID# O138 City Stamford CT 06902 Stamford CT 06902 Stamford Steek Address Name of Employer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions Date Received Aggregate Contributions \$100.000	Cash Personal Check	05/	15/2017	¢100.00		¢100.00
Bennan Residential Street Address Residential Street Address 82 Shippan Ave Principal Occupation Name of Employer Is contributor a principal of a state contractor or prospective state contractor? 18 State Contractor or prospective state contractor? 19 Yes X No 10 Stamford 10 Of 06902 Name of Employer 11 State Contractor or prospective state contractor? 10 Yes X No 11 Yes, indicate which branch or branches of government the contract is with: 19 State Contribution a lobbyist, spouse, or dependent child of a lobbyist? 10 Yes X No 10 State Contribution 11 Yes No Cash Personal Check Dot/15/2017 \$100.00 \$100.00 11 Yes No Cash Personal Check No No No No 12 No No No No No No No No	If yes, list Event # Money Order X Credit/Debit Card	05/	15/2017	\$100.00		\$100.00
Bennan Residential Street Address Residential Street Address 82 Shippan Ave Principal Occupation Residential Street Address 15 contributor a principal of a state contractor or prospective state contractor? 15 contributor a principal of a state contractor or prospective state contractor? 16 yes, indicate which branch or branches of government the contract is with: 17 yes	LadNama	F.			М	Contails of The "
Residential Street Address 892 Shippan Ave Stamford CT 06902 Principal Occupation Name of Employer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Date Received Aggregate Contributions \$100,00 \$100,00 \$100,00 \$100,00 \$100,00 \$100,00		First			MI	
892 Shippan Ave Stamford Name of Employer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? No Cash Personal Check O5/15/2017 Stamford CT 06902 Amount of Contribution Amount of Contribution Aggregate Contributions \$\frac{1}{2}\$			Barbara		_	
Principal Occupation Name of Employer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Name of Employer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? In yes Is contributor a lobbyist? In yes In ye		City				*
Is contributor a principal of a state contractor or prospective state contractor?	**				СТ	06902
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Ves X No dependent child of a lobbyist? Yes X No	Principal Occupation		Name of Employ	er		
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Ves X No						
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? No	Is contributor a principal of a state contractor or prospective state contractor?	,		Vac	Amou	nt of Contribution
government the contract is with: Is this contribution associated with an event reported in Section J1? Date Received Aggregate Contributions Personal Check 05/15/2017 \$100.00			dependent child of	of a foodyist?		
an event reported in Section J1? Yes Cash Personal Check 05/15/2017 \$100.00	Evacutiva I acidativa			X No		
an event reported in Section 31? Cash Personal Check 05/15/2017 \$100.00	V ₂₂	Date	Received	Aggregate Contributions		
□ No □ □ □ □ 05/15/2017 □ \$100.00 □ \$100.00	an event reported in Section J1?	1				
	If yes, list Event # Cash Credit/Debit Card	05/	15/2017	\$100.00		\$100.00

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I MONETADY DECEIDT	0 (0.	action A D			
I. MONETARY RECEIPT	<u>s (s</u> i	ection A-1)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dave Walker for CT			TYPE OF REPORT July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Johnson		Patricia			0139
Residential Street Address	City			State	Zip Code
85 Three Lakes Dr		Stamford		СТ	06902
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodylst?		
government the contract is with:			x _{No}		
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	05/:	15/2017	\$50.00		\$50.00
In yes, list Event in a cleane Debit Cana					
Last Name	First			MI	Contribution ID #
anastos		steven			0140
Residential Street Address	City			State	Zip Code
88 Verplank Avenue Stamford Ct		Stamford		CT	06902
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No Cash L Personal Check	05/:	15/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		•	·		•
Last Name	First			MI	Contribution ID #
Tortora		Paul Michael			0141
Residential Street Address	City			State	Zip Code
PO Box 664		Southport		СТ	06890
Principal Occupation		Name of Employ	er		
. I I					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of			
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			1.99.18		
No Cash Personal Check	05/	15/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/	13,201,	Ψ100.00		
Last Name	First			MI	Contribution ID #
Darula	1 1150	Calvin		.,,,	0142
Residential Street Address	City	Calvill		State	Zip Code
8 Garden Pl	City	Greenwich		CT	06831
Principal Occupation		Name of Employ	or	Ci	00031
Trinopal Occupation		тчать от етпрюу	Ci.		
Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution					
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	-		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			*		
No Cash Personal Check	05/	15/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	I/	-,	¥200.00		, ,

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I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Gulotta		Charlie			0143
Residential Street Address	City			State	Zip Code
319 Sailors Ln		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution
If was indicate which brough as broughes of	0	dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	05/	15/2017	¢100.00		¢100.00
If yes, list Event # No Money Order X Credit/Debit Card	05/	15/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gelven		Wendy			0144
Residential Street Address	City			State	Zip Code
49 Danforth Ln		West Hartfor	d	СТ	06110
Principal Occupation		Name of Employ	er		
La stributa and distributa and distr		I	-11		unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No	05/	15/2017	\$100.00		\$100.00
If yes, list Event #				<u> </u>	
Last Name	First			MI	Contribution ID #
Gleim		Larry			0145
Residential Street Address	City	Cainaguilla		State FL	Zip Code 32604
PO Box 12008 Principal Occupation		Gainesville Name of Employ	er	rL .	32004
Timepal Secupation		rume of Employ	•		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of	D	dependent child 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		
No Cash Personal Check	0.57	15/2017	#F0.00		+ F0.00
If yes, list Event # Money Order X Credit/Debit Card	05/	15/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Mayer		Mark			0146
Residential Street Address	City			State	Zip Code
41 High Point Rd		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	x No		
government the contract is with: Legislative Legislative Method of contribution	D-4	Dagaired			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	05/	15/2017	\$100.00		\$100.00
in yes, list Event #					

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I MONETARY DECEIR	0 (0.				
I. MONETARY RECEIPT	5 (5)	ection A-1)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Dave Walker for CT			outy 10 1 ming - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Walsh		Beverly			0129
Residential Street Address	City			State	Zip Code
655 Beach Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		-
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			20 0		
No Cash Personal Check	05/	16/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/	10/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	First			IVII	
coleman	O.	george		a	0130
Residential Street Address	City			State	Zip Code
369 Sasco Hill Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
				-	
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	<u></u>		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
U No I□ □	05/	16/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
McDermott		Joan			0131
Residential Street Address	City			State	Zip Code
229 Firetown Rd		Simsbury		СТ	06070
Principal Occupation		Name of Employ	er		
		1 ,			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of			
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	riggiegate Contributions		
No Cash Personal Check	05/	16/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	05/	16/2017	\$100.00		\$100.00
					a
Last Name	First			MI	Contribution ID #
Jordan		Edward			0132
Residential Street Address	City			State	Zip Code
872 Hillside Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No	05/	16/2017	\$100.00		\$100.00
11 yes, his Event # Cledit/Debit Cald				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		
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
marx		julia			0133
Residential Street Address	City			State	Zip Code
22 Rayfield Rd	L	Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution
If was indicate which branch or branches of	o	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with American expected in Section 112.	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	05/	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
meshberg	11130	emil		IVII	0134
Residential Street Address	City	Citiii		State	Zip Code
665 Sasco Hill Rd		Fairfield		CT	06824
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with A yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # No Money Order X Credit/Debit Card	05/	16/2017	\$100.00		\$100.00
LadVana	Einst			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Contribution ID #
Last Name Barbieri	First	Marian		MI	Contribution ID # 0135
Residential Street Address	City	Manan		State	Zip Code
76 Fawn Ridge Ln	City	Norwalk		CT	06851
Principal Occupation		Name of Employ	er		1
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of	U	dependent child of	<u> </u>		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with A populate reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	05/	16/2017	\$100.00		\$100.00
Lad Name	Einst			\n_	Contribution ID #
Last Name Strasser	First	Steven		MI	Contribution ID # 0527
Residential Street Address	City	Steven		State	Zip Code
470 W End Ave Apt 3A	City	New York		NY	10024
Principal Occupation		Name of Employ	er		1
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child of	a loodyist?		
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		
— X Demonst Check					
If yes, list Event # Credit/Debit Card	05/	16/2017	\$100.00		\$100.00

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ezzell		William			0528
Residential Street Address	City			State	Zip Code
5187 N 37th Rd .		Arlington		VA	22207
Principal Occupation		Name of Employ			
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	44 1 4	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc	Aillot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	05/:	16/2017	\$100.00		\$100.00
					La . i . p. "
Last Name	First	Michael		MI	Contribution ID #
Peterson Residential Street Address	City	Michael		State	0529 Zip Code
712 Fifth Ave	City	New York		NY	10019
Principal Occupation		Name of Employ	er		1 10013
CEO		Peters	son Management LLC		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash X Personal Check	05.0	16/2017	+400.00		+100.00
If yes, list Event # No Money Order Credit/Debit Card	05/.	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Peterson		Peter			0530
Residential Street Address	City			State	Zip Code
712 Fifth Ave		New York		NY	10019
Principal Occupation		Name of Employ	er		
Chariman			son Management LLC		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	05/:	16/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Henrikson		Carl			0531
Residential Street Address	City			State	Zip Code
364 Colony Dr		Naples		FL	34108
Principal Occupation		Name of Employ			
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	-11	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	7 tinot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Cash Personal Check					
If yes, list Event #	05/	16/2017	\$100.00		\$100.00

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I MONETADY DECEIDT	C (C.	action A D			
I. MONETARY RECEIPT	<u>s (s</u> i	ection A-1)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Dave Walker for CT			July 10 1 lilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Walker		Robert			0532
Residential Street Address	City			State	Zip Code
1171 Troon Dr N		Miramar Bea	ch	FL	32550-4536
Principal Occupation		Name of Employ	er		
Naval officer		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
No Cash X Personal Check	05/	16/2017	\$100.00		\$100.00
If yes, list Event #		,			·
Last Name	First			MI	Contribution ID #
Katzen		Larry			0533
Residential Street Address	City	Larry		State	Zip Code
73 Oakmont Dr .	City	Pancho Mira	70	CA	92270-1485
Principal Occupation		Name of Employ		CA	92270-1483
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of					
government the contract is with:					
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	05/	16/2017	\$100.00		\$100.00
				l	
Last Name	First			MI	Contribution ID #
Mezes		Lori			0534
Residential Street Address	City			State	Zip Code
42 Chester Rd .		Easton		CT	06612-1806
Principal Occupation		Name of Employ	er	-	
Realtor		Ravei	s Real Estate		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
	,	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
No Cash X Personal Check	05/	16/2017	\$100.00		\$100.00
If yes, list Event #		-			
Last Name	First			MI	Contribution ID #
Troy		Richard			0535
Residential Street Address	City	raciara		State	Zip Code
428 Laurel Rd .	City	New Canaan		CT	06840-2712
Principal Occupation		Name of Employ	er	<u> </u>	300 1 0-2/12
Retired					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	Vac	Amou	nt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative	-	<u> </u>			
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	16/2017	\$10.00		\$10.00

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NAME OF COMMITTEE (from/de Complex Name as Registered with Commission) July 19 Filter - Grapes July 19 Filter - Grap	I. MONETARY RECEI	PTS (Se	ection A-I)			
Let Note Protection of the Contribution From Individuals Let Note Protection of the Contribution of the C			,			
Each Function Service Address 1501 1500	Dave Walker for CT			July 10 Filing - Original		
Maintain	B. Itemized Contributions f	rom Inc	lividuals			
Column C	Last Name	First			MI	Contribution ID #
Millored Companion Compa	Hutchinson		Donald			0536
Name of Engloyer Name of Eng		City				· -
Financial Advisor					СТ	06460
is contribution a principal of a state centrative or prospective state contractor? Yes Yes No objectives a labelysist, poose, or operation that which function to branches of central transfer or prospective state contractor? Yes State or prospective state contractor Yes State or prospective state Yes Yes Yes State Yes Yes State Yes						
If yes, indexes which kranch or branches of contributions: Second business Part		1		obbyjet enouga or	Amou	unt of Contribution
Legellative Le	Yes X	No			Timou	ant of Controlation
Buth accordination associated with cover reported in Section 17? Ye	Production I resistation			x No		
Tyse, list Event # No	Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions		
Type, intervent # No	TX P 161 1					
Marchadates	□ No □	05/	16/2017	\$100.00		\$100.00
Famiglieth Fam	<u> </u>					
State Agree Agre		First			MI	
Name Temporal Name Nam	-	City	Pam		State	
Name of Employer Replicor Repidement Replicor Replicor Replicor Replicor Replicor		City	Middlehury			l -
Realton		ļ	1	er	Ci	00702
If yes, indicate which branch or branches of an event reported in Section 317						
If yes, indicate which branch or branches of some secondary with an event reported in Section 11? Last Name Ambrose Residential Street Address So Burr St If yes, indicate which branch or branches of some secondary with an event reported in Section 11? If yes, indicate which branch or branches of some of the secondary of the		1		obbyist, spouse, or	Amou	nt of Contribution
In this contributor a principal of a state contractor or prospective state contractor? If yes, list Event # It is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # It is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # It is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # It is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # It is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # It is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # It is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # It is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # It is contributor associated with an event typoted in Section 11? If yes, list Event # It is contributor associated with an event typoted in Section 12? If yes, list Event # It is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # It is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # It is contributor a principal of a state contractor or prospective state contractor? If yes, list Event #		No	dependent child of	of a lobbyist?		
an event reported in Section J1?	Evacutiva Lagislativa			x No		
Tyes, Isis Event # No	Vos	Date	Received	Aggregate Contributions		
Last Name	an event reported in Section J1?					
Ambrose		i 05/	16/2017	\$100.00		\$100.00
Ambrose	T. O	F: /				[0 (3 (B)
State Address State		FIISt	Datar		MII	
Sade		City	retei		State	
Principal Occupation Lawyer Is contributor a principal of a state contractor or prospective state contractor?			Fairfield			
Is contributor a principal of a state contractor or prospective state contractor?			Name of Employ	er		
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Is this contribution associated with an event reported in Section J1? Is this contribution associated with an event reported in Section J1? Whethod of contribution: Yes Method of contribution: Date Received Aggregate Contributions	Lawyer		Peter	Ambrose Law Firm		
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Is this contribution associated with an event reported in Section J1? Is this contribution associated with an event reported in Section J1? Whethod of contribution: Yes Method of contribution: Date Received Aggregate Contributions	Is contributor a principal of a state contractor or prospective state contractor?	No			Amou	nt of Contribution
Is this contribution associated with an event reported in Section J1? Last Name Ambrose Residential Street Address Residential Street Addr		110	dependent child of	1 a 1000y1st:		
an event reported in Section J1? If yes, list Event # Ambrose Residential Street Address 830 Burr St Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contributor a sociated with an event reported in Section J1? Method of contribution: Date Received D5/16/2017 \$100.00	government the contract is with: Executive Legislative			X No		
Last Name Ambrose Residential Street Address 830 Burr St Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: Is this contribution associated with an event reported in Section J1? MI Contribution ID # Contribution	Vas	Date	Received	Aggregate Contributions		
Last Name Ambrose Residential Street Address Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? MI Contribution ID # O539 State Zip Code CT 06824 Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Aggregate Contributions Amount of Contribution Aggregate Contributions	X Description of Charles	05/	16/2017	±100.00		+100.00
Ambrose Residential Street Address Retired Principal Occupation Retired If yes, indicate which branch or branches of government the contract is with: Is contributor a principal of a state contractor or prospective state cultive	If yes, list Event # No Money Order Credit/Debit Care	i 05/	16/2017	\$100.00		\$100.00
Ambrose Residential Street Address Retired Principal Occupation Retired If yes, indicate which branch or branches of government the contract is with: Is contributor a principal of a state contractor or prospective state cultive	Last Name	First			MI	Contribution ID #
Fairfield Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Method of contribution: Date Received Principal Occupation Name of Employ= Retired Name of Employ= Retired Secretive S						
Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Is contributor a lobbyist? Yes X No Amount of Contribution Aggregate Contributions Aggregate Contributions	Residential Street Address	City			State	Zip Code
Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is contributor a principal of a state contractor or prospective state contractor? Yes X No	830 Burr St		Fairfield		СТ	06824
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	Principal Occupation	-	Name of Employ	er		•
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Legislative Legislative Date Received Aggregate Contributions Date Received Aggregate Contributions	Retired		Retire	ed		
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions	Is contributor a principal of a state contractor or prospective state contractor?	No		Vac	Amou	nt of Contribution
Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions	Evacutiva Lagislativa		,	•		
an event reported in Section J1?	government the contract is with:	Date	Received			
	an event reported in Section J1?	Date		DE CENTE CONTIDUTIONS		
If yes, list Event #	□ No □	05/	16/2017	\$100.00		\$100.00

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I MONETADY DECEIDT	C (C	nation A D			
I. MONETARY RECEIPT	<u>s (s</u> i	ection A-1)	TYPE OF DEPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Dave Walker for CT			outy for filling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Johnson		Theodore			0540
Residential Street Address	City			State	Zip Code
310 Seabury Dr .		Bloomfield		СТ	06002
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
			obbyist spouse or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No Cash X Personal Check	05/:	16/2017	\$100.00		\$100.00
If yes, list Event #		-,			
Last Name	First			MI	Contribution ID #
Williams	1 1150	Karen			0541
Residential Street Address	City	Karen		State	Zip Code
	City	Duidense		1	-
2 Seabright Ave .		Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
Secretary			ins Cove Seaport	1	
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent cinia (<u> </u>		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1? Cash Personal Check					
U No F	05/:	16/2017	\$100.00		\$100.00
If yes, list Event#					
Last Name	First			MI	Contribution ID #
Williams		Bruce			0542
Residential Street Address	City			State	Zip Code
2 Seabright Ave .		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er	!	
Marina manager		Capta	ins Cove Seaport		
-			obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of			
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	05/	16/2017	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/.	10/2017	\$100.00		\$100.00
	Б				C (1 (ID)
Last Name	First	5.1		MI	Contribution ID #
Filotei		Robert			0543
Residential Street Address	City			State	Zip Code
155 Brewster St Apt 4E	L	Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
Commissioner			f Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		aspendent ciniu (· · · · · · · · · · · · · · · · · · ·		
government the contract is with:	hes of Executive Legislative X No				
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No No Money Order Credit/Debit Card	05/:	16/2017	\$100.00		\$100.00

I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Rodriguez		Robert			0127
Residential Street Address	City			State	Zip Code
PO Box 227	,	Zephyr Cove		NV	89448
Principal Occupation		Name of Employ	er		
· ····································					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37	111100	ni or commound
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
In this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	05/	17/2017	±100.00		±100 00
If yes, list Event # No Money Order X Credit/Debit Card	05/	17/2017	\$100.00		\$100.00
	-				
Last Name	First			MI	Contribution ID #
Reaney		Gabriella			0128
Residential Street Address	City			State	Zip Code
80 Red Coach Dr .		Stratford		СТ	06614
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
□ No □ □	05/	17/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Bentley		Richard			0122
Residential Street Address	City			State	Zip Code
88 Hillandale Rd		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of			
If yes, indicate which branch or branches of GOVERNMENT THE CONTROL IS NOT THE CONTROL IN THE C			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No Cash Personal Check	05/	18/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/	10, 2017	Ψ100.00		
Last Name	First			MI	Contribution ID #
Piacitelli	11130	William		IVII	0123
	City	vviiiiaiii		Stata	
Residential Street Address	City	M		State	Zip Code
99 Sentry Hill Rd	_	Monroe		СТ	06468
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			50 .5		
No Cash Personal Check	05/	18/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	""	10/201/	φ100.00	1	¥100.00

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dave Walker for CT			July 10 Filing - Origina				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First				MI	Contribution ID #	
wetmore		thomas			_	0124	
Residential Street Address	City	F : 6 11			State	Zip Code	
30 Inwood Rd Principal Occupation	L	Fairfield Name of Employe	or.		СТ	06825	
Tindpai Occupation		Name of Employe	31				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of	J	dependent child o	f a lobbyist?				
government the contract is with:				x No			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check	05/	18/2017	\$100.00	,		\$100.00	
If yes, list Event # Money Order X Credit/Debit Card	03/	10/2017	\$100.00	,		ş100.00	
Last Name	First				MI	Contribution ID #	
Mansson		Hans				0125	
Residential Street Address	City				State	Zip Code	
177 Meadows End Rd		Monroe			СТ	06468	
Principal Occupation		Name of Employe	er				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a la	obbyist, spouse, or	_	A mou	nt of Contribution	
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child o		Yes	Amou	iit of Contribution	
If yes, indicate which branch or branches of Executive Legislative				x No			
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event # Cash Personal Check No	05/	18/2017	\$100.00)		\$100.00	
I you, is a roll of the control of t							
Last Name	First				MI	Contribution ID #	
Rabinoff	a:	Robert				0126	
Residential Street Address 7 Botte Dr	City	West Haven			State CT	Zip Code 06516	
Principal Occupation		Name of Employe	er		Ci	00310	
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Yes	Amou	nt of Contribution	
If was indicate which branch or branches of	5	dependent child o	i u ioooyist:				
government the contract is with: Executive Legislative			<u>L</u>	x No			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
No Cash Personal Check	05/	10/2017	¢100.00	,		¢100.00	
If yes, list Event # Money Order X Credit/Debit Card	05/	18/2017	\$100.00	,		\$100.00	
Last Name	First				MI	Contribution ID #	
Stilson		Robert				0121	
Residential Street Address	City				State	Zip Code	
103 Orchard Hill Dr		Fairfield			СТ	06824	
Principal Occupation		Name of Employe	er				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of		dependent child o	i a lobbyist?				
government the contract is with:				x No			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
No Cash Personal Check	05/	19/2017	\$20.00	,		\$20.00	
If yes_list Event # Money Order X Credit/Debit Card	1 33/	10/201/	φ20.00	'		Ψ20.00	

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I. MONETARY RECEIPT	S (Se	ection A-I)	I			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original						
Dave walker for C1						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			M	II	Contribution ID #
Alexander		James				0120
Residential Street Address	City				tate	Zip Code
123 Edgehill Rd . Principal Occupation	L	New Haven Name of Employe	or.	C	.1	06511
Tinicipal Occupation		Name of Employe	C1			
Is contributor a principal of a state contractor or prospective state contractor?	1		obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child o	f a lobbyist?			
government the contract is with:	Dete	Received		No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
No Cash Personal Check	05/	21/2017	\$100.00		,	\$100.00
If yes, list Event # Money Order X Credit/Debit Card			*			
Last Name	First			M	ſI	Contribution ID #
Roberti		William				0115
Residential Street Address	City			St	tate	Zip Code
555 Fifth Ave NE Apt 324	L	Saint Petersb		FI	L	33701
Principal Occupation		Name of Employe	er			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	obbyist, spouse, or		Amou	nt of Contribution
Yes X No	0	dependent child o	I a lobbyist?	Yes		
government the contract is with: Executive Legislative			x	No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section J1? Cash Personal Check						
If yes, list Event # No Money Order X Credit/Debit Card	05/2	22/2017	\$100.00			\$100.00
Last Name	First			М	11	Contribution ID #
Updegraff		Christine				0116
Residential Street Address	City			St	tate	Zip Code
10 Lazybrook Rd	<u>L.</u>	Newtown		C	Т	06470
Principal Occupation		Name of Employe	er			
In contributor a minimal of a state contractor or measurative state contractor?		In contributor of	shbrigt analysis or		A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child o	bbbyist, spouse, or fa lobbyist?	Yes	Amoui	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # No Money Order X Credit/Debit Card	05/2	22/2017	\$100.00			\$100.00
Last Name	First			М	11	Contribution ID #
Schiavone		Vincent		G		0117
Residential Street Address	City			St	tate	Zip Code
47 Dexter Dr		Shelton		C	Т	06484
Principal Occupation		Name of Employe	er	-		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.			obbyist, spouse, or	Var	Amow	nt of Contribution
If was indicate which branch or branches of	υ	dependent child o	i a lobbyist?	Yes		
government the contract is with: Executive Legislative			х	No		
Is this contribution associated with an event reported in Section 112 Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section 31?		22/2017				+100.00
If yes list Event # No Money Order X Credit/Debit Card	05/2	22/2017	\$100.00		9	\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1	_	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original					
Dave Walker for CT					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Cavallaro		Phillip			0118
Residential Street Address	City	Chaltan		State	Zip Code
408 Leavenworth Rd Principal Occupation		Shelton Name of Employ	or	СТ	06484
rindpa Occupation		Name of Employ	G1		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Ame	ount of Contribution
)	dependent child of	f a lobbyist?	Yes	
If yes, indicate which branch or branches of government the contract is with:			x	No	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	05/	22/2017	\$100.00		\$100.00
Lov	г				I c . i . i . ii . iii . iii
Last Name Santos	First	Fernando		MI	Contribution ID # 0119
Residential Street Address	City	remando		State	Zip Code
150 Old Academy Rd	City	Fairfield		СТ	06824
Principal Occupation		Name of Employ	er	1	1
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or	Yes Ame	ount of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?	103	
government the contract is with:				No	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	05/	22/2017	±100.00		±100.00
If yes, list Event # No Money Order X Credit/Debit Card	05/.	22/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Munro		John Richard			0544
Residential Street Address	City			State	Zip Code
3455 Ft Charles Dr .		Naples		FL	34102
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or	Yes Ame	ount of Contribution
If yes, indicate which branch or branches of Executive Legislative			x	No	
government the contract is with.	Date	Received	Aggregate Contributions	110	
an event reported in Section J1?					
No N	05/	22/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Kladiva		Kenneth			0545
Residential Street Address	City			State	Zip Code
2404 Wittington Blvd		Alexandria		VA	22308-2365
Principal Occupation Retired		Name of Employ Retire			
			obbysist spanso or	Ame	ount of Contribution
Yes X No)	dependent child of		Yes	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\neg	
an event reported in Section 31?					
If yes list Event # No Money Order Credit/Debit Card	05/	22/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original					
Dave Walker for CT July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kladiva		Susan			0546
Residential Street Address	City			State	Zip Code
2404 Wittington Blvd		Alexandria		VA	22308-2365
Principal Occupation		Name of Employe			
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbyggt groups or	Amor	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor?)	dependent child o	Voc	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Cash Regional Check					
If yes, list Event # No Money Order Credit/Debit Card	05/	22/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Henrikson		Carl			0547
Residential Street Address	City			State	Zip Code
364 Colony Dr .		Naples		FL	34018-7717
Principal Occupation		Name of Employ	er	•	
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Gallaboriet Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	if a lobbyist?		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Buie	recerred	riggiogate contributions		
No Cash X Personal Check	05/	22/2017	\$100.00		\$100.00
If yes, list Event #		,	·	<u></u>	·
Last Name	First			MI	Contribution ID #
Book		Ethan			0548
Residential Street Address	City			State	Zip Code
PO Box 1365		Fairfield		СТ	06825
Principal Occupation		Name of Employ	er		
Owner/operator			England Limo Service of Fairf		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Is the contribution associated with Yes Yes	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	05/	22/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Randall	1 1150	Darley			0549
Residential Street Address	City	,		State	Zip Code
17 Shagbark Rd .		Norwalk		СТ	06820
Principal Occupation		Name of Employe	er	•	•
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Date		OB-OBARO COMMIDAMONS		
No Cash X Personal Check	05/	22/2017	\$25.00		\$25.00
If yes_list Event # Money Order Credit/Debit Card					

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT						
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Skala		Martin			0550				
Residential Street Address	City			State	Zip Code				
21 Gardiner St .		Darien		СТ	06820-5111				
Principal Occupation		Name of Employ							
Retired		Retire		A					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist?	Amot	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	05/	22/2017	\$25.00		\$25.00				
				l	1				
Last Name	First			MI	Contribution ID #				
Hauck Residential Street Address	C'i	Wally		G	0551 Zip Code				
167 Cherry St Apt 404	City	Milford		State CT	21p Code 06460				
Principal Occupation	<u> </u>	Name of Employ	er	CI	00400				
Consultant			num Leadership						
		-	obbyist, spouse, or	Amou	ant of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	05/	22/2017	\$25.00		\$25.00				
				l					
Last Name	First	lamas		MI	Contribution ID #				
Marpe Residential Street Address	City	James		State	0552 Zip Code				
57 Morningside Dr S .	City	Westport		CT	06880				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00000				
First Selectman		Town	of Westport						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No No Money Order Credit/Debit Card	05/	22/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Sullivan	1 1130	Daniel		1411	0553				
Residential Street Address	City			State	Zip Code				
77 E Wharf Rd .		Madison		СТ	06443				
Principal Occupation		Name of Employ	er		1				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with: Legislative Legislative Legislative Legislative	Dot-	Pagaiyad							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	05/	22/2017	\$100.00		\$100.00				
If yes, list Event # Money Order	Ι ΄΄΄	,	¥200.00		, ,				

L. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF PERONT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dave Walker for CT			TYPE OF REPORT July 10 Filing - Original		
B. Itemized Contributions from	m Inc	lividuals			
Last Name Kuck	First	John		MI	Contribution ID # 0554
Residential Street Address	City			State	Zip Code
14 Verona Dr .		Riverside		СТ	06878
Principal Occupation		Name of Employ	er		!
Retired		Retire		1	
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	22/2017	\$100.00		\$100.00
	L .				I
Last Name	First			MI	Contribution ID #
Monsarrat Residential Street Address	C'i	Grant		Gr. r	0555
	City	Factor		State	Zip Code 06612
370 N Park Ave . Principal Occupation		Easton Name of Employ	er	СТ	00012
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Dute	110001100	1.55.05ate continuations		
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	05/	22/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Svensk		Robert			0556
Residential Street Address	City			State	Zip Code
96 Willow St .		Southport		СТ	06890
Principal Occupation		Name of Employ			
CEO			skx Company Inc		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with on event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash X Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	05/	22/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Reid		Douglas			0557
Residential Street Address	City			State	Zip Code
258 Mulberry Hill Rd .		Fairfield		CT	06824-1622
Principal Occupation Retired		Name of Employ Retire			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of	U	dependent child of	or a roodyrst?		
government the contract is with:	D.	D i 4			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash No Cash No	05/	22/2017	\$100.00		\$100.00

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT						
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
O'Neill		John		R	0558				
Residential Street Address	City			State	Zip Code				
631 Long Ridge Rd Unit 7		Stamford		СТ	06902				
Principal Occupation		Name of Employ Retire							
Retired Is contributor a principal of a state contractor or prospective state contractor?			11 1 ·	Amor	unt of Contribution				
Yes X No)	dependent child of	Voc	7 tinou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	05/2	22/2017	\$100.00		\$100.00				
L W	г				Louis B"				
Last Name	First	James		MI	Contribution ID # 0559				
Millington Residential Street Address	City	James		State	Zip Code				
245 Unquowa Rd # 120		Fairfield		СТ	06824-5027				
Principal Occupation		Name of Employ	er						
Realtor		Wm.	Pitt Sotheby's						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check	05/	22/2017	#100.00		±100.00				
If yes, list Event # No Money Order Credit/Debit Card	05/	22/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Williams		C Webb			0560				
Residential Street Address	City			State	Zip Code				
1211 Meadow Rdg		Redding		СТ	06896				
Principal Occupation		Name of Employ	er						
Financial Executive		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		F	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	·					
an event reported in Section J1?									
No Cash X Personal Check	05/2	22/2017	\$100.00		\$100.00				
If yes, list Event #				<u> </u>					
Last Name	First			MI	Contribution ID #				
Shea		Michael			0561				
Residential Street Address	City			State	Zip Code				
130 River St . Principal Occupation		Southport	or.	СТ	06890-1335				
Retired		Name of Employ Retire							
			-1.1	Amou	unt of Contribution				
Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
X personal Cheste									
If yes, list Event #	05/2	22/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Shea		Rebecca			0562			
Residential Street Address	City			State	Zip Code			
130 River St .	<u> </u>	Southport		СТ	06890-1335			
Principal Occupation		Name of Employ						
Retired			emaker	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	05/	22/2017	\$100.00		\$100.00			
I you, is a treat of the control of								
Last Name	First			MI	Contribution ID #			
D'Agostino		Vincent			0563			
Residential Street Address	City			State	Zip Code			
45 Turkey Hill Rd S	L	Westport		СТ	06880-5520			
Principal Occupation		Name of Employ						
CFO Is contributor a principal of a state contractor or prospective state contractor?			Up Village, Inc.	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash X Personal Check	05/	22/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
McDonald		Kathleen			0564			
Residential Street Address	City			State	Zip Code			
7 Georgetowne N		Greenwich		СТ	06831			
Principal Occupation		Name of Employ	er					
sales		IBM						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Dute	Received	Aggregate Controlations					
No Cash X Personal Check	05/	22/2017	\$100.00		\$100.00			
If yes, list Event #	ĺ	,			·			
Last Name	First			MI	Contribution ID #			
Shapiro		Judith			0565			
Residential Street Address	City			State	Zip Code			
796 Sport Hill Rd .		Easton		СТ	06612			
Principal Occupation		Name of Employ	er					
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date		op-ogate Continuations					
No Cash X Personal Check	05/	22/2017	\$100.00		\$100.00			
If yes, list Event #	Ī			1				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Shapiro		Mitchell			0566				
Residential Street Address	City			State	Zip Code				
796 Sport Hill Rd .		Easton		СТ	06612				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	22/2017	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Williams		Kaye			0567				
Residential Street Address	City			State	Zip Code				
104 Seabright Ave .		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ							
Marina manager Is contributor a principal of a state contractor or prospective state contractor?		-	ins Cove Seaport obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Aillot	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	05/	22/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Currlin		Nancy			0568				
Residential Street Address	City			State	Zip Code				
84 Jackson Hill Rd .		Middlefield		СТ	06455				
Principal Occupation Realtor		Name of Employ							
			s Real Estate obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37	Aillot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes Cash Regresonal Check									
If yes, list Event #	05/	22/2017	\$100.00		\$100.00				
					1				
Last Name	First			MI	Contribution ID #				
Schinella Residential Street Address	City	Michael		Stata	0569				
77 Brookbend Rd .	City	Fairfield		State CT	Zip Code 06824				
Principal Occupation		Name of Employ	er	CI	00024				
Real estate developer			el Schinella						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cook X Barranal Charle		22/2017			+400.00				
If yes, list Event # No Money Order Credit/Debit Card	05/	22/2017	\$100.00		\$100.00				

I. MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Elston		Michael			0570				
Residential Street Address	City			State	Zip Code				
16094 Olmstead Ln	L.,	Woodbridge		VA	22191-4520				
Principal Occupation		Name of Employ							
Attorney Is contributor a principal of a state contractor or prospective state contractor?		U S G	obbyist, spouse, or	Amou	ant of Contribution				
Yes X No		dependent child o	Voc	7111100	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	05/2	23/2017	\$50.00		\$50.00				
LatNews	Firmt			M	Contribution ID #				
Last Name Dworken	First	Donald		MI	Contribution ID # 0571				
Residential Street Address	City	Donaid		State	Zip Code				
115D Palm Point Cir	City	Palm Beach (Sardens	FL	33418				
Principal Occupation	<u> </u>	Name of Employ		1.5	33410				
Physician		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of	·	dependent child of							
government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event #	05/2	23/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Johnson	1 1130	Linda		1411	0572				
Residential Street Address	City			State	Zip Code				
36 Fawn Ridge Ln .		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
Realtor		Ravei	s Real Estate						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a loodyist:						
government the contract is with: Executive Legislative		n : 1	X No						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	05/3	23/2017	\$100.00		\$100.00				
If yes, list Event #	03/2	15/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Johnson		James			0573				
Residential Street Address	City			State	Zip Code				
36 Fawn Ridge Ln .	L.,	Wilton		СТ	06897				
Principal Occupation		Name of Employ							
Retired		Retire			ent of Contailers				
Is contributor a principal of a state contractor or prospective state contractor? Yes No		Is contributor a le dependent child of	obbyist, spouse, or Yes of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
In this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash X Personal Check Money Order	05/2	23/2017	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Dave Walker for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ohnell		Ernst			0574				
Residential Street Address	City			State	Zip Code				
75 Khakum Wood Rd .	L	Greenwich		СТ	06831-3729				
Principal Occupation		Name of Employ							
Family office			Ohnell	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Vos Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	05/2	23/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Baldwin	FIISt	Frederic		IVII	0575				
Residential Street Address	City	Tredenc		State	Zip Code				
109 George St	,	Hartford		СТ	06114				
Principal Occupation		Name of Employ	er		1				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	05/2	23/2017	\$9.11		\$9.11				
Last Name	First			MI	Contribution ID #				
Chambrovich		Lorien			0576				
Residential Street Address	City			State	Zip Code				
20 Mueller Dr .		Hamden		СТ	06514				
Principal Occupation		Name of Employ	er	-	-				
Director		Premi	er Graphics						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent cinia (x No						
government the contract is with: Executive Legislative	D.	D : 1							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	05/	23/2017	\$100.00		\$100.00				
If yes, list Event #	00,	20, 201,	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Hartigan		Charles			0577				
Residential Street Address	City			State	Zip Code				
20 Bahre Corner Rd .	L	Canton		СТ	06019-2228				
Principal Occupation		Name of Employ							
Realtor			s Real Estate						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			· - -						
If yes, list Event #	05/2	23/2017	\$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					
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals			
Last Name Smith	First	Matthew		MI	Contribution ID # 0110
Residential Street Address	City			State	Zip Code
161 Riverside Ave	L.,	Westport		СТ	06880
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or fa lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with an event reported in Section J1?	Date !	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/2	23/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Clarke		Sean			0111
Residential Street Address	City			State	Zip Code
161 Riverside Ave	<u> </u>	Westport		СТ	06880
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Yes Method of contribution:		Is contributor a le dependent child of Received	bbbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions	Ато	int of Contribution
If yes, list Event # Cash Personal Check No	05/2	23/2017	\$100.00		\$100.00
Last Name Clarke	First	Richard		MI	Contribution ID # 0112
Residential Street Address	City			State	Zip Code
161 Riversdie Ave Principal Occupation	<u> </u>	Westport Name of Employe	or	СТ	06880
ттера оссиранов		Tunic of Employs			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Research the contract is with: Executive Legislative	o	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist? Yes	Amou	ant of Contribution
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Season Money Order X Credit/Debit Card	05/2	23/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Smith Clarke		Leslie			0113
Residential Street Address	City	Mostrout		State	Zip Code
161 Riverside Ave Principal Occupation	<u> </u>	Westport Name of Employe	er	СТ	06880-4605
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a le dependent child of	bbbyist, spouse, or f a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	05/2	23/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original								
Buve walker for ex								
B. Itemized Contributions from	n Inc	lividuals		-				
Last Name	First			MI	Contribution ID #			
Stanton		Robert			0114			
Residential Street Address	City			State	Zip Code			
142 Main St		Southport		СТ	06890			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (_					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
_								
If yes, list Event # 06142017A Cash Credit/Debit Card	05/	23/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
sessions		Judith			0107			
Residential Street Address	City			State	Zip Code			
17 Welch St		Plainville		СТ	06062			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # No Money Order X Credit/Debit Card	05/	24/2017	\$100.00		\$100.00			
In yes, list 2 vent ii								
Last Name	First			MI	Contribution ID #			
Percival		Ronald			0108			
Residential Street Address	City			State	Zip Code			
30 Cardinal Rd		Weston		CT	06883			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	a loodyist:					
government the contract is with:			x No					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	05/	24/2017	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Thorsen		Carl			0109			
Residential Street Address	City			State	Zip Code			
579 River Rd		Shelton		CT	06484			
Principal Occupation		Name of Employ	er		-			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check No Money Order	05/	24/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	I			l				

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	TWDE OF DEPONT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Dave Walker for CT July 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Craighead		Lincoln			0578			
Residential Street Address	City			State	Zip Code			
175 Barlow Rd .		Fairfield		СТ	06824-3864			
Principal Occupation		Name of Employ	er					
Retired		Retire						
			abbyist spaysa or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc	711100	nt of continuation			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash X Personal Check	05/	24/2017	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	03/.	21,201,	Ψ100.00		4100.00			
Last Name	First			MI	Contribution ID #			
Guilbert	1 1130	Andre		IVII	0579			
	City	Anure		Ct-t-				
Residential Street Address	City			State	Zip Code			
1 Redwood Rd .	L	Norwalk		СТ	06857			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash X Personal Check								
U No T	05/2	24/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Marrella		Amey			0580			
Residential Street Address	City	-		State	Zip Code			
PO Box 4065	ĺ	Woodbridge		СТ	06525-0065			
Principal Occupation		Name of Employ	er					
Retired		Retire						
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of		711100	nt of continuum			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	05/	24/2017	¢100.00		¢100.00			
If yes, list Event # Money Order Credit/Debit Card	05/.	24/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Paul		Joseph			0101			
Residential Street Address	City			State	Zip Code			
47 Harbourview Pl		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	$\overline{}$		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	_	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # Personal Check No	05/2	25/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	i		İ	I				

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I, MONETARY RECEIPTS (Section A-I)							
	5 (5)	ection A-1)	TYPE OF REPORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original							
Dave Walker for CT			July 10 1 lilling - Original				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Carey		Judith			0102		
Residential Street Address	City			State	Zip Code		
100 Parrott Dr		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	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?	Duit	Treeer ved	1 1551 egate continuations				
Cash Personal Check	05/	DE/2017	¢100.00		¢100 00		
If yes, list Event # No Money Order X Credit/Debit Card	05/.	25/2017	\$100.00		\$100.00		
	-						
Last Name	First			MI	Contribution ID #		
pfannkuch		stacy			0103		
Residential Street Address	City			State	Zip Code		
58 Clover Hill Rd		Trumbull		СТ	06611		
Principal Occupation		Name of Employ	er				
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution		
	,	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
No Cash Personal Check	05/	25/2017	\$100.00		\$100.00		
If yes, list Event # Money Order X Credit/Debit Card		•	·		•		
Last Name	First			MI	Contribution ID #		
Alisberg		Andy			0104		
Residential Street Address	City	7		State	Zip Code		
12 Dewart Rd	City	Greenwich		CT	06830		
Principal Occupation		Name of Employ	or	Ci	00030		
Timelpai Occupation		Name of Employ	Ci				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist spouse or	Amou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Amou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative		1	x No				
government the contract is with:		.					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
Cook Revenuel Cheek							
If yes, list Event # Cash Credit/Debit Card	05/	25/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Kolb		Frank			0105		
Residential Street Address	City			State	Zip Code		
21 Whitfield St		Guilford		CT	06437		
Principal Occupation		Name of Employ	er				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	of a lobbyist? Yes				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?			30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
No Cash Personal Check	05/	25/2017	\$100.00		\$100.00		
If yes, list Event # Money Order X Credit/Debit Card	05/.	23/201/	\$100.00		φ100.00		

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT				
Dave Walker for CT			July 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Mrozek		Maureen			0106		
Residential Street Address	City			State	Zip Code		
15 Milesfield Ave	<u> </u>	Milford		СТ	06460		
Principal Occupation		Name of Employ	er				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	o	dependent child of	of a lobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check	05/	25/2017	\$100.00		\$100.00		
If yes, list Event # Money Order X Credit/Debit Card	05/.	23/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Dreher		Quentin			0091		
Residential Street Address	City			State	Zip Code		
333 Dover St .		Bridgeport		СТ	06610		
Principal Occupation	•	Name of Employ	er		•		
				-			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		аерепаент сппа с	<u> </u>				
government the contract is with: Executive Legislative			X No				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check	05/	26/2017	¢100.00		¢100.00		
If yes, list Event # No Money Order X Credit/Debit Card	05/.	26/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Gee		Anthony			0092		
Residential Street Address	City			State	Zip Code		
400 Samp Mortar Dr		Fairfield		СТ	06824		
Principal Occupation		Name of Employ	er	=	-		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent enna (x No				
government the contract is with: Is this contribution associated with Method of contribution:	Б.	D : 1					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
No Cash Personal Check	05/	26/2017	\$100.00		\$100.00		
If yes, list Event # Money Order X Credit/Debit Card	00/	20, 201,	Ψ100.00				
Last Name	First			MI	Contribution ID #		
Kassen		Michael			0093		
Residential Street Address	City			State	Zip Code		
5 Yankee HI		Westport		СТ	06880		
Principal Occupation		Name of Employ	er				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child (x No				
government the contract is with: Legislative Legislative	D.	D i 4					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check	05/	26/2017	\$100.00		\$100.00		
If yes, list Event # Money Order X Credit/Debit Card	1		Ψ100.00	l	T-30.00		

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original					
Dave Walker for CT			Carly 10 1 ming Criginal		
B. Itemized Contributions from	m Ind	lividuals			
Last Name Hobbie	First	Robert		MI	Contribution ID # 0094
Residential Street Address 2477 Bronson Rd	City	Caintiald		State CT	Zip Code 06824
Principal Occupation	<u> </u>	Fairfield Name of Employ	er	CI	00824
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/2	26/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Wesson		Joanna			0095
Residential Street Address 533 Courtland Ave	City	Bridgeport		State CT	Zip Code 06605
Principal Occupation	_	Name of Employ	er	Ci	00003
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes X No	Amou	unt of Contribution
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? If yes, list Event # Cash No Cash Money Order Credit/Debit Card	05/2	26/2017	\$100.00		\$100.00
Last Name Selden	First	Jane		MI	Contribution ID #
Residential Street Address	City			State	Zip Code
8 Shotehaven Rd	<u> </u>	Norwalk		СТ	06855
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 06142017A No Solution No Solutio	05/2	26/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Levine		Robert			0097
Residential Street Address 41 Rayfield Rd	City	Westport		State CT	Zip Code 06880
Principal Occupation		Name of Employ	er	Ci	00000
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
Yes X N	0	dependent child o	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	05/2	26/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Said		Klaus			0098			
Residential Street Address	City			State	Zip Code			
144 Parsonage Rd		Greenwich		CT	06830			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	05/	26/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Woodward		Jobeth			0099			
Residential Street Address	City	Jobeth		State	Zip Code			
15 Robinmark Rd	City	Prospect		CT	06712			
Principal Occupation		Name of Employ	or	Ci	00712			
Timelpai Occupation		Name of Employ	Ci					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of						
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check	05/	26/2017	¢100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	05/.	26/2017	\$100.00		\$100.00			
LadVana	Firmt			M	Contribution ID#			
Last Name	First	D :		MI	Contribution ID #			
Woodward		Brian		_	0100			
Residential Street Address	City			State	Zip Code			
15 Robinmark Rd		Prospect		СТ	06712			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e	·					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with on expert separated in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	05/	26/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Chamberlain		Debra			0581			
Residential Street Address	City			State	Zip Code			
34 Palmers Cove Dr .		Groton		CT	06340			
Principal Occupation		Name of Employ	er					
Realtor		Ravei	s Real Estate					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	1							
If yes, list Event # Cash Credit/Debit Card	05/	26/2017	\$100.00		\$100.00			
1. jest, not by one in Credit/Debit Cald								

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Gordon		Abraham			0582			
Residential Street Address	City			State	Zip Code			
960 Burr St	<u> </u>	Fairfield		СТ	06430			
Principal Occupation		Name of Employ						
Attorney			am Gordon	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	05/	26/2017	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Loughran		Barbara			0583			
Residential Street Address	City			State	Zip Code			
72 Elliott Rd .	L	Trumbull		СТ	06611			
Principal Occupation		Name of Employ	^{er} s Real Estate					
Realtor Is contributor a principal of a state contractor or prospective state contractor?			abbrigt anguage or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash X Personal Check	05/	26/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Valenti		Lisa			0584			
Residential Street Address	City			State	Zip Code			
22 Wood Ave	<u> </u>	Trumbull		СТ	06611			
Principal Occupation		Name of Employ						
CEO			esei Valenti	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obby ist, spouse, or	Amot	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Regresonal Check								
If yes, list Event #	05/	26/2017	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Finier		Harold			0585			
Residential Street Address	City			State	Zip Code			
313 Chestnut Hill Rd .		Glastonbury		СТ	06033			
Principal Occupation		Name of Employ						
Sales VP Is contributor a principal of a state contractor or prospective state contractor?			s Real Estate obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of		Amot	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	05/	26/2017	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Soderman		Aprille			0586			
Residential Street Address	City			State	Zip Code			
7 Dunellen		Cromwell		СТ	06416			
Principal Occupation		Name of Employ						
Realtor			s Real Estate	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	05/2	26/2017	\$100.00		\$100.00			
I you, is a treat of the control of								
Last Name	First			MI	Contribution ID #			
Haas		Jeffrey		_	0587			
Residential Street Address	City	0110		State	Zip Code			
62 Otter Cove Dr . Principal Occupation	<u> </u>	Old Saybrook		СТ	06475			
Fire Protection contractor		Name of Employ	Contracting Co Inc					
			obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event #	05/2	26/2017	\$100.00		\$100.00			
in yes, list Event #	<u> </u>							
Last Name	First			MI	Contribution ID #			
Hewitt		Conrad			0588			
Residential Street Address	City			State	Zip Code			
279 Kaanapali Dr .		Napa		CA	94558			
Principal Occupation Retired		Name of Employ Retire						
			obbyist spouse or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	05/2	26/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Connolly Residential Street Address	City	Linda		Stata	0589			
3 Sullivan Farm	City	New Milford		State CT	Zip Code 06776			
Principal Occupation	_	Name of Employ	er	CI	1 00770			
Realtor			s Real Estate					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
X personal Charles								
If yes, list Event #	05/2	26/2017	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Dubiago		Nicholas			0590			
Residential Street Address	City			State	Zip Code			
12 Farm Hill Rd .	<u> </u>	Stamford		СТ	06902			
Principal Occupation CPA		Name of Employ	er Frunt Dubiago & Co					
			obbyjet enouge or	Amou	unt of Contribution			
Yes X No	0	dependent child of	37					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	05/	26/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Palmer	FIISt	Gail		IVII	0591			
Residential Street Address	City	Guii		State	Zip Code			
15 Woodland Ln		Gales Ferry		СТ	06335			
Principal Occupation	•	Name of Employ	er	!	1			
Sales Mgr/Realtor		Ravei	s Real Estate					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative		p : 1	x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	05/	26/2017	\$100.00		\$100.00			
If yes, list Event #	00/		Ψ100.00					
Last Name	First			MI	Contribution ID #			
miller		paul			0087			
Residential Street Address	City			State	Zip Code			
14 Seaview Ave		Milford		СТ	06460			
Principal Occupation		Name of Employ	er					
Is contributer a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist spouse or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obby ist, spouse, or	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	05/	27/2017	\$100.00		\$100.00			
				l	Laurin			
Last Name Schwartz	First	Kenneth		MI	Contribution ID #			
Residential Street Address	City	Kenneur		State	Zip Code			
125 Ocean Dr W		Stamford		СТ	06902			
Principal Occupation		Name of Employ	er		1			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Legislative Legislative Legislative	D-4	Rassivad	X No					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	05/	27/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	Ι΄.		·	I				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Mendell		Andrea			0089			
Residential Street Address	City			State	Zip Code			
21 Crown Ln		Greenwich		СТ	06831			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Personal Check No Cash Personal Check Money Order X Credit/Debit Card	05/	27/2017	\$100.00		\$100.00			
I you, is a treat of the control of	l							
Last Name	First			MI	Contribution ID #			
Mendell		Thomas			0090			
Residential Street Address	City	0		State	Zip Code			
21 Crown Ln		Greenwich	on.	СТ	06831			
Principal Occupation		Name of Employ	ei					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	05/	27/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hoffman	riist	Jennifer		IVII	0085			
Residential Street Address	City			State	Zip Code			
738 E 12th St		Houston		TX	77008			
Principal Occupation		Name of Employ	er		•			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)		obbyist, spouse, or Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	05/	28/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/.	20/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hoffman		Todd			0086			
Residential Street Address	City			State	Zip Code			
738 E 12th St		Houston		TX	77008			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:		20/2017			+400.00			
If yes, list Event # No No Money Order X Credit/Debit Card	05/	28/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	ection A-1)	TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
ELIASOPH		PHILIP			0084			
Residential Street Address	City			State	Zip Code			
1044 S Pine Creek Rd		Fairfield		CT	06824			
Principal Occupation		Name of Employ	er					
. I I								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	05/	29/2017	\$100.00		\$100.00			
If yes, list Event # 06142017A		•						
Last Name	First			MI	Contribution ID #			
Chambers		Craig			0077			
Residential Street Address	City			State	Zip Code			
223 Coquina Ave		Saint August	ine	FL	32080			
Principal Occupation		Name of Employ						
• •								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	05/	30/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card			,					
Last Name	First			MI	Contribution ID #			
Hochman		Ken			0078			
Residential Street Address	City			State	Zip Code			
114 Clinton St Ste 1H		Brooklyn		NY	11201			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes_list Event # Cash Personal Check No Money Order X Credit/Debit Card	05/	30/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Wysocki		Lisa			0079			
Residential Street Address	City			State	Zip Code			
4 Orchard Hill Ln		Greenwich		CT	06831			
Principal Occupation		Name of Employ	er		-			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
	י	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check No	05/	30/2017	\$100.00		\$100.00			
11 Jos, 150 Event " Cledit/Debit Cald			l l					

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I. MONETARY RECEIPT	S (Se	ection A-I)	Type of pepar		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dave Walker for CT			TYPE OF REPORT July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			-
Last Name Van Duyne	First	Peter		MI	Contribution ID # 0080
Residential Street Address	City	Diverside		State	Zip Code
40 Cedar Cliff Rd , Principal Occupation	<u> </u>	Name of Employe	er	СТ	06878
ттера оссаранот		rume of Employs			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check No	05/3	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Satagaj-Whelan		Dawn			0081
Residential Street Address	City			State	Zip Code
302 Trinity Rdg	L,	Rocky Hill		СТ	06067
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	o l	dependent child of	of a lobbyist?		
government the contract is with:			x No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check No	05/3	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Paternina		Charles			0082
Residential Street Address	City			State	Zip Code
148 Zaccheus Mead Ln Principal Occupation		Greenwich Name of Employe	or	СТ	06831
Тіперагоссарацоп		Name of Employs			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Cash Personal Check No Money Order X Credit/Debit Card	05/3	30/2017	\$100.00		\$100.00
				l	
Last Name Scinto	First	Ronald		MI	Contribution ID # 0083
Residential Street Address	City			State	Zip Code
51 Prescott St		Bridgeport		СТ	06605
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		_openaent emid (x No		
government the contract is with.	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	05/3	30/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)							
	<u>s (s</u> i	ection A-1)	TYPE OF PEROPT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original							
Buve walker for C1							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Best		Stephen			0592		
Residential Street Address	City			State	Zip Code		
2823 W Vina Del Mar Blvd		St Pete Beac	h	FL	33706		
Principal Occupation		Name of Employ	er	•	•		
Retired		Retire	ed				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution		
	,	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with:			x No				
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? Cash Personal Check							
U No I □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	05/3	30/2017	\$100.00		\$100.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Mizak		Donna			0593		
Residential Street Address	City			State	Zip Code		
37A Killian Ave .		Trumbull		СТ	06611-4117		
Principal Occupation		Name of Employ	er				
 Realtor		Ravei	s Real Estate				
			obbyist spouse or	Amou	ınt of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Voc				
If yes, indicate which branch or branches of Executive Legislative			x No				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-			
an event reported in Section J1?	Date	Received	Aggregate Contributions				
No Cash X Personal Check	05/	20/2017	¢100.00		¢100.00		
If yes, list Event # Money Order Credit/Debit Card	05/.	30/2017	\$100.00		\$100.00		
LadVana	Firet.				Ct-ib-ti ID#		
Last Name	First			MI	Contribution ID #		
Lovett		Jacqueline			0594		
Residential Street Address	City			State	Zip Code		
84 West Rd .		Marlborough		СТ	06447-1105		
Principal Occupation		Name of Employ					
Realtor			s Real Estate				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent enna (•				
government the contract is with: Executive Legislative			x _{No}	1			
Is this contribution associated with on expert separated in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? Cash Personal Check							
If yes, list Event # Cash Credit/Debit Card	05/3	30/2017	\$100.00		\$100.00		
					<u> </u>		
Last Name	First			MI	Contribution ID #		
Thorg		Colburn			0595		
Residential Street Address	City			State	Zip Code		
137 Water St		Guilford		СТ	06437		
Principal Occupation		Name of Employ	er				
realtor manager		Ravei	s Real Estate				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of	-	dependent child of	or a roodyrst?				
government the contract is with:			x _{No}				
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?	l						
If yes, list Event # Cash Credit/Debit Card	05/3	30/2017	\$100.00		\$100.00		
11 yes, not byone # Credit/Debit Card							

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I. MONETARY RECEIPT	S (S	ection A-I)	ı		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Dave Walker for CT			July 10 Filling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name Libertino	First	Daniel		MI	Contribution ID # 0596
Residential Street Address	City			State	Zip Code
481A Commanche Ln	<u> </u>	Stratford		СТ	06614
Principal Occupation Retired		Name of Employ Retire			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•	x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash No Cash No No Money Order Credit/Debit Card	05/	31/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Hansen		Robert			0597
Residential Street Address	City			State	Zip Code
PO Box 702		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
owner			t Hansen Landscaping		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with or expert property in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? If yes, list Event # Cash No Cash Money Order Credit/Debit Card	05/:	31/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lopes	1 1150	Ismael			0598
Residential Street Address	City	Towards all		State	Zip Code
7 Old Field Rd . Principal Occupation		Trumbull Name of Employ	or	СТ	06611
Retired		retire			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a legendent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent enna c	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Cash Resonal Check					
If yes, list Event # Cash Credit/Debit Card	05/	31/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Le		Tri			0070
Residential Street Address	City			State	Zip Code
6604 Saddlehorn Ct , Burke, VA		Burke		VA	22015
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent ennd (x No		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No	05/	31/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-1)	TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Herzog		John			0071			
Residential Street Address	City			State	Zip Code			
824 Harbor Rd		Southport		СТ	06890			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			20 0					
No Cash Personal Check	05/	31/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	05/.	31/2017	\$100.00		φ100.00			
Last Name	First			MI	Contribution ID #			
	First	Data		IVII				
Schrobenhauser	G'i	Peter		G	0072			
Residential Street Address	City			State	Zip Code			
2605 Redding Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	<u></u>					
government the contract is with:			x _{No}					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
U No I□ □	05/	31/2017	\$100.00		\$100.00			
If yes, list Event # 06142017A								
Last Name	First			MI	Contribution ID #			
Krall		Phillip			0073			
Residential Street Address	City	-		State	Zip Code			
28 Mack Ln		Essex		СТ	06426			
Principal Occupation		Name of Employ	er					
		1 ,						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of						
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?	Duit	Trecerved	1 1551 egate continuations					
No Cash Personal Check	05/	31/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	05/.	31/2017	\$ 50.00		00.00			
LAN	г) or	C (1 (ID)			
Last Name	First			MI	Contribution ID #			
Heard		Peter			0074			
Residential Street Address	City			State	Zip Code			
216 Timrod Rd		Manchester		СТ	06040			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?					
government the contract is with:			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes_list Event # Cash Personal Check No Money Order	05/	31/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	i							

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I. MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original								
Dave Walker for CT	outy for filling - Original							
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Hoffman		Stephen			0075			
Residential Street Address	City			State	Zip Code			
5217 8th Ave NW		Seattle		WA	98107			
Principal Occupation		Name of Employ	er		-			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	05/	31/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00,	01,201,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Miller	1 1150	Kathleen			0076			
Residential Street Address	City	Ratificeti		State	Zip Code			
	City	Milford						
14 Seaview Ave		Milford		СТ	06460			
Principal Occupation		Name of Employ	er					
L still the said in 1 for the state of the s		T	-11i-t		nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Атои	nt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	05/3	31/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Pellegrini		Jeff			0065			
Residential Street Address	City			State	Zip Code			
22 Hill Crest Ln		Weston		CT	06883			
Principal Occupation		Name of Employ	er	-	-			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes_list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/0	01/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
de'Ath		Elisabeth			0066			
Residential Street Address	City			State	Zip Code			
125 Lasalle Rd		West Hartfor	d	СТ	06107			
Principal Occupation		Name of Employ		<u>.</u>	00107			
		. tame of Employ						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	. 111100				
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Dot-	Paggivad						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	0.5.	01/2017	+100.00		±100.00			
If yes, list Event # No Money Order X Credit/Debit Card	l ^{06/0}	01/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Dave Walker for CT	July 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Fuchs		Kyle			0067			
Residential Street Address	City			State	Zip Code			
18 Rolling Hills Dr		Oxford		СТ	06478			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
In this contribution associated with Mathod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Dute	Received	riggiegate Contributions					
Cash Personal Check	06.11	01/2017	#3F 00		±25.00			
If yes, list Event # No Money Order X Credit/Debit Card	06/0	01/2017	\$25.00		\$25.00			
-								
Last Name	First			MI	Contribution ID #			
Markowicz		Michael			0068			
Residential Street Address	City			State	Zip Code			
126 Partridge Ldg		Glastonbury		CT	06033			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	06/	01/2017	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card	00/	01/2017	Ψ25.00		¥25.00			
Last Name	First			MI	Contribution ID #			
	FIISt	T!		IVII				
Berczuk	-	Tami		_	0069			
Residential Street Address	City			State	Zip Code			
325 Taconic Rd		Greenwich		СТ	06831			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist:					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
□ No □ □	06/0	01/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Duncan		Shelly			0062			
Residential Street Address	City	- · · /		State	Zip Code			
9405 Blackwell Rd # 302		Rockville		MD	20850			
Principal Occupation		Name of Employ	or	110	20030			
Trinopal Occupation		тчатье от етпріоу	Ci.					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a !	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	. 111100				
If yes, indicate which branch or branches of		-	x _{No}					
government the contract is with: Executive Legislative	Б.	D : 1						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
_								
If yes, list Event # Cash Credit/Debit Card	06/0	02/2017	\$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		
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Craig		Sharon			0063
Residential Street Address	City			State	Zip Code
51 Mares Hill Rd .	<u> </u>	Ivoryton		СТ	06442
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	Vac	111100	in or commount
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event # Cash Credit/Debit Card	06/0	02/2017	\$100.00		\$100.00
in yes, list event #					
Last Name	First			MI	Contribution ID #
Owainati		Henry			0064
Residential Street Address	City			State	Zip Code
38 Gardiner St	L	Darien		СТ	06820
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a sociated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # 06142017A	06/0	02/2017	\$100.00		\$100.00
If yes, list Event # 00142017A Infoncy Order Infoncy Order					-
Last Name	First			MI	Contribution ID #
LoFrisco		Anthony			0059
Residential Street Address	City			State	Zip Code
33 Cider Mill Pl	<u> </u>	Wilton Name of Employ		СТ	06897
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Yes X N	o	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event #	06/0	05/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Honeyman	G'i	Steve		Gr. i	0060
Residential Street Address 2 L Talcott Gln	City	Farmington		State CT	Zip Code 06032
Principal Occupation	<u> </u>	Farmington Name of Employ	er	CI	00032
Timopai Occupation		rume of Employ			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Yes X N	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes list Event # No	06/0	05/2017	\$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		
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Funk		Steven			0061
Residential Street Address	City			State	Zip Code
15 Sycamore Ln		Madison		СТ	06443
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:		D : 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	06/	0E/2017	¢100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card	06/	05/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Betts	1 1100	George			0599
Residential Street Address	City	Ccorge		State	Zip Code
1924 Perkins St		Bristol		СТ	06010
Principal Occupation		Name of Employ	er		
Legislator		St of	СТ		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event #	06/	05/2017	\$100.00		\$100.00
	l				
Last Name	First			MI	Contribution ID #
Mayer		Barbara			0600
Residential Street Address	City	0		State	Zip Code
7 Upland Dr	<u> </u>	Greenwich Name of Employ		СТ	06831
Principal Occupation housewife		House			
T			obbyist, spouse, or	Amou	nt of Contribution
Yes X No	o	dependent child of		7 111100	in or commount
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Cash Remod of contribution: Yes Cash Responsible Check					
U No ☐ □	06/	05/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Howe		John			0601
Residential Street Address	City			State	Zip Code
4 Winding Ln		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Finance		OMP		· ·	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of		sependent ennu (x No		
government the contract is with:	Dot-	Received	 		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	05/2017	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	Ι ΄΄΄	· · / ·	1	Ī	

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I. MONETARY RECEIPTS (Section A-I)								
	5 (5 (ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original								
Dave Walker for CT July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Hatch		Susan Schwe	eizer		0602			
Residential Street Address	City			State	Zip Code			
21 Soby Dr .		West Hartfor	d	СТ	06107-1034			
Principal Occupation		Name of Employe	er					
Real Estate Broker		Revei	s Real Estate					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	, 	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
□ No □ □ □ □	06/0	05/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Hatch		Waldo Ross			0603			
Residential Street Address	City			State	Zip Code			
7773 Loblolly Bay Dr		Hobe Sound		FL	33455			
Principal Occupation		Name of Employe	er					
Retired		Retire						
			obbyjet enouse or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	Vac	711100	nt of continuation			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash X Personal Check	0.511		4400.00					
If yes, list Event # No Money Order Credit/Debit Card	06/0	05/2017	\$100.00		\$100.00			
•								
Last Name	First			MI	Contribution ID #			
Funk		H. Roger			0604			
Residential Street Address	City			State	Zip Code			
17 Peck Rd .		Bethany		СТ	06524-3343			
Principal Occupation		Name of Employ						
Owner		F & W	^r Equipment					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # No Money Order Credit/Debit Card	06/0	05/2017	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Funk		Mary			0605			
Residential Street Address	City			State	Zip Code			
17 Peck Rd .		Bethany		СТ	06524-3343			
Principal Occupation		Name of Employ	er					
Retired		Retire						
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?		,	000 20111104110110					
No Cash X Personal Check	067	05/2017	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	00/1	JJ/ ZUI /	\$100.00	1	φ100.00			

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I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Luks		Claire			0606				
Residential Street Address	City			State	Zip Code				
18 Bay Dr		New Fairfield		СТ	06812				
Principal Occupation		Name of Employ	er						
Real Estate Broker		Luks I	Realty						
Is contributor a principal of a state contractor or prospective state contractor?			abbyigt groups or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
No Cash X Personal Check	06/0	05/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Pastor		Patricia			0607				
Residential Street Address	City			State	Zip Code				
17 Stonewood Dr .	City	Old Lyme		CT	06371-1846				
Principal Occupation	<u> </u>	Name of Employ	or	<u> </u>	00371-1040				
Real Estate Broker			Properties		nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			·						
government the contract is with:									
Is this contribution associated with A second of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	06/0	05/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Santa		John			0608				
Residential Street Address	City			State	Zip Code				
PO Box 481		Southport		СТ	06890				
Principal Occupation		Name of Employ	er	-	-				
Vice Chairman		Santa	Holding Co						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash X Personal Check	06/0	05/2017	\$100.00		\$100.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Cocco		Christopher			0609				
Residential Street Address	City	Спізсорпсі		State	Zip Code				
PO Box 525	City	Southport		CT	06890				
	_		on.	Ci	00090				
Principal Occupation		Name of Employ							
Real Estate Broker			oort Properties LLC	A	nt of Contrib				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
— III Cost XI Record Charle	1								
If yes, list Event # Cash Credit/Debit Card	06/0	05/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_	ii viuuui 5		MI	Contribution ID #			
Last Name Serra	First	August		MI	Contribution ID # 0610			
Residential Street Address	City			State	Zip Code			
107 Fernwood Rd .		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er	-	•			
Retired		GE		_				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Cash X Personal Check Money Order	06/	05/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bartlett		Steve			0611			
Residential Street Address	City			State	Zip Code			
1823 Kirby Rd .		McLean		VA	22101-5325			
Principal Occupation		Name of Employ						
Consulting			Bartlett SAS					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			1.00.10					
If yes, list Event # Cash X Personal Check No	06/	05/2017	\$100.00		\$100.00			
				l				
Last Name Breiner	First	SA		MI	Contribution ID # 0712			
Residential Street Address	City	<u> </u>		State	Zip Code			
2940 Gardens Blvd .	City	Naples		FL	34105			
Principal Occupation		Name of Employ	er	1	31103			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	·					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A second reported in Section 112 Yes Yes	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes, list Event # 06142017A	06/	05/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kuwana		Yumi			0054			
Residential Street Address	City			State	Zip Code			
8 Laub Pond Road Greenwich Ct		Greenwich		СТ	06831			
Principal Occupation		Name of Employ	er	•	•			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?	Date		DD- Charle Continuations					
If yes_list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/	06/2017	\$100.00		\$100.00			
If yes, list Event #	I			I				

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I, MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-1)	I TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Galef		Kirsten			0055				
Residential Street Address	City			State	Zip Code				
31 Rock Rdg		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
• •									
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	06/	06/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00,	00, 202,	Ψ100.00						
Last Name	First			MI	Contribution ID #				
ketchum	1 1150	thomas			0056				
Residential Street Address	City	tiloillas		State	Zip Code				
185 Round Hill Rd	City	Croonwich			06831				
		Greenwich Name of Employ		СТ	06831				
Principal Occupation		Name of Employ	er						
Is contributor a minimal of a state contractor or prospective state contractor?		In contributor of	obbysist anguas or	A.m.o.v	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Alliou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	06/	06/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Romatzick		Jeff			0057				
Residential Street Address	City			State	Zip Code				
90 Ross Dr		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a loodyist:						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes_list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/	06/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Beck		Walter			0058				
Residential Street Address	City			State	Zip Code				
23 Heritage Rd .		Monroe		СТ	06468				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			35 5						
No Cash Personal Check	06/	06/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I 30/	,,	Ψ100.00	I	4-30.00				

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I MONETA DV DECEDTO (CC A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Barrie		Bill			0053				
Residential Street Address	City			State	Zip Code				
684 Burr St		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37						
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?			20 0						
No Cash Personal Check	06/	07/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00,	07,2017	Ψ100.00		4100.00				
Last Name	First			MI	Contribution ID #				
Jones	1 1130	Tina		IVII	0046				
Residential Street Address	City	TITIA		State					
	City	Communicate			Zip Code				
114 Zaccheus Mead Ln		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
		T	11 1 · ·						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	06/0	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Mallozzi		Antoinette			0047				
Residential Street Address	City			State	Zip Code				
53 Wallacks Ln		Stamford		СТ	06902				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a loodyist:						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
U No I□ □	06/0	08/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Franchini		John			0048				
Residential Street Address	City			State	Zip Code				
2682 Burr St		Fairfield		СТ	06824-1883				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			50 .5						
No Cash Personal Check	06/	08/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	""	00/201/	φ100.00	1	¥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					
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bodine		William			0049
Residential Street Address	City			State	Zip Code
1445 Fairfield Beach Rd	L.,	Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	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?					
If yes list Event # Cash Personal Check	06/0	08/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Janesky		Lawrence			0050
Residential Street Address	City			State	Zip Code
326 South St	L	Seymour		СТ	06483
Principal Occupation		Name of Employ	er		
In contributors a minimal of a state contractor or prognactive state contractor?		In contributor of	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child o	Vac	Amou	iit of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes. list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/0	08/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Marsilius		Newman			0051
Residential Street Address	City			State	Zip Code
14 Bentagrass Ln	<u>L</u>	Newtown		СТ	06470
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?		In contributor of	obbyjet anguag or	Amou	nt of Contribution
Yes X No.	o	dependent child o	obbyist, spouse, or of a lobbyist? Yes	Alliou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes_list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/0	08/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Tallman		Jeff			0052
Residential Street Address	City			State	Zip Code
14 Trout Brook Ln	L.,	Weston		СТ	06883
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?	о	dependent child of	Vac	Amou	in of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes list Event # Cash Personal Check No Cash Personal Check No No Noney Order X Credit/Debit Card	06/0	08/2017	\$200.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ection A-1)	TYPE OF REPORT						
Dave Walker for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Diana Diana	FIISt	Vincent		MI	0045				
Residential Street Address	City			State	Zip Code				
44 Lookout Lndg		Bolton		СТ	06043				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?						
government the contract is with:		D : 1	x _{No}	l					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	09/2017	\$100.00		\$100.00				
<u> </u>									
Last Name	First			MI	Contribution ID #				
Kelly Residential Street Address	G:	Thomas		Gr. i	0043				
155 Brewster St # 2H	City	Duideeset		State	Zip Code				
Principal Occupation		Bridgeport Name of Employ	er	СТ	06605				
Timupa Occupation		Name of Employ	Ci						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1.00.10.10						
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/	10/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Kroopneck	1 1130	Marc			0044				
Residential Street Address	City			State	Zip Code				
5 Dalton Rd .		Milford		СТ	06460				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	10/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Rogath		David			0040				
Residential Street Address	City			State	Zip Code				
132 Pecksland Rd		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ł					
an event reported in Section J1?	Date	11001100	1.5510gate Contributions						
If yes, list Event # Cash Personal Check No	06/	12/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-1)	TYPE OF DEPONT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Rogath		Leslee			0041			
Residential Street Address	City			State	Zip Code			
132 Pecksland Rd		Greenwich		СТ	06831			
Principal Occupation		Name of Employ	er	•	•			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
No Cash Personal Check	06/:	12/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		-						
Last Name	First			MI	Contribution ID #			
Seymour		Jeffrey			0042			
Residential Street Address	City			State	Zip Code			
86 Eunice Ave		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er		00021			
Timepal Sceapanon		rume of Employ						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	•				
an event reported in Section J1?								
No Cash Personal Check	06/	12/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	00/	12/2017	Ψ30.00		450.00			
Last Name	First			MI	Contribution ID #			
Shays	1 1150	Christopher			0612			
Residential Street Address	City	Ciristopher		State	Zip Code			
9241 Deep Water Point Rd .	City	St Michaels		MD	21663			
Principal Occupation		Name of Employ	or	MD	21003			
Self Employed		Politic						
			obbyist, spouse, or	Amou	int of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		711100	ant of continuation			
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?	Duite	Trecerved	1 1561 Chaire Commontons					
No Cash X Personal Check	06/	12/2017	\$100.00		\$100.00			
If yes, list Event #	00/	12/2017	Ψ100.00		4100.00			
Last Name	First			MI	Contribution ID #			
Walsh	1 1130	James		IVII	0613			
Residential Street Address	City	James		State	Zip Code			
	City	Windsor		CT	06095			
9 Taylor Ct .	_		on.	Ci	00093			
Principal Occupation Retired		Name of Employ Retire						
			abbyigt groups or	Amor	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	an or Commounton			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Dot-	Pagaiyad		-				
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	0.5	12/2017	+35.00		¢2E 00			
If yes, list Event #	J Ub/.	12/2017	\$25.00		\$25.00			

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Dave Walker for CT					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	C		MI	Contribution ID #
Hanson Residential Street Address	City	Susan		State	0614 Zip Code
10 Mayflower Rd .	City	Norwalk		CT	06850-1026
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00030-1020
Real Estate Broker			s Real Estate		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		1	x _{No}		
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31? Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	06/	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Shoemaker		Thomas			0615
Residential Street Address	City			State	Zip Code
34-2 Brockway Fry		Lyme		СТ	06371
Principal Occupation		Name of Employ	er		
Energy reduction consultant		Leed			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		aepenaent enna e	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	06/	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Depanfilis		Ralph			0616
Residential Street Address	City			State	Zip Code
13 Byington Pl	L.,	Norwalk		СТ	06852
Principal Occupation		Name of Employ			
CPA			ePanfilis & Co., LLC obbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of		Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash X Personal Check	064	42/2047	+400.00		+100.00
If yes, list Event # No Money Order Credit/Debit Card	06/	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Waring		Adelaide			0617
Residential Street Address	City			State	Zip Code
1 Pink Cloud Ln	L	Norwalk		СТ	06851
Principal Occupation		Name of Employ			
Real Estate Broker			s Real Estate		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	06/	12/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Dave Walker for CT			July 10 1 ming Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bernhard		Bruce			0618
Residential Street Address	City	GL 11		State	Zip Code
100 Parrott Dr Apt 311		Shelton		СТ	06484-4773
Principal Occupation Consierge		Name of Employ R D S			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amo	unt of Contribution
If we sindicate which branch or branches of)	dependent child of	of a lobbyist?	es	
government the contract is with:			X N	О	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash X Personal Check	067	12/2017	¢100.00		¢100.00
If yes, list Event # No Money Order Credit/Debit Card	06/	13/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Baranyai		Alan			0619
Residential Street Address	City			State	Zip Code
103 Stratfield Pl		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Plumber			Plumbing	i	
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amo es	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	x _N		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	0	
an event reported in Section J1?	Date	received	riggiogate Contributions		
No Cash X Personal Check	06/	13/2017	\$100.00		\$100.00
If yes, list Event #			<u> </u>		
Last Name	First			MI	Contribution ID #
Baranyai		Edward			0620
Residential Street Address	City			State	Zip Code
103 Stratfield Pl		Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
Plumber			Plumbing obbyist, spouse, or	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	7	es	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	0	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Cash X Personal Check					
If yes, list Event # Cash Credit/Debit Card	06/	13/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Romano	11130	Thomas		1411	0621
Residential Street Address	City			State	Zip Code
305 Bunnyview Dr .		Stratford		СТ	06614
Principal Occupation		Name of Employ	er	•	•
Plumber		D&R F	Plumbing		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of		sependent ennu (x N		
government the contract is with:	Data	Received	Aggregate Contributions	<u> </u>	
an event reported in Section J1?	Date	received	Aggregate Contributions		
No Cash X Personal Check	06/	13/2017	\$100.00		\$100.00
If yes_list Event # Money Order Credit/Debit Card					

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Dave Walker for CT			July 10 1 ming Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Haas		Sandra			0622			
Residential Street Address	City			State	Zip Code			
62 Otter Cove Dr .	L	Old Saybrook		СТ	06475			
Principal Occupation Office Manager		Name of Employer Haas	er Contracting Co Inc					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Amo [*]	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent cinia o		No.				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_				
an event reported in Section J1?								
If yes, list Event # Cash No Money Order Credit/Debit Card	06/	13/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hiller	1 1150	Wayne		1411	0623			
Residential Street Address	City	,		State	Zip Code			
50 Beacon St .		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er	-				
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amo [*]	unt of Contribution			
If yes, indicate which branch or branches of		dependent child o	a loodyist?	No				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?								
If yes, list Event # Cash No Credit/Debit Card	06/	13/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Hiller		Margaret			0624			
Residential Street Address	City			State	Zip Code			
50 Beacon St .		Bridgeport		СТ	06605			
Principal Occupation		Name of Employe	er					
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	Is contributor a le dependent child of	obbyist, spouse, or fa lobbyist?	es Amo	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X 1	10				
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions					
X Parsonal Charles								
If yes, list Event # Cash Credit/Debit Card	06/:	13/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
An		Eric		В	0625			
Residential Street Address	City			State	Zip Code			
50 North St		Andover		MA	01810			
Principal Occupation		Name of Employ						
Self Employed		Five B						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	/es Amo	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		-	X 1	10				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_				
an event reported in Section J1?			23 0					
If yes list Event # Cash X Personal Check No Money Order Credit/Debit Card	06/	14/2017	\$100.00		\$100.00			

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Dave Walker for CT July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Rowan		Dana		С	0626
Residential Street Address	City			State	Zip Code
186 Commonwealth Ave Apt 36	L .	Boston		MA	02116
Principal Occupation Real Estate Investment		Name of Employ Exete	^{er} r Company		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	U	dependent child of	of a lobbyist?		
government the contract is with:	Б.	D : 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash No Credit/Debit Card	06/	14/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Hergenhan		Joyce			0713
Residential Street Address	City	F-:6:-1-1		State	Zip Code
715 Sasco Hill Rd Principal Occupation		Fairfield Name of Employ	er	СТ	06824
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
Yes X N If yes, indicate which branch or branches of Executive Legislative	0	dependent child of	of a lobbyist? Yes X No		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Duic	received	riggiogue Controutions		
If yes, list Event # 06142017A No Cash No Personal Check No Money Order Credit/Debit Card	06/	14/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Peterson		Marjorie			0714
Residential Street Address	City			State	Zip Code
6 Tod's Driftway		Old Greenwid	ch	СТ	06870
Principal Occupation		Name of Employ	er		
Social Worker			gal Services		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 71:					
If yes, list Event # 06142017A No Cash Personal Check Money Order Credit/Debit Card	06/	14/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Bond		Graham			0715
Residential Street Address	City			State	Zip Code
116 Sasco Hill Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			55 -5		
If yes, list Event # 06142017A Cash X Personal Check	06/	14/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original					
			July 10 1 ming ongina		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Leifer		Roger			0716
Residential Street Address	City	\A/ t t		State	Zip Code
6 Judy Point Ln Principal Occupation		Westport Name of Employ	or	СТ	06880
Investor			Properties		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or	es	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x N	0	
government the contract is with:	Date	Received	Aggregate Contributions	_	
an event reported in Section J1?			86 18		
If yes, list Event # 06142017A No Cash Personal Check Money Order Credit/Debit Card	06/	14/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Hlawitschka		Walter			0017
Residential Street Address	City			State	Zip Code
8 Apache Trl		Westport		СТ	06880
Principal Occupation		Name of Employ	er		•
		email	ed		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or	es	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu e	x _N	0	
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
If yes, list Event # 06142017A No Cash Personal Check No No No No No No No No No No No No No	06/	14/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Hlawitschka		judy			0018
Residential Street Address	City			State	Zip Code
8 Apache Trl		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Yale University		Physic			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	es	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	o	
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 06142017A	06/	14/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Cenci		Robert			0019
Residential Street Address	City			State	Zip Code
6 Tod Driftway		Old Greenwid		СТ	06870
Principal Occupation		Name of Employ			
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire Is contributor a l	obbyggt anguag ar	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	of a foodyist?	es	
If yes, indicate which branch or branches of government the contract is with:			x _N	0	
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes list Event # 06142017A No San San San San San San San San San San	06/	14/2017	\$100.00	1	\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			_
Last Name	First			MI	Contribution ID #
Scinto Scinto Address	Cit	Rob		C+-+-	0020
Residential Street Address 326 Penfield Rd	City	Fairfield		State CT	Zip Code 06824
Principal Occupation		Name of Employ	er	T C1	00824
· In · · · · · · In		emaile			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo Yes	unt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	if a lobbyist?		
government the contract is with:	D-4-	D		10	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	06/	14/2017	\$100.00		\$100.00
If yes, list Event # 06142017A		.,	7		
Last Name	First			MI	Contribution ID #
MacKinnon		Oliver			0021
Residential Street Address	City			State	Zip Code
588 Toilsome Hill Rd		Fairfield		СТ	06825
Principal Occupation		Name of Employe			
Is contributor a principal of a state contractor or prospective state contractor?			obbriet enouge or	Amo	unt of Contribution
Yes X No	0	dependent child of	7	res	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x 1	lo	
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	7	
Personal Check					
If yes, list Event # 06142017A No Money Order X Credit/Debit Card	06/	14/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Collins	11130	Stefanie		1411	0022
Residential Street Address	City			State	Zip Code
391 Lake Ave		Bridgeport		СТ	06605
Principal Occupation	-	Name of Employ	er	•	-
		emaile			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	'es Amo	unt of Contribution
If yes, indicate which branch or branches of		•	X 1	lo l	
government the contract is with.	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # 06142017A	06/	14/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
collins		bryan			0023
Residential Street Address	City			State	Zip Code
391 Lake Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employe	er		
		emaile		<u> </u>	
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or fa lobbyist?	'es Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		- "	X 1	lo	
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
If yes list Event # 06142017A Cash Personal Check	06/	14/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original					
			daily for iming original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Tallman		Daryl			0024
Residential Street Address	City	F-:6:-14		State	Zip Code
2881 North St Principal Occupation		Fairfield Name of Employe	or	СТ	06824
Custom Home Builder			an Building Company		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No	,	
Is this contribution associated with so event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions	_	
an event reported in Section J1? Cash Personal Check					
If yes, list Event # 06142017A No Money Order X Credit/Debit Card	06/	14/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Driesman		Mitch			0025
Residential Street Address	City			State	Zip Code
240 Mine HI		Fairfield		СТ	08824
Principal Occupation		Name of Employ	er		•
Physician		self ei	mployed		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or f a labbyist? Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x No	,	
government the contract is with: Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions	-	
an event reported in Section J1? Cash Personal Check					
If yes, list Event # 06142017A Cash Personal Check No Money Order X Credit/Debit Card	06/	14/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
smith	1 1100	al			0026
Residential Street Address	City			State	Zip Code
51 Tower Rd		Brookfield		СТ	06804
Principal Occupation		Name of Employe	er	_	•
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No	,	
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes, list Event # No Money Order X Credit/Debit Card	06/	14/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Schwartz		Kenneth			0027
Residential Street Address	City			State	Zip Code
125 Ocean Dr W		Stamford		СТ	06902
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Ye	Amoi	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?		
government the contract is with:	-		x No	_	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	06/	14/2017	\$200.00		\$100.00
If yes list Event # Money Order X Credit/Debit Card	ı · -, ·	·		1	•

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I. MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-1)	TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Dave Walker for CT July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Dahn		Paul			0028			
Residential Street Address	City			State	Zip Code			
343 High St		Newburyport		MA	01950			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
s contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			20 0					
No Cash Personal Check	06/	14/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00/	14/2017	\$100.00		φ100.00			
Last Name	First			MI	Contribution ID #			
	First	Danald		IVII				
Choi	G'i	Donald		G	0029			
Residential Street Address	City			State	Zip Code			
96 Compass Pt .		North Andov		MA	01845			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
□ No □ □	06/	14/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Weinstein		Mark			0030			
Residential Street Address	City			State	Zip Code			
13550 Magnolia Park Ct		Windermere		FL	34786			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of						
If yes, indicate which branch or branches of GOVERNMENT THE CONTROL IS WITH: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			20 0					
No Cash Personal Check	06/	14/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00,	- 1, 2027	Ψ100.00					
Last Name	First			MI	Contribution ID #			
	First	Thomas		IVII				
Kelly Residential Street Address	City	THOIHAS		Ct-t-	0031			
	City	ici :		State	Zip Code			
3150 Wailea Alanui # 3102		Kihei		HI	96753			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor of	obbyist, spouse, or	Aman	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	in or Contribution			
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}					
government the contract is with:	Б.	D i d						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
— III Cook Demonst Charle								
If yes, list Event # Cash Credit/Debit Card	06/	14/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<i>1</i> 2 (2)	ction A-i)	TYPE OF REPORT						
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lau		Marilee			0032				
Residential Street Address	City			State	Zip Code				
PO Box 878	ا ا	Kentfield		CA	94914				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?	O	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check No	06/	14/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Mathus		David			0033				
Residential Street Address	City			State	Zip Code				
384 Hollow Tree Ridge Rd		Darien		СТ	06820				
Principal Occupation		Name of Employ	er		•				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or General Physics 2 Yes	Amou	nt of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
□ No □ □	06/	14/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Zonis		Marvin			0034				
Residential Street Address	City			State	Zip Code				
4950 S Chicgo Bech Dr		Chicago		IL	60615				
Principal Occupation	-	Name of Employ	er	-	-				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	a loodyist:						
government the contract is with:			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	14/2017	\$100.00		\$100.00				
in you, inter-term									
Last Name	First			MI	Contribution ID #				
Morten		Stanley			0035				
Residential Street Address	City			State	Zip Code				
290 Sasco Hill Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	i a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # 06142017A Cash Credit/Debit Card	06/	14/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TYPE OF DEPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original								
Dave Walker for CT	outy 10 1 lilling - Original							
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Renner		Theresa			0036			
Residential Street Address	City			State	Zip Code			
704 Firethorn Ln		Hardeeville		SC	29927			
Principal Occupation	•	Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	06/	14/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	,							
Last Name	First			MI	Contribution ID #			
Hatch	1 1150	James		.,,,	0037			
Residential Street Address	City	Jairies		State	Zip Code			
	City	Na Vaul			-			
150W 56th St .	L	New York		NY	10019			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e						
government the contract is with: Executive Legislative								
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # No Money Order X Credit/Debit Card	06/	14/2017	\$100.00		\$100.00			
in you, not broken								
Last Name	First			MI	Contribution ID #			
Meyer		Anthony			0038			
Residential Street Address	City			State	Zip Code			
644 Broadway		New York		NY	10012			
Principal Occupation	•	Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child of	-					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			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/	14/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		•			·			
Last Name	First			MI	Contribution ID #			
Cordero		Linda			0039			
Residential Street Address	City	Linda		State	Zip Code			
25 Burrows St	City	Mystic		CT	06355			
		Mystic	OF .	Ci	00333			
Principal Occupation		Name of Employ	CI					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a !	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	Amou	o. controution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	D-4	P. oooiyyad						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
_		4.4/2017			+400.00			
If yes, list Event # Cash Credit/Debit Card	06/	14/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(TYPE OF REPORT						
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Anstey		Joseph			0012				
Residential Street Address	City			State	Zip Code				
3 Marion Ct		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
		email	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	riggiegate contributions						
If yes, list Event # Cash Personal Check No Cash Personal Check Money Order X Credit/Debit Card	06/	15/2017	\$100.00		\$100.00				
Tr. sv				l	Laurene				
Last Name	First			MI	Contribution ID #				
Bryan Residential Street Address	City	Edward		State	O013 Zip Code				
15 Inwood Ln	City	Farmington		CT	06032				
Principal Occupation		Name of Employ	er	<u> </u>	00032				
Attorney			lson, Jacobs and Bozek, LLC						
			obbyist, spouse, or	Amou	ınt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	06/	15/2017	\$100.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Levine		Anne			0014				
Residential Street Address	City			State	Zip Code				
41 Rayfield Rd		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
Retired		retire	d						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1.00.10						
If yes, list Event # 06142017A	06/	15/2017	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Wilkes	G'i	Bette		G	0015				
Residential Street Address 17 Crooked Mile Rd	City	Westport		State CT	Zip Code 06880				
Principal Occupation		Name of Employ	er	Ci	00000				
Тіпера оссарація		email							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		acpendent emit (x No						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with an event reported in Section J1?	Date		op-opaio commoundis						
No Cash Personal Check	06/	15/2017	\$100.00		\$100.00				
If yes, list Event # 06142017A	"	-,·	4100.00		,				

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dave Walker for CT			TYPE OF REPORT July 10 Filing - Original		
Dave walker for C1			Cary for iming Chightan		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Carter		Bruce			0016
Residential Street Address	City			State	Zip Code
31 Brookridge Ave Principal Occupation		Fairfield		СТ	06825
Self employed		Name of Employerself e	er mployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of)	dependent child of	if a lobbyist?		
government the contract is with:			X N	0	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	15/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/	13/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Prosnit		James			0010
Residential Street Address	City			State	Zip Code
20 White Oak Rd		Fairfield		СТ	06825
Principal Occupation		Name of Employ	er		
Rabbi		_	B'nai Israel		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	es	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x N		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	received	Aggregate Controlations		
No Cash Personal Check	06/	16/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card			·		
Last Name	First			MI	Contribution ID #
Lesko		Kevin			0011
Residential Street Address	City			State	Zip Code
96 Woods End Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ			
Funeral Director/Business Owner			& Polke Funeral Home	1	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	obbyist, spouse, or If a lobbyist?	es	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X N	o	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section 31?					
If yes, list Event # No Money Order X Credit/Debit Card	06/	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Paushter		Ernest			0717
Residential Street Address	City			State	Zip Code
3387 Main St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Property Mgmt			Realty		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	es	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		cind o	x _N		
government the contract is with:	Date	Received	Aggregate Contributions	_	
an event reported in Section J1?	Date		op-opaic Controllons		
No Cash Personal Check	06/	16/2017	\$100.00		\$100.00
If yes list Event # 06142017A Money Order Credit/Debit Card				1	

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT						
Dave Walker for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Vaccaro	1 1130	Donald		IVII	0627				
Residential Street Address	City	20.10.0		State	Zip Code				
325 Clark Hill Rd	City	South Glasto	nhurv	CT	06073				
Principal Occupation	_	Name of Employ	·	<u> </u>	00073				
CEO		1 ,	t Network						
			obbyict enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	06/	16/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Yaworowski		Barbara			0628				
Residential Street Address	City			State	Zip Code				
100 Parrott Dr Unit 306		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Licensed Massage Therapist		In To	uch Therapeutic Bodyworks						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	06/	16/2017	\$100.00		\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Sullivan		Timothy			0629				
Residential Street Address	City			State	Zip Code				
97 Fox St		Fairfield		СТ	06484				
Principal Occupation		Name of Employ	er						
International Business		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (*						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check			4400.00						
If yes, list Event # No Money Order Credit/Debit Card	06/	16/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Howard	11130	Andrew		IVII	0630				
Residential Street Address	City	Andrew		State	Zip Code				
58 Great Hill Rd	City	Oxford		CT	06478				
Principal Occupation	_	Name of Employ	er	<u> </u>	00170				
Construction		R D S							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # Cash X Personal Check Money Order	06/	16/2017	\$100.00		\$100.00				
11 Jos, 15t Event 11 Cledit/Debit Cald									

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I MONETA DV DECEME	0 (0	4° A T							
I. MONETARY RECEIPT	5 (5)	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Tallman		Perry			0007				
Residential Street Address	City			State	Zip Code				
208 Mill Hill Ter		Southport		СТ	06890				
Principal Occupation		Name of Employ	er						
Retired		Retire							
			abbyigt groups or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child o	Voc	111104	in or commonion				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	06/	19/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card			Ψ						
Last Name	First			MI	Contribution ID #				
	1 1130	Diana		1411	0008				
Parrett Residential Street Address	City	Diane		State					
	City			1	Zip Code				
433 Countryclubrd W		New Canaan		СТ	06840				
Principal Occupation		Name of Employ							
Housewife		House		1					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child c	<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	06/	19/2017	\$100.00		\$100.00				
Noney order									
Last Name	First			MI	Contribution ID #				
Parrett		William			0009				
Residential Street Address	City			State	Zip Code				
433 Country Club Rd W		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Self employed Board Member		Willis							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	06/	19/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		,	7						
Last Name	First			MI	Contribution ID #				
Keating	1 1130	Jennifer		1411	0001				
Residential Street Address	City	Jenninei		State	Zip Code				
	City				-				
3171 Bronson Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ							
Head of Marketing			i Strategic Land Investors						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of		,	x No						
government the contract is with: Executive Legislative	-								
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
— Demond Charle									
If yes, list Event # No No Money Order X Credit/Debit Card	06/	20/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Dave Walker for CT			July 10 Filling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Aiken		Lawrence			0002				
Residential Street Address	City			State	Zip Code				
100 Parrott Dr Unit 607		Shelton		СТ	06484				
Principal Occupation Consultant		Name of Employ self e	^{er} mployed						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ļ					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/2	20/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Korzenko		Teresa			0003				
Residential Street Address	City			State	Zip Code				
100 Valley View Rd		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er		•				
retired		retire	d						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Cash Personal Check Money Order X Credit/Debit Card	06/2	20/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
korzenko		krystyna			0004				
Residential Street Address	City			State	Zip Code				
100 Valley View Rd	<u> </u>	Stratford		СТ	06614				
Principal Occupation		Name of Employ							
maintenance assistant			m Raveis Real Estate						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # No Money Order X Credit/Debit Card	06/2	20/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Sonick		michael			0005				
Residential Street Address	City			State	Zip Code				
1047 Old Post Rd	L.,	Fairfield		СТ	06824				
Principal Occupation		Name of Employ							
Periodontist Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	Vac	Amou	iit of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/2	20/2017	\$100.00		\$100.00				

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I MONETADY DECEIDT	C (C.	4° A T)							
I. MONETARY RECEIPT	5 (5)	ection A-1)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
O'Connell		Mark			0006				
Residential Street Address	City			State	Zip Code				
3639 Heatherstone Rdg		Sun Prairie		WI	53590				
Principal Occupation		Name of Employ	er						
CEO		Wisco	nsin Counties Association						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
No Cash Personal Check	06/	20/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		-,	,						
Last Name	First			MI	Contribution ID #				
Ward		Marta			0631				
Residential Street Address	City	Harta		State	Zip Code				
5607 Coronation Ct .	City	Dunwoody		GA	30338-2609				
		Dunwoody Name of Employ	or .	GA	30336-2009				
Principal Occupation		Name of Employ							
Admin. Manager			czy Benefits Law Center						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (<u> </u>						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	06/	20/2017	\$100.00		\$100.00				
in yes, and break in the state of the state									
Last Name	First			MI	Contribution ID #				
Matt		George			0632				
Residential Street Address	City			State	Zip Code				
21 Belden Forest Ct		Simsbury		СТ	06070				
Principal Occupation		Name of Employ	er						
Realtor		Ravei	s R.E.						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash X Personal Check	06/	20/2017	\$100.00		\$100.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Segerson		John			0633				
Residential Street Address	City	301111		State	Zip Code				
1 Wheeler Dr	City	Trumbull		CT	06611				
			OF .	CI	00011				
Principal Occupation		Name of Employ							
General Contractor			an Segerson Builders		nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	06/	20/2017	\$100.00		\$100.00				

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
White		John			0634				
Residential Street Address	City			State	Zip Code				
60 Pound Ridge Rd .		Cheshire		СТ	06410				
Principal Occupation		Name of Employ	er						
Author and Literary Agent		Retire							
			abbyigt groups or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	37	Alliou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with.	Б.	D : 1							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	06/	20/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Shulman		Arthur			0635				
Residential Street Address	City			State	Zip Code				
18 Woods Way		Georgetown		СТ	06896				
Principal Occupation		Name of Employ	er	•					
Executive		GAVP							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash X Personal Check		20 (20 4 7	445.00		445.00				
If yes, list Event # No Money Order Credit/Debit Card	06/.	20/2017	\$15.00		\$15.00				
-				1	1				
Last Name	First			MI	Contribution ID #				
Warren Jr		J Donald			0636				
Residential Street Address	City			State	Zip Code				
101 Milford Point Rd		Milford		СТ	06460				
Principal Occupation		Name of Employ	er						
Professor		Maris	t College						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
No Cash X Personal Check	06/	20/2017	\$100.00		\$100.00				
If yes, list Event #		,	Ψ						
Last Name	First			MI	Contribution ID #				
	First	Danni		IVII	0462				
Holmes	O.	Рорру		G					
Residential Street Address	City			State	Zip Code				
7 Tommys Ln	L	Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
n/a		n/a							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions]					
an event reported in Section J1?									
No Cash Personal Check	06/	21/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I ''	*	,	1					

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I MONETARY DECEME	0 (0	4° A T)							
I. MONETARY RECEIPT	5 (5)	ection A-1)	TWDE OF DEDONA						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Holmes		Joseph			0463				
Residential Street Address	City			State	Zip Code				
7 Tommys Ln		Norwalk		СТ	06850				
Principal Occupation		Name of Employ	er						
Retired		Retire							
			abbyist spaysa or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	111104	in or commonion				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	06/	21/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		,							
Last Name	First			MI	Contribution ID #				
lohnson	1 1100	Mark			0464				
Residential Street Address	City	Mark		State	Zip Code				
	City	Davian		1	-				
4 Park Pl		Darien		СТ	06820				
Principal Occupation		Name of Employ							
Banker		BBVA							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	06/	21/2017	\$100.00		\$100.00				
in yes, and break in the state of the state									
Last Name	First			MI	Contribution ID #				
Benedetti		Uanderson			0465				
Residential Street Address	City			State	Zip Code				
118 Towne Apt 106		Stamford		СТ	06902				
Principal Occupation		Name of Employ	er						
Vice President		Fort A	Amsterdam Capitol						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	06/	21/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card			7						
Last Name	First			MI	Contribution ID #				
Gombos	1 1130	Jeffrey		1411	0466				
Residential Street Address	City	Jenrey		State	Zip Code				
92 Burroughs Rd	City	Fastan			-				
		Easton		СТ	06612				
Principal Occupation		Name of Employ							
President			ess, Inc.						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Det	Dagaiyad		1					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
_		24 /2017			+100.00				
If yes, list Event # Cash Credit/Debit Card	06/	21/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Dave Walker for CT									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lawrence		Stephen			0467				
Residential Street Address	City			State	Zip Code				
PO Box 1307		Greens Farm		СТ	06838				
Principal Occupation Commercial Real Estate/Management		Name of Employ Inves	^{er} tment Capital Partners						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:		acpendent enna e	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	21/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Edwards		Bert		Т	0777				
Residential Street Address	City			State	Zip Code				
3 Briarcliff Ct		Oceanview		DE	19970				
Principal Occupation		Name of Employ	er	•					
Accountant		Self							
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna e	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X No Cash Personal Check	06/	21/2017	\$100.00		\$100.00				
If yes, list Event#									
Last Name	First			MI	Contribution ID #				
Vagnini		Michael			0449				
Residential Street Address	City			State	Zip Code				
210 Westenhook Ter		Southbury		СТ	06488				
Principal Occupation		Name of Employ							
Tax Preparation Is contributor a principal of a state contractor or prospective state contractor?			el D Vagnini, CPA	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of		7 tinot	in or contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	22/2017	\$100.00		\$100.00				
					1				
Last Name	First			MI	Contribution ID #				
Skinner	G:	Lisa		a	0450				
Residential Street Address 14 Pecksland Rd	City	Greenwich		State CT	Zip Code 06831				
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00031				
Real estate agent			nan Lawrence						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	U	dependent child of	1 a 1000yist?	1					
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
_		22/2017	+100.00		±100 00				
If yes, list Event # Cash Cash Personal Check No Money Order X Credit/Debit Card	06/	22/2017	\$100.00	1	\$100.00				

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I. MONETARY RECEIPT	S (Sc	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REP July 10 Filing - Origina			
Dave Walker for CT July 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Larcheveque		Joseph				0451
Residential Street Address	City				State	Zip Code
500 Lake Ave		Bridgeport			СТ	06605
Principal Occupation Deputy Chief/Paramedic		Name of Employer Stamf	er Ford Emergency Medic	al Serv	ices	
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	\neg		nt of Contribution
If yes, indicate which branch or branches of)	dependent child of	_	Yes		
government the contract is with: Executive Legislative				x No		
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions			
Cash Personal Check		20 (20 4 =	450.04	•		150.00
If yes, list Event # No Money Order X Credit/Debit Card	06/.	22/2017	\$50.00	U		\$50.00
Last Name	First				MI	Contribution ID #
Kamovitch		John				0452
Residential Street Address	City				State	Zip Code
206 South St		Fairfield			СТ	96824
Principal Occupation		Name of Employ	er			
Director		Pfizer				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna e	_	x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	X No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
No Cash Personal Check	06/	22/2017	\$100.00	n		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/		410010			<u> </u>
Last Name	First				MI	Contribution ID #
Zalik		Steven				0453
Residential Street Address	City				State	Zip Code
208 Housatonic Ave		Stratford			СТ	06615
Principal Occupation		Name of Employ				
Inspector			sky Aircraft			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•	-	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes Cash Personal Check						
If yes, list Event # No Some Notes No Money Order X Credit/Debit Card	06/2	22/2017	\$100.00	0		\$100.00
Last Name	First				MI	Contribution ID #
goodyear		linda				0454
Residential Street Address	City				State	Zip Code
15 Old Stamford Rd Unit B		New Canaan			СТ	06840
Principal Occupation		Name of Employe	er			
retired		retire				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		· F · · · · · · · · · · · · · · · · · ·	•	x _{No}		
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	NO		
an event reported in Section J1?	Date	1.0001100	. aggregate Contributions			
If yes, list Event # Personal Check No	06/2	22/2017	\$100.00	0		\$100.00

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			July 10 Filing - Original		
Dave Walker for CT July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Goodyear		Charles			0455
Residential Street Address	City			State	Zip Code
15 Old Stamford Rd Unit B		New Canaan Name of Employe		СТ	06840
Principal Occupation reread		retire			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Yes Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x N	lo l	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/	22/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Maglaris		C. Dean			0456
Residential Street Address	City			State	Zip Code
84 Beacon Hill Ln		New Canaan		СТ	06840
Principal Occupation		Name of Employe	er	•	•
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent cinia o	x N	lo	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? No Cash Personal Check	06/	22/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
van Dijkum		Floris			0457
Residential Street Address	City			State	Zip Code
18 Fox Hill Ln		Darien		СТ	06820
Principal Occupation		Name of Employ			
Investment management			obbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o		es	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			X N	lo	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check No No No No Personal Check X Credit/Debit Card	06/	22/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID#
Michaels - van Dijkum	FIISt	Allisson		IVII	Contribution ID # 0458
Residential Street Address	City	Allissuii		State	Zip Code
18 Fox Hill Ln	City	Darien		CT	06820
Principal Occupation		Name of Employ	er	-	
Investment management		MVP,	LLC		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		,,	x _N	Io	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes list Event # No Money Order X Credit/Debit Card	06/	22/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Dave Walker for CT					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Way		Craig			0459
Residential Street Address	City			State	Zip Code
679 Fairfield Beach Rd Principal Occupation	L	Fairfield		СТ	06824
VP, Leasing & Acquisitions		Name of Employ HB Ni			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No	06/2	22/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Atkins		Kevin			0460
Residential Street Address	City			State	Zip Code
45 Anvil Rd		Southport		СТ	06890
Principal Occupation		Name of Employ	er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/2	22/2017	\$52.00		\$25.00
Last Name	First			MI	Contribution ID #
Birarelli		James			0461
Residential Street Address	City			State	Zip Code
116 Gilbert Dr .		Trumbull		СТ	06611
Principal Occupation		Name of Employ	er		
INSURANCE BROKER			RELLI INSURANCE AGENCY		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions]	
an event reported in Section 31?					
If yes, list Event # No Money Order X Credit/Debit Card	06/2	22/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Mednick		Robert			0440
Residential Street Address	City			State	Zip Code
1040 N Lake Shore Dr Apt 20B		Chicago		IL	60611
Principal Occupation		Name of Employ			
CPA		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes list Event # Cash Personal Check No Money Order	06/2	23/2017	\$50.00		\$50.00

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Waldman		David			0441				
Residential Street Address	City			State	Zip Code				
6 Pond Edge Rd		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
Broker		David	Adam Realty						
Is contributor a principal of a state contractor or prospective state contractor?			abbyiet enouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
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		-							
Last Name	First			MI	Contribution ID #				
Anton		Gregory			0442				
Residential Street Address	City	c. cgc. y		State	Zip Code				
762 E Nichols Dr		Littleton		CO	80122				
Principal Occupation		Name of Employ	or		00122				
CPA			Collins Mitchell LLP						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	iit of Collification				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative	_								
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/	23/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Johnson		David			0443				
Residential Street Address	City			State	Zip Code				
35 Highview Ave		Old Greenwid	ch	CT	06870				
Principal Occupation		Name of Employ	er						
Owner		Johns	on Wine Group						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a followist:						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes list Event # Cash Personal Check No	06/	23/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Goodfriend		Julie			0444				
Residential Street Address	City			State	Zip Code				
115 Zaccheus Mead Ln		Westport		СТ	06881				
Principal Occupation		Name of Employ	er						
Housewife		House							
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions	1					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	067	22/2017	#100.00		¢100.00				
If yes, list Event # No Money Order X Credit/Debit Card	J U6/	23/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Dave Walker for CT					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Barhydt		Peter			0445
Residential Street Address	City			State	Zip Code
39 Walsh Ln	<u> </u>	Greenwich		СТ	06830
Principal Occupation marketing		Name of Employ Aberd			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	23/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/.	23/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Harrison		Anne			0446
Residential Street Address	City			State	Zip Code
74 Vineyard Ln	<u> </u>	Greenwich		СТ	06830
Principal Occupation		Name of Employ	er		
Housewife		House			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No	06/2	23/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Tallman		Paul			0447
Residential Street Address	City	C		State	Zip Code
PO Box 1066 Principal Occupation	<u> </u>	Southport Name of Employ	or	СТ	06890
General Contractor			an Building Company		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
Yes A No	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check		20/2017	4400.00		
If yes, list Event # No Money Order X Credit/Debit Card	06/.	23/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Coyne		James			0448
Residential Street Address	City			State	Zip Code
63 Old Hill Rd		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
CFO			leigh Capital		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Personal Check No	06/2	23/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			МІ	Contribution ID #			
Hiner		Jacqueline			0718			
Residential Street Address	City			State	Zip Code			
3 Windrush Ln		Westport		СТ	06880			
Principal Occupation		Name of Employ	er	-	•			
Student								
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Dagaiyad	Aggregate Contributions					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/	23/2017	\$100.00		\$100.00			
If yes, list Event # 06222017D	00/	25/2017	Ψ100.00		4100.00			
Last Name	First			MI	Contribution ID #			
Hiner		Sarah			0719			
Residential Street Address	City			State	Zip Code			
3 Windrush Ln		Westport		СТ	06880			
Principal Occupation		Name of Employ	er	•				
Executive		Botto	m Line Inc					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a foodysst?					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash X Personal Check		20/2017	4400.00					
If yes, list Event # 06222017D No Money Order Credit/Debit Card	06/.	23/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hiner	11130	Ronald		1411	0720			
Residential Street Address	City	11011010		State	Zip Code			
3 Windrush Ln		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
Consultant		Softst	one Tech Inc.					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a followist:					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06.0	22/2017	+400.00		+400.00			
If yes, list Event # 06222017D No Money Order Credit/Debit Card	06/.	23/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Schieffelin		Susan			0721			
Residential Street Address	City			State	Zip Code			
42 Bruce Park Dr		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er					
Housewife		House	ewife					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent child (x No					
government the contract is with: Legislative Legislative	Б.	D i 4						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash X Personal Check	ne /	23/2017	\$100.00		\$100.00			
If yes, list Event # 06222017D	00/.	23/201/	\$100.00		φ100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	ection A-1)	TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Schieffelin	11130	Timothy		IVII	0722			
Residential Street Address	City	Timothy		State	Zip Code			
42 Bruce Park Dr	City	Craanwish			· •			
		Greenwich		СТ	06830			
Principal Occupation		Name of Employ						
Real Estate Investment			tment					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodylst?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	06/	23/2017	\$100.00		\$100.00			
If yes, list Event # 06222017D								
Last Name	First			MI	Contribution ID #			
Fields		Maureen			0723			
	Cit	Maureen		C+-+-				
Residential Street Address	City			State	Zip Code			
100 Midwood Rd		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er					
Housewife		House	ewife					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
	,	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
	Date	Received	Aggregate Contributions					
an event reported in Section J1? Method of contribution: Method of contribution:								
No Cash X Personal Check	06/	22/2017	\$100.00		\$100.00			
If yes, list Event # 06222017D	00/	23/2017	\$100.00		\$100.00			
F				1				
Last Name	First			MI	Contribution ID #			
Fields		Douglas			0724			
Residential Street Address	City			State	Zip Code			
100 Midwood Rd		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			20 0					
No Cash X Personal Check	06/	23/2017	\$100.00		\$100.00			
If yes, list Event # 06222017D	00/	23/2017	\$100.00		\$100.00			
·								
Last Name	First			MI	Contribution ID #			
Tranfo		Jane			0725			
Residential Street Address	City			State	Zip Code			
45 Quail Rd		Greenwich		CT	06831			
Principal Occupation		Name of Employ	er					
Housewife		House	ewife					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions]				
an event reported in Section 31:								
No Cash X Personal Check	06/	23/2017	\$200.00		\$100.00			
If yes, list Event # 06222017D	I ''	*	1	1				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original								
Dave Walker for CT								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Tranfo		Jane			0726			
Residential Street Address	City			State	Zip Code			
45 Quail Rd	ļ.,	Greenwich Name of Employ	ON .	СТ	06831			
Principal Occupation Real Estate Investment			dict Capital					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Dute	received	riggiogue Controutions					
If yes, list Event # 06222017D No Solution	06/	23/2017	\$200.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Stevens II		John			0637			
Residential Street Address	City			State	Zip Code			
11 Penfield Pl		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Treasury Manager			& Co.					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	24/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Melich		Gregory			0638			
Residential Street Address	City			State	Zip Code			
15 Shagbark Rd .	<u> </u>	Darien		СТ	06820			
Principal Occupation		Name of Employ						
Analyst			ore ISI					
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11:								
If yes, list Event # 06212017C No Cash Personal Check No Money Order Credit/Debit Card	06/	24/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Melich		Allison			0639			
Residential Street Address	City			State	Zip Code			
15 Shagbark Rd .	L	Darien		СТ	06820			
Principal Occupation		Name of Employ						
Housewife Is contributor a principal of a state contractor or prospective state contractor?		House Is contributor a l	obbriet enouge or	Amor	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes N	o	dependent child of	Vac	Amou	an or contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with an avoid contribution: A Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
all event reported in Section 31?								
If yes, list Event # 06212017C No Cash Credit/Debit Card	06/	24/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5 6	ection A-1)	TWDE OF DEDORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Johnson		Susan			0640				
Residential Street Address	City			State	Zip Code				
21 Park Pl .		Darien		СТ	06820-5302				
Principal Occupation		Name of Employ	er						
 Homeaker		Home	aker						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist spanse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event apported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
No Cash X Personal Check	06/	24/2017	\$100.00		\$100.00				
If yes, list Event # 06212017C		,							
Last Name	First			MI	Contribution ID #				
Stevenson		Jayme			0641				
Residential Street Address	City	Jayine		State	Zip Code				
65 St Nicholas Rd .	City	Darien		CT	06820-2823				
Principal Occupation		Name of Employ	or.	CI	00020-2023				
First Selectman			of Darien						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X Personal Cheek									
If yes, list Event # 06212017C No Solution No Money Order Credit/Debit Card	06/2	24/2017	\$100.00		\$100.00				
<u> </u>									
Last Name	First			MI	Contribution ID #				
Cantafio		Timothy			0435				
Residential Street Address	City			State	Zip Code				
72 Tait Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er	-	•				
Engineer		North	east Electronics Corp						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	06/2	25/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•							
Last Name	First			MI	Contribution ID #				
Sayler		Roger			0436				
Residential Street Address	City	rtoger		State	Zip Code				
59 White Fall Ln	City	New Canaan		CT	06840				
		Name of Employ	ON.	Ci	00040				
Principal Occupation									
investments			h pension fund		nt of Contain-ti-				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of		cinu	x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
— Demond Charle									
If yes, list Event # No No Money Order X Credit/Debit Card	06/2	25/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5 (ection A-1)	TYPE OF DEPONT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Smith		Tom			0437				
Residential Street Address	City			State	Zip Code				
27 Hickory Hill Rd		Branford		СТ	06405				
Principal Occupation		Name of Employ	er						
Marketing			ts of columbus						
			abbyist spanse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	06/	25/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00/.	23, 2017	Ψ100.00		φ100.00				
Last Name	First			MI	Contribution ID #				
	Thist	Mani		IVII	0438				
Daytz Residential Street Address	City	Mary		Ct-t-					
	City			State	Zip Code				
82 Old Hill Rd	_	Westport		СТ	06880				
Principal Occupation		Name of Employ							
homemaker			pplicable						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodysst?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
□ No □ □	06/2	25/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Daytz		Peter			0439				
Residential Street Address	City			State	Zip Code				
82 Old Hill Rd		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
banker		Citi							
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		111104	in or commonion				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	1					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	067	25/2017	¢100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	06/.	25/2017	\$100.00		\$100.00				
				'					
Last Name	First			MI	Contribution ID #				
Grega		Sarah			0428				
Residential Street Address	City			State	Zip Code				
49 Beaverbrook Rd		Fairfield		CT	06825				
Principal Occupation		Name of Employ	er						
RN		Greer	wich Hospital						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No No Money Order X Credit/Debit Card	06/2	26/2017	\$25.00		\$25.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Koppelman		Cynthia			0429				
Residential Street Address	City			State	Zip Code				
84 Glenville Rd		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
sales		Miller	Motorcars						
			obbyist spanse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
No Cash Personal Check	06/	26/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•			·				
Last Name	First			MI	Contribution ID #				
Maloney		Robert			0430				
Residential Street Address	City	Robert		State	Zip Code				
1780 Bronson Rd	City	Fairfield		CT	06824				
Principal Occupation		Name of Employ	or.	CI	00024				
Professional Services			ey Commodity Services						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	06/	26/2017	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Topal		Sam			0431				
Residential Street Address	City			State	Zip Code				
28 Cheshire St		Stratford		CT	06614				
Principal Occupation		Name of Employ	er	-					
President		Anato	lia Construction						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
No Cash Personal Check	06/	26/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
NGUYEN		MY			0432				
Residential Street Address	City			State	Zip Code				
6604 Saddlehorn Ct	City	Burke		VA	22015				
Principal Occupation		Name of Employ	or	I VA	22015				
Nurse			ospital						
			obbyjet enouge or	Amon	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	in or Contribution				
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}						
government the contract is with:	Б.	D i d		1					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
— III Cook Demonstrate		26/2017			+400.00				
If yes, list Event # Cash Credit/Debit Card	06/	26/2017	\$100.00		\$100.00				

I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Baker		Vanda			0433				
Residential Street Address	City			State	Zip Code				
17 Indian Trl , Darien		Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
Development and sales, real estate		1 ,	Quest Real Estate						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
No Cash Personal Check	06/	26/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•			•				
Last Name	First			MI	Contribution ID #				
Harper		Sallyanne			0434				
Residential Street Address	City	Sanyanne		State	Zip Code				
4610 Backlick Rd	City	Annandalo		VA	22003				
	_	Annandale		VA	22003				
Principal Occupation		Name of Employ							
Retired			pplicable						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		аеренаен енна (<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	06/2	26/2017	\$100.00		\$100.00				
in yes, and break in the state of the state									
Last Name	First			MI	Contribution ID #				
Langton		Edward			0642				
Residential Street Address	City			State	Zip Code				
72 Shady Ln		Hattiesburg		MS	39402				
Principal Occupation		Name of Employ	er	•					
Banker		Grand	l Bank FSB						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
No Cash X Personal Check	06/2	27/2017	\$100.00		\$100.00				
If yes, list Event #		•			•				
Last Name	First			MI	Contribution ID #				
Shapiro		Robert			0643				
Residential Street Address	City	Robert		State	Zip Code				
126 S Park Dr	City	Ocenemowe	_	WI	53066				
	Ь	Oconomowoo		I 441	33000				
Principal Occupation		Name of Employ							
Mgmt/Consulting			hapiro Network, Inc.		mt of Contaileastic				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?	1								
If yes, list Event # Cash Credit/Debit Card	06/2	27/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Briggs		Fergus Paul			0644				
Residential Street Address	City			State	Zip Code				
7213 Regent Dr .		Alexandria		VA	22307				
Principal Occupation		Name of Employ	er		!				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash X Personal Check	06/	27/2017	\$100.00		\$100.00				
If yes, list Event #		•			•				
Last Name	First			MI	Contribution ID #				
Farrow		Robert			0645				
Residential Street Address	City	Robert		State	Zip Code				
5013 W Cedar Ln	City	Bethesda		MD	20814				
Principal Occupation		Name of Employ	on.	טויו	20014				
Economist		UMBC							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	06/	27/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Haveman		James			0646				
Residential Street Address	City			State	Zip Code				
12471 Jansma Dr .		Grand Haven	l	MI	49417				
Principal Occupation		Name of Employ	er	-					
Consultant		Self:	Haveman Group						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
No Cash X Personal Check	06/	27/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Kirschner		Kerry			0647				
Residential Street Address	City	,		State	Zip Code				
1590 Gulfview Dr .	City	Sarasota		FL	34236-8422				
Principal Occupation		Name of Employ	or		31230 0122				
Retired		Retire							
			abbyigt groups or	A man	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	int of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative	- F	<u> </u>		1					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
— III Cost XI Record Charle									
If yes, list Event # Cash Credit/Debit Card	06/	27/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ection A-1)	TYPE OF REPORT					
Dave Walker for CT			July 10 1 ming Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Krivickas		Albert			0648			
Residential Street Address	City			State	Zip Code			
165 West Rd		South Winds	or	СТ	06074			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
□ No □ □ □ □	06/	27/2017	\$25.00		\$25.00			
If yes, list Event #	 							
Last Name	First			MI	Contribution ID #			
Simonian		Guy			0649			
Residential Street Address	City			State	Zip Code			
54 Sequin Rd .		West Hartfor	d	СТ	06117			
Principal Occupation		Name of Employ	er					
Check Fund Manager		Cotal	Systems Incorp					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash X Personal Check	06/	27/2017	\$50.00		\$50.00			
If yes, list Event #	00/	27/2017	Ψ30.00		450.00			
Last Name	First			MI	Contribution ID #			
Gribbon	11130	Patrick		IVII	0650			
Residential Street Address	City	ratrick		State	Zip Code			
40 Butternut Ln	City	Stratford		CT	06614			
			OF	CI	00014			
Principal Occupation Retired		Name of Employ Retire						
				A.m.o.v	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received						
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/	27/2017	¢100.00		¢100.00			
If yes, list Event # Money Order Credit/Debit Card	06/.	27/2017	\$100.00		\$100.00			
1.00	г			1.0	C (1 (ID#			
Last Name	First			MI	Contribution ID #			
Johnson	O.	Nancy		a	0651			
Residential Street Address	City	51 611		State	Zip Code			
310 Seabury Dr .		Bloomfield		СТ	06002			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent ennu (x No					
government the contract is with:								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/	27/2017	\$100.00		\$100.00			

I, MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-I)	TYPE OF DEPONT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Tryhane		Peter			0652				
Residential Street Address	City			State	Zip Code				
123 Harbor Dr Unit 412		Stamford		СТ	06902				
Principal Occupation		Name of Employ	er						
CPA		Ernst	& Young, LLP						
			obbyjet enouge or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	711100	ant of continuation				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Duit	110001100	1 1561 Chaire Commontons						
No Cash X Personal Check	06/	27/2017	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	00/	27/2017	\$100.00		\$100.00				
Lad Name	Elmat.			LM	Contribution ID#				
Last Name	First			MI	Contribution ID #				
Holdridge		Gerald			0653				
Residential Street Address	City			State	Zip Code				
14 Forge 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?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a foodysst?						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
U No ☐ □ ··································	06/	27/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Daley		Mary			0654				
Residential Street Address	City	,		State	Zip Code				
75 Old Battery Rd .		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	or	<u> </u>	00003				
Teacher Assistant			se of Bridgeport						
				Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child	V	Alliou	int of Contribution				
If yes, indicate which branch or branches of		•	x _{No}						
government the contract is with:									
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cook X Dorsonal Cheek									
If yes, list Event # Cash Credit/Debit Card	06/	27/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Nightingale		William			0655				
Residential Street Address	City			State	Zip Code				
179A Oenoke Ridge Rd .		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?			obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
No Cash X Personal Check	06/	27/2017	\$250.00		\$250.00				
If yes, list Event #	I/	•	,	I	*				

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L MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						
Dave Walker for CT	July 10 Filing - Original					
B. Itemized Contributions from	m Inc	lividuals				
Last Name Fortuna	First	Carl		MI	Contribution ID # 0656	
Residential Street Address	City			State	Zip Code	
54 Pennywise Ln	City	Old Saybrool	(CT	06475	
Principal Occupation		Name of Employ		<u> </u>	001/3	
First Selectman			of Old Saybrook			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1		
an event reported in Section J1?						
If yes, list Event # Cash No Cash No Money Order Credit/Debit Card	06/	27/2017	\$75.00		\$75.00	
Last Name	First			MI	Contribution ID #	
Alper	1 1150	Merlin			0657	
Residential Street Address	City	11011111		State	Zip Code	
111 Davenport Ridge Ln		Stamford		СТ	06903	
Principal Occupation		Name of Employ	er		00303	
Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution	
	0	dependent child of	of a lobbyist?			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1		
an event reported in Section J1? Yes Cash Personal Check	06/	27/2017	\$100.00		\$100.00	
If yes, list Event #	00,	_,,,	Ψ100.00			
Last Name	First			MI	Contribution ID #	
Schoonmaker		Carolyn			0658	
Residential Street Address	City			State	Zip Code	
231 Old Kings Hwy S .		Darien		СТ	06820	
Principal Occupation		Name of Employ	er			
Homeaker		Home	eaker			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	int of Contribution	
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with A yes Yes	Date	Received	Aggregate Contributions			
an event reported in section 71?						
If yes, list Event # 06212017C Cash Personal Check Money Order Credit/Debit Card	06/	27/2017	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Schwartz		Donald			0659	
Residential Street Address	City			State	Zip Code	
29 Short Beach Rd .		East Haven		СТ	06512	
Principal Occupation		Name of Employ	er			
Retired		Retire	ed			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x No			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1		
an event reported in Section J1?						
If yes, list Event # Cash X Personal Check Money Order	06/	27/2017	\$100.00		\$100.00	

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I MONETARY DECEIR	0 (0.				
I. MONETARY RECEIPT	5 (5)	ection A-1)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original					
Dave walker for C1					
B. Itemized Contributions from	n Inc	lividuals			
Last Name Philbin	First	John		MI	Contribution ID # 0660
Residential Street Address	City	301111		State	Zip Code
141 Margemere	City	Fairfield		CT	06824
Principal Occupation		Name of Employ	er		
owner		Philbi	n Brothers		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		aepenaem emia (x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions	-	
an event reported in Section J1? X Yes Method of contribution:					
If yes, list Event # 06272017E Cash Represent Credit/Debit Card	06/	27/2017	\$100.00		\$100.00
LadNama	Eit			LM	Ct-ib-ti ID#
Last Name	First	T- 11		MI	Contribution ID #
Lansdale Residential Street Address	City	Todd		State	0661
	City	Faire field			Zip Code 06825
226 Papurah Rd Principal Occupation		Fairfield Name of Employ	or.	СТ	00823
Manager			Auto Warehouse		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
)	dependent child of	<u> </u>		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	27/2017	\$100.00		\$100.00
If yes, list Event # 06272017E					
Last Name	First			MI	Contribution ID #
Maiocco		Kenneth			0662
Residential Street Address	City			State	Zip Code
239 Linden Ave		Branford		СТ	06405
Principal Occupation		Name of Employ			
Physician Is contributor a principal of a state contractor or prospective state contractor?			& Maiocco, MD LLC		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	V	Amot	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with	Date	Received	Aggregate Contributions		
an event reported in Section J1? Cash Personal Check					
If yes, list Event # 06272017E Cash Credit/Debit Card	06/.	27/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Attruia-Hartwell		Amalia			0663
Residential Street Address	City			State	Zip Code
125 Eastern Pkwy		Milford		СТ	06460
Principal Occupation		Name of Employ	er		
Housewife		House			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes, list Event # 06272017E	06/	27/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Dave Walker for CT			July 10 1 lilling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DePalma		John			0664				
Residential Street Address	City			State	Zip Code				
27 Crestwood Road Ext	ļ.,	Milford Name of Employ	ON .	СТ	06460				
Principal Occupation Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1-88-184-1						
If yes, list Event # 06272017E No Cash X Personal Check Money Order Credit/Debit Card	06/	27/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Johnson		Scott			0665				
Residential Street Address	City			State	Zip Code				
107 Lynn Dr	<u> </u>	Monroe		СТ	06468				
Principal Occupation		Name of Employ							
Owner			eld Transmition						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
government the contract is with. Is this contribution associated with an avoid contribution. X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 06272017E No Money Order Credit/Debit Card	06/	27/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Musto		Anthony			0666				
Residential Street Address	City			State	Zip Code				
9 Village Dr		Trumbull		СТ	06611				
Principal Occupation		Name of Employ							
Physician — — — —			ny Musto MD	A					
Is contributor a principal of a state contractor or prospective state contractor?	О	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?									
If yes, list Event # 06272017E No Cash Credit/Debit Card	06/	27/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Matteson		Patricia			0667				
Residential Street Address	City			State	Zip Code				
43 Aberdeen Way		Southport		СТ	06890				
Principal Occupation		Name of Employ							
Consultant			oor Ventures						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 06272017F	06/	27/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Reynolds		Michael			0668			
Residential Street Address	City			State	Zip Code			
171 Old South Rd		Southport		СТ	06890			
Principal Occupation		Name of Employ	er					
Dentist		Micha	el J. Reynolds DDS					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31:								
□ No □ □ ·······························	06/	27/2017	\$100.00		\$100.00			
If yes, list Event # 06272017E								
Last Name	First			MI	Contribution ID #			
Lloyd		Thomas			0669			
Residential Street Address	City			State	Zip Code			
242 Cedar Rd		Southport		СТ	06890			
Principal Occupation		Name of Employ	er	•				
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
U No T	06/	27/2017	\$100.00		\$100.00			
If yes, list Event # 06272017E								
Last Name	First			MI	Contribution ID #			
Russell		Timothy			0670			
Residential Street Address	City			State	Zip Code			
54 Toddy Hill Rd		Sandy Hook		СТ	06470			
Principal Occupation		Name of Employ	er					
Insurance Broker		The R	ussell Agency					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a followist:					
government the contract is with:			x _{No}					
Is this contribution associated with A yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 06272017E Cash Cash Personal Check Occupancy Occupan	06/	27/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Filotei		Suzanne			0671			
Residential Street Address	City			State	Zip Code			
155 Brewster St		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ						
Retired		Retire		1				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child (·					
government the contract is with: Executive Legislative	-		x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
		27/2017			+400.00			
If yes, list Event # 06272017E Cash Personal Check No	06/	27/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original					
Dave Walker for CT July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Grega		Melinda			0672
Residential Street Address	City	F-:-6:-1-4		State	Zip Code
607 Kings Hwy E Principal Occupation		Fairfield Name of Employe	or	СТ	06825
Owner			f Hill Rd Project		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	r a lobbyist?		
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Dute	Received	riggregate Contributions		
If yes, list Event # 06272017E	06/2	27/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Grega		Thomas			0673
Residential Street Address	City			State	Zip Code
607 Kings Hwy E		Fairfield		СТ	06825
Principal Occupation		Name of Employe	er	•	•
Contractor		Emil 8	t Tom Grega Painting		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo dependent child o	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		аеренаені сппа о	x N	Io	
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/2	27/2017	\$100.00		\$100.00
If yes, list Event # 06272017E					
Last Name	First			MI	Contribution ID #
Pandiani		Andrew			0674
Residential Street Address	City			State	Zip Code
7 Schenker Ave	ļ	Old Saybrook		СТ	06475
Principal Occupation Executive		Name of Employe	^{er} ative Display		
			<u>. , , , , , , , , , , , , , , , , , , ,</u>	Amo	unt of Contribution
Yes 🔼 No)	dependent child o	f a lobbyist?	es	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X N	lo	
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 06272017E Cash Cash Personal Check No	06/2	27/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Pandiani		Lynn			0675
Residential Street Address	City			State	Zip Code
8 Schenker Ave		Old Saybrook		СТ	06475
Principal Occupation		Name of Employe			
Housewife Is contributor a principal of a state contractor or prospective state contractor? Yes X No.		House Is contributor a le	abbreigt anguag or	Amo	unt of Contribution
)	dependent child o	i a lobbyist?	es	
If yes, indicate which branch or branches of government the contract is with:			X ,	lo	
Is this contribution associated with	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes list Event # 06272017F	06/2	27/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original						
Dave walker for C1						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Vangemert		Christina			_	0676
Residential Street Address	City	F-:-6:-14			State	Zip Code
130 Stillson Rd Principal Occupation		Fairfield Name of Employe	or .		СТ	06825
Housewife		House				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of)	dependent child of	f a lobbyist?	_ 103		
government the contract is with:			x	No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
No Cash X Personal Check	06/	27/2017	\$100.00			\$100.00
If yes, list Event # 06272017E	00/	27/2017	\$100.00			ş100.00
Last Name	First				MI	Contribution ID #
Vangemert		Richard				0677
Residential Street Address	City				State	Zip Code
130 Stillson Rd		Fairfield			СТ	06825
Principal Occupation		Name of Employ	er			
Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x	No		
government the contract is with:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # 06272017E	06/	27/2017	\$100.00			\$100.00
If yes, list Event # 06272017E						
Last Name	First				MI	Contribution ID #
Greatsinger		Paul				0678
Residential Street Address	City	F : 6 II			State	Zip Code
122 Warren Ave Principal Occupation		Fairfield Name of Employe	or .		СТ	06825
Financial Advisor			an Stanley			
				_	Amou	nt of Contribution
Yes 🔼 No)	dependent child of	a a loooyist.	Yes		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in section 31:						
If yes, list Event # 06272017E Cash Cash Personal Check No	06/	27/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Way	11130	Carol			IVII	0679
Residential Street Address	City				State	Zip Code
324 Villa Ave		Fairfield			СТ	06825
Principal Occupation		Name of Employ	er			
Consultant		Carol	Way			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?	No No		
government the contract is with:	D-4	Dagaiyad		¥ No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
No Cash X Personal Check	06/	27/2017	\$50.00			\$50.00
If yes list Event # 06272017F Money Order Credit/Debit Card	I '					

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I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original									
Dave Walker for CT			outy 10 1 lilling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ference		Francis			0680				
Residential Street Address	City	F : C !!		State	Zip Code				
84 Alma Dr Principal Occupation		Fairfield Name of Employ	ON .	СТ	06824				
Fire fighter/inspector			of Fairfield						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent enna (x _{No}						
Is this contribution associated with an event contract in Section 112	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 06272017E Solution No Solution No Money Order Credit/Debit Card	06/2	27/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Philbin		Maureen			0681				
Residential Street Address	City			State	Zip Code				
141 Margemere Dr	L.,	Fairfield		СТ	06824				
Principal Occupation		Name of Employ							
Director of Advocacy			one RI						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an expert concreted in Section 112	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Responsal Check									
If yes, list Event # 06272017E No Money Order Credit/Debit Card	06/2	27/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Ventriglia		Peter			0682				
Residential Street Address	City			State	Zip Code				
60 Chester Pl	<u> </u>	Southport		СТ	06890				
Principal Occupation		Name of Employ							
Mortgage broker/realtor			nark Financial	A					
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions]					
All event reported in Section 31?									
If yes, list Event # 06272017E No Money Order Credit/Debit Card	06/2	27/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Herley		Michael			0683				
Residential Street Address	City			State	Zip Code				
94 Gray Rock Rd	L	Southport		СТ	06890				
Principal Occupation		Name of Employ							
Financial PR/IR Is contributor a principal of a state contractor or prospective state contractor?		Kekst	obbriet enouge or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes N	0	dependent child of	Vac	Amot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with an avoid contribution: A Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
all event reported in Section 31?									
If yes, list Event # 06272017F No Money Order Credit/Debit Card	06/2	27/2017	\$50.00		\$50.00				

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I MONETARY DECEME	0 (0	4° A T)			
I. MONETARY RECEIPT	5 (5)	ection A-1)	TYPE OF PEROPE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
McCarthy		Thomas			0684
Residential Street Address	City			State	Zip Code
15 Lovers Ln		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er	•	•
Analyst		IBM G	Global Finance		
		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
No Cash X Personal Check	06/	27/2017	\$100.00		\$100.00
If yes, list Event # 06272017E		,	T		
Last Name	First			MI	Contribution ID #
Almonte	1 1100	Kathleen			0405
Residential Street Address	City	Ratificen		State	Zip Code
	City	Da unio ata o			02806
1 Spinnaker Dr		Barrington		RI	02806
Principal Occupation		Name of Employ			
Administrative assistant			nger, Bartlett & Pieroni Ilp		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent enna (<u> </u>		
government the contract is with:			x No		
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	06/	27/2017	\$100.00		\$100.00
,					
Last Name	First			MI	Contribution ID #
O'Farrell		Brendan			0406
Residential Street Address	City			State	Zip Code
12409 42nd Dr SE		Everett		WA	98208
Principal Occupation		Name of Employ	er	•	-
Management Consulting		Econo	-Metrics LLC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
)	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
No Cash Personal Check	06/	27/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		•			•
Last Name	First			MI	Contribution ID #
Daly		Helene			0407
Residential Street Address	City	Ticiciic		State	Zip Code
48 Robson Pl	City	Fairfield		CT	06824
		Name of Employ	ON.	<u> </u>	00024
Principal Occupation					
Realtor			hire Hathaway NE Properties		unt of Contailersi
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card	06/	27/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original					
Dave Walker for CT July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
coleman		kathryn			0408
Residential Street Address	City			State	Zip Code
369 Sasco Hill Rd Principal Occupation	<u> </u>	Fairfield Name of Employe		СТ	06824
housewife		lady fa			
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or	Amo	ount of Contribution
If yes, indicate which branch or branches of	J	dependent child o	f a lobbyist?		
government the contract is with:				No	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	27/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00,	27/2017	4100.00		
Last Name	First			MI	Contribution ID #
Batdorf		Louise			0409
Residential Street Address	City			State	Zip Code
901 N Nottingham St	L	Arlington		VA	22205
Principal Occupation		Name of Employe			
Federal Gov't Is contributor a principal of a state contractor or prospective state contractor?			bbyist, spouse, or	Amo	ount of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child o		/es	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			X 1	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No	06/	27/2017	\$100.00		\$100.00
I you, list Divini in the country of					
Last Name	First			MI	Contribution ID #
Maxsenti	a:	Michael		A	0410
Residential Street Address 68 Diamond	City	Irvine		State CA	Zip Code 92620
Principal Occupation	<u> </u>	Name of Employe	er	CA	92020
Chauffeur			ax Company		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	ount of Contribution
If yes, indicate which branch or branches of	0	dependent child o	i u ioooyist:		
government the contract is with: Executive Legislative			x 1	No	
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check	06.0	27/2047	+400.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	06/.	27/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Brock		Emi			0411
Residential Street Address	City			State	Zip Code
PO Box 5771 Carefree, AZ		Carefree		AZ	85377
Principal Occupation		Name of Employe	er		
NA		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist?	/es Amo	ount of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x 1	No.	
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?			<u> </u>		
If yes, list Event # Cash Personal Check No No Money Order X Credit/Debit Card	06/	27/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original	<u>'</u>	
Dave Walker for CT			July 10 Filling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Buhler		Roman			0412
Residential Street Address	City			State	Zip Code
4045 41st St N		McLean		VA	22101
Principal Occupation		Name of Employ			
Consultant			oman buhler and associate		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	'es Amoi	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	X N	io	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\exists	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No Money Order	06/	27/2017	\$25.00		\$25.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Lacy		William			0413
Residential Street Address	City			State	Zip Code
30 White Birch Rd		Weston		СТ	06883
Principal Occupation		Name of Employ			
Senior VP			Vorldwide		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	es Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			X N	I a	
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	06/	27/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/	27,2017	\$100.00		<u> </u>
Last Name	First			MI	Contribution ID #
Tallman		Arian			0414
Residential Street Address	City			State	Zip Code
14 Trout Brook Ln		Weston		СТ	06883
Principal Occupation	-	Name of Employ	er	-	•
N/A		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If was indicate which branch or branches of		dependent child c	x N		
government the contract is with: Executive Legislative		n : 1		0	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	27/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/	27/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Mangieri		Margaret			0415
Residential Street Address	City			State	Zip Code
12 Harvest Moon Rd		Easton		СТ	06612
Principal Occupation		Name of Employ	er		•
N/A		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	i a loodyist?		
government the contract is with:			X N	0	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	00.0	77/2017	#100.00		¢100 00
If yes_list Event # No Money Order X Credit/Debit Card	1 00/	27/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Dave Walker for CT			July 10 Filling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Mangieri		John			0416
Residential Street Address	City			State	Zip Code
12 Harvest Moon Rd		Easton		СТ	06612
Principal Occupation Retired		Name of Employ Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Dute	received	riggiogue Controutions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	27/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Langdon		Lori			0417
Residential Street Address	City			State	Zip Code
147 Coventry Ln		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		•
Mother			at home		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child (x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Cash Personal Check Money Order X Credit/Debit Card	06/	27/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Brock		Jack			0418
Residential Street Address	City			State	Zip Code
PO Box 5771 Carefree, AZ	<u> </u>	Carefree		AZ	85377
Principal Occupation		Name of Employ			
NA NA		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with on except or control in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	06/	27/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Katz		Steven			0419
Residential Street Address	City			State	Zip Code
11141 Hurdle Hill Dr		Potomac		MD	20854
Principal Occupation		Name of Employ			
Self Employed Author and Consultant			mployed Author and Consult		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/	27/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original						
Dave Walker for CT			July 10 1 lilling - Original			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			N	MI	Contribution ID #
Charas		Solange				0420
Residential Street Address	City				State	Zip Code
333 E 75th St		New York		N	NY	10021
Principal Occupation Professional Services		Name of Employer Chara	er s Consulting, Inc.			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	V	Amour	nt of Contribution
If yes, indicate which branch or branches of)	dependent child of	f a lobbyist?	Yes		
government the contract is with:				No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
No Cash Personal Check	06/	27/2017	\$100.00			\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/	27/2017	\$100.00	\perp		p100.00
Last Name	First			N	MI	Contribution ID #
McAndrews Schuddeboom		Heather				0421
Residential Street Address	City			S	State	Zip Code
6 Thomasina Ln		Darien		C	СТ	06820
Principal Occupation		Name of Employe	er			
homemaker		n/a				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		aepenaent enna e	· –	No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	110		
an event reported in Section J1?			1.66.46			
If yes_list Event # Cash Personal Check No Money Order	06/	27/2017	\$100.00		5	\$100.00
If yes, list Event # Money Order X Credit/Debit Card						
Last Name	First			N	MI	Contribution ID #
Goldbeck		Deborah				0422
Residential Street Address	City			S	State	Zip Code
54 Crestwood Rd		West Hartfor			СТ	06107
Principal Occupation		Name of Employ				
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire		$\overline{}$	Атош	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		Yes	Allioui	it of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with Second of the Second	Date	Received	Aggregate Contributions	\neg		
an event reported in Section 31?						
If yes, list Event # No Money Order X Credit/Debit Card	06/	27/2017	\$100.00		\$	\$100.00
Last Name	First				MI	Contribution ID #
snyder	11130	anne		,,	***	0423
Residential Street Address	City			S	State	Zip Code
113 Brushy Ridge Rd new Canaan		New Canaan		c	СТ	06840
Principal Occupation		Name of Employe	er			
homemaker		retire	d			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of		sependent ennu e	x	No.		
government the contract is with: In this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	INO		
an event reported in Section J1?	Date	received	Aggregate Continuations			
No Cash Personal Check	06/	27/2017	\$100.00		9	\$100.00
If yes_list Event # Money Order X Credit/Debit Card				I		

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPO	ORT		
Dave Walker for CT July 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
snyder		christopher				0424
Residential Street Address	City				State	Zip Code
113 Brushy Ridge Rd new Canaan		New Canaan			СТ	06840
Principal Occupation retired		Name of Employeretires				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?	_ 105		
government the contract is with: Executive Legislative	Б.	p : 1		No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	27/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Lounsbury	FIISt	John			MII	0425
Residential Street Address	City	Joini			State	Zip Code
88 Alexander Ave . Waterbury		Waterbury			СТ	06705
Principal Occupation		Name of Employ	er			
Consultant		Louns	bury & Associates			
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?			
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes Cash Personal Check						
If yes, list Event # No Money Order X Credit/Debit Card	06/	27/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Allen		William				0426
Residential Street Address	City				State	Zip Code
20 Palmer Brg		Fairfield			СТ	06824
Principal Occupation Physician		Name of Employer Retire				
,				, 1	A mou	nt of Contribution
Yes A No)	dependent child o		Yes	Ainou	in or controllion
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			х	No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/	27/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Hsing Residential Street Address	City	Helen			State	0427 Zip Code
17426 Avenleigh Dr .	City	Ashton			MD	20861
Principal Occupation		Name of Employe	er	!	110	20001
Retired federal employee			oplicable			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			•	. No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes list Event # Cash Personal Check No No Money Order	06/	27/2017	\$50.00			\$50.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Dave Walker for CT					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Sabin		Leanne			0379
Residential Street Address	City			State	Zip Code
137 Old Canal Way		Simsbury		СТ	06070
Principal Occupation		Name of Employe	er		
N/a		N/a			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	/es Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent child o			
government the contract is with:	D-4-	D		lo lo	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	28/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/.	20/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Elworthy		Steve			0380
Residential Street Address	City			State	Zip Code
1135 Hulls Farm Rd	,	Southport		СТ	06890
Principal Occupation		Name of Employ	er	!	!
Registrar of Voters		Driver	s Are Us Fairfield		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	/es Amo	unt of Contribution
If yes, indicate which branch or branches of)	dependent child of	f a lobbyist?	es	
government the contract is with: Executive Legislative			x 1	lo	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	06/	28/2017	\$50.00		\$50.00
1					
Last Name	First			MI	Contribution ID #
Shine Residential Street Address	City	Kevin		State	0381
18 Laurel Lk W	City	Weston		CT	Zip Code 06883
Principal Occupation		Name of Employe	er	101	00003
Money Manager			Financial Services, LLC		
			<i>`</i>	Amo	unt of Contribution
Yes No)	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X 1	lo	
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # No Money Order X Credit/Debit Card	06/	28/2017	\$100.00		\$100.00
I yos, us bronch					
Last Name	First			MI	Contribution ID #
Wollen		Dori			0382
Residential Street Address	City			State	Zip Code
8 Cedar Hill Ln		Easton		СТ	06612
Principal Occupation		Name of Employ			
retired		retire		A	
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or f a lobbyist?	'es Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			X 1	Jo.	
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			300		
No Cash Personal Check	06/	28/2017	\$25.00		\$25.00
If yes_list Event # Money Order X Credit/Debit Card					

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I MONETA DV DECEME	0 (0	4° A T							
I. MONETARY RECEIPT	5 (5)	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Greenspon		Nancy			0383				
Residential Street Address	City			State	Zip Code				
111 Lake Wind Rd		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Real estate sales			m Raveis Real Estate						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	06/	28/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		-							
Last Name	First			MI	Contribution ID #				
Luysterborghs		Adam			0384				
Residential Street Address	City	7.00		State	Zip Code				
5 Garden Rd	City	Weston		CT	06883				
Principal Occupation		Name of Employ	or.	CI	00003				
Commercial RE Lender / Investment Mgr			: Capital						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	06/	28/2017	\$100.00		\$100.00				
in yes, and break in the state of the state									
Last Name	First			MI	Contribution ID #				
McLean		Jeff			0385				
Residential Street Address	City			State	Zip Code				
975 Banfield Rd		Portsmouth		NH	03801				
Principal Occupation		Name of Employ	er						
Self		Self							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	06/	28/2017	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card			7-2.22						
Last Name	First			MI	Contribution ID #				
Rubin	1 1100	Robert		.,	0386				
Residential Street Address	City	Robert		State	Zip Code				
	City	Channagua			_				
66 Lawrence Farms Crossway		Chappaqua		NY	10514				
Principal Occupation		Name of Employ							
Financial Services			Capital Management, LLC						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of		,	x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	06/	28/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McCall		Peter			0387				
Residential Street Address	City			State	Zip Code				
25 Johnny Cake Hill Rd		Old Lyme		СТ	06371				
Principal Occupation		Name of Employ	er						
Broker		Old H	ill Partners						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No						
Is this contribution associated with Mathed of contribution.	Data	Received	Aggregate Contributions	4					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	06/	28/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00/.	20/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Starr		Randi			0388				
Residential Street Address	City			State	Zip Code				
106 Royal Pl	,	Canonsburg		PA	15317				
Principal Occupation		Name of Employ	er		!				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	06/	28/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Cotter		James			0389				
Residential Street Address	City			State	Zip Code				
18 Dewart Rd		Greenwich		СТ	06830				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	06/	28/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00,	20,2017	Ψ100.00		4100.00				
Last Name	First			MI	Contribution ID #				
Cotter		Melinda			0390				
Residential Street Address	City			State	Zip Code				
18 Dewart Rd		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er	•					
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyfst?						
government the contract is with: Executive Legislative			x _{No}]					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	28/2017	\$100.00		\$100.00				

I. MONETARY RECEIPT	S (S	ection A-I)	TWIE OF DEPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original					
B. Itemized Contributions from	n Inc	lividuals			
Last Name	First			MI	Contribution ID #
arnold	ar.	laura		a	0391
Residential Street Address	City	Hauston		State	Zip Code
2950 Lazy Lane Blvd Principal Occupation		Houston Name of Employ	or	TX	77019
retired		retire			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	06/	28/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Arnold	1 1130	John			0392
Residential Street Address	City	301111		State	Zip Code
2950 Lazy Lane Blvd		Houston		TX	77019
Principal Occupation		Name of Employ	er		
retired		retire	d		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of)	dependent child of	a lobbyist?		
government the contract is with: Executive Legislative		D : 1			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	28/2017	\$100.00		\$100.00
T. W	г			\	C C C D
Last Name Kaplan	First	Robert		MI	Contribution ID # 0393
Residential Street Address	City			State	Zip Code
80 Woodbine Rd		Belmont		MA	02478
Principal Occupation		Name of Employ	er		
Professor		Harva	rd Business School		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		į	x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Dute	received	Aggregate Contributions		
If yes, list Event # Cash Personal Check No	06/	28/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Callan	First	John		IVII	0394
Residential Street Address	City	301111		State	Zip Code
85 River Rd		Essex		СТ	06426
Principal Occupation		Name of Employ	er		!
Self Employed Consultant		Ursa I	Major Associates, LLC		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	•	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No	06/	28/2017	\$100.00		\$100.00

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A MONETARY DECEME	G (G								
I. MONETARY RECEIPT	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Dave Walker for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Means		Dexter			0395				
Residential Street Address	City			State	Zip Code				
33 S Garfield		Hinsdale		IL	60521				
Principal Occupation		Name of Employ	er						
Senior Financial Representative		North	western Mutual						
			obbyict enouge or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	06/	28/2017	\$30.00		\$30.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Minow		Nell			0396				
Residential Street Address	City	- NCII		State	Zip Code				
4102 N River St .	City	Mc Lean		VA	22101				
Principal Occupation		Name of Employ	on.	VA	22101				
attorney			Edge Advisors						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	06/	28/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Lund		Cynthia			0397				
Residential Street Address	City			State	Zip Code				
504 Wythe St		Alexandria		VA	22314				
Principal Occupation		Name of Employ	er		•				
Vice President		AICPA	4						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	06/	28/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		-	·						
Last Name	First			MI	Contribution ID #				
Kirtley		Olivia			0398				
Residential Street Address	City	Olivia		State	Zip Code				
3971 Gulf Shore Blvd N , Naples, FL	City	Naples		FL	34103				
Principal Occupation		Name of Employ	er	1 L	54103				
CPA			F. Kirtley, CPA, CGMA						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac	111104					
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Dota	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	0.5	20/2017	+100.00		±100.00				
If yes, list Event # No Money Order X Credit/Debit Card	06/	28/2017	\$100.00		\$100.00				

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Dave Walker for CT July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Barnes		Paul			0399
Residential Street Address	City			State	Zip Code
1681 Fairfield Beach Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
Real Estate Broker		Paul 7	T. Barnes Real Estate		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/2	28/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
castellano		james			0400
Residential Street Address	City			State	Zip Code
2536 Oak Springs Ln		Saint Louis		МО	63131
Principal Occupation		Name of Employ	er		
consultant			llano, LLC		
			obbyjet enouge or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	061	20/2017	¢100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card	06/	28/2017	\$100.00		\$100.00
	Б			1.0	C (1 (ID)
Last Name	First			MI	Contribution ID #
Northup		Anne			0401
Residential Street Address	City			State	Zip Code
3340 Lexington Rd		Louisville		KY	40206
Principal Occupation		Name of Employ			
retired		retire			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna (*		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cook Bowsond Cheek					
If yes, list Event #	06/2	28/2017	\$100.00		\$100.00
-					
Last Name	First			MI	Contribution ID #
Santa		Thomas			0402
Residential Street Address	City			State	Zip Code
5 Tunxis Trl		Redding		СТ	06896
Principal Occupation		Name of Employ	er		
Businessman		Santa	Fuel Inc.		
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child (-		
government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	06/2	28/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Waites		Thad			0403			
Residential Street Address	City			State	Zip Code			
1017 Richburg Rd	L.	Hattiesburg		MS	39402			
Principal Occupation		Name of Employ						
cardiologist			st General Hospital/ Hattiesb					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu e	x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Buie	10001100	1.88.08ate controlations					
No Cash Personal Check	06/	28/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	,		,					
Last Name	First			MI	Contribution ID #			
Della Valle		Peter			0404			
Residential Street Address	City			State	Zip Code			
PO Box 530		Hampden		MA	01036			
Principal Occupation		Name of Employ	er					
real estate investor		DV In	dustries Inc	-				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nnt of Contribution			
If yes, indicate which branch or branches of	_	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	06/2	28/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Boule	FIISt	Elaine		IVII	0685			
Residential Street Address	City	Liairie		State	Zip Code			
33 Hawk Ridge Rd .	City	Meredith		NH	03243			
Principal Occupation		Name of Employ	er					
Homeaker		Home	aker					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	-					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # No Money Order Credit/Debit Card	06/2	28/2017	\$100.00		\$100.00			
T. M	F: .) d	G (3 (B)			
Last Name Storrs	First	David		MI	Contribution ID # 0686			
Residential Street Address	City	Daviu		State	Zip Code			
65 S Gate Ln	City	Southport		CT	06890-1424			
Principal Occupation	-	Name of Employ	er	<u>.</u>	00030 1.2.			
Investments			native Investment Group					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
	υ	dependent child of	a lobbyist:					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # No Money Order Credit/Debit Card	06/2	28/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Dave Walker for CT July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
St. Amand		Sally			0687
Residential Street Address	City			State	Zip Code
190 Osborn Ave . Principal Occupation		New Haven		СТ	06511
Unemployed		Name of Employ	ployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
Yes X No)	dependent child of	V	s	
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions	7	
an event reported in Section J1? Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	06/2	28/2017	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Liebre	riist	Ernest		IVII	0688
Residential Street Address	City	Linese		State	Zip Code
83 Mason St .		Greenwich		СТ	06830
Principal Occupation		Name of Employe	er	-	
Institutional Investment Advisor		Captr	ust		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	if a lobbyist?		
government the contract is with:			x No	⅃	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	20/2017	¢100.00		¢100.00
If yes, list Event #	06/.	28/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
romero		scott			0353
Residential Street Address	City			State	Zip Code
PO Box 11567		Atlanta		GA	30355
Principal Occupation		Name of Employ	er		
sales		self			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Ye	S Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions	\exists	
an event reported in Section J1?			1-88-18		
If yes, list Event # Cash Personal Check No	06/2	29/2017	\$50.00		\$50.00
Land Marine	First			LM	Contribution ID #
Last Name Alexander	First	Martha		MI	Contribution ID # 0354
Residential Street Address	City	Martia		State	Zip Code
123 Edgehill Rd .	,	New Haven		CT	06511
Principal Occupation		Name of Employ	er		!
None-retired		None			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		,,	x _{No}	.1	
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\dashv	
an event reported in Section J1?		,	566 Solutionions	1	
If yes list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/2	29/2017	\$100.00	1	\$100.00

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A MONETARY DECEME	G (G								
I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Jones		Garry			0355				
Residential Street Address	City	-		State	Zip Code				
26 Penfield Pl	,	Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er	<u> </u>					
Vice President-Director of Business Development			ngton National Bank						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	111104	in or commonion				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	06/	29/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00/	23,2017	Ψ100.00		φ100.00				
Last Name	First			MI	Contribution ID #				
Stahlin	1 1130	Paul		1411	0356				
Residential Street Address	City	raui		State					
	City	Dalla Maad		1	Zip Code				
14 Canady Ct		Belle Mead		NJ	08502				
Principal Occupation		Name of Employ							
CPA			/ Stahlin CPA						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	06/	29/2017	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Mullen		Dick			0357				
Residential Street Address	City			State	Zip Code				
521 Gilman St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	06/	29/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		,	T						
Last Name	First			MI	Contribution ID #				
Troiano	1 1100	Nick			0358				
Residential Street Address	City	IVICK		State	Zip Code				
3008 Greycliff Way	City	Milford		PA	18337				
				PA	10337				
Principal Occupation		Name of Employ							
President		Polest							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	06/	29/2017	\$50.00		\$50.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original	'	
Dave Walker for CT July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Schemel		Phillip			0359
Residential Street Address	City			State	Zip Code
4 Moss Ledge Rd		Westport		СТ	06880
Principal Occupation Self-Employed		Name of Employ Scher			
			obbyist spouse or	Amo	unt of Contribution
Yes X No)	dependent child of	· · ·	es	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X N	o	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	06/	29/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gemp	11130	William		1411	0360
Residential Street Address	City			State	Zip Code
97 Catherine St Fl 2		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er	•	•
Real Estate		WC G	remp LLC		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?		
government the contract is with: Executive Legislative	_		X N	0	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	29/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/	29/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Layton		Karn			0361
Residential Street Address	City			State	Zip Code
624 Kenwood Ave		Fairfield		СТ	06828
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	es	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		i	X N	0	
government the contract of with	Date	Received	Aggregate Contributions	_	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No Cash Personal Check Money Order X Credit/Debit Card	06/	29/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Henkel		Scott			0362
Residential Street Address	City			State	Zip Code
5206 Madison Ave		Trumbull		СТ	06611
Principal Occupation		Name of Employ	er	-	
Application Development		Aon			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amo es	unt of Contribution
If yes, indicate which branch or branches of		acpendent ciniti (x N		
government the contract is with: In this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	<u> </u>	
an event reported in Section J1?	Date	received	Aggregate Contributions		
No Cash Personal Check	06/	29/2017	\$25.00		\$25.00
If yes_list Event # Money Order X Credit/Debit Card					

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I MONETA DV DECEMT	0 (0	4° A T							
I. MONETARY RECEIPT	5 (50	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Dave Walker for CT			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McNamara		Stephen			0363				
Residential Street Address	City			State	Zip Code				
1271 S Pine Creek Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Patent Attorney		St. Or	nge Steward Johnston & Ree	ns LLC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
No Cash Personal Check	06/2	29/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Moore		James			0364				
Residential Street Address	City	5411.65		State	Zip Code				
14 Ridgewood Rd		Norwalk		CT	06853				
Principal Occupation	<u> </u>	Name of Employ	or	<u> </u>	00033				
Business Development			urniture Group						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Alliou	iit of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative	لے								
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/2	29/2017	\$50.00		\$50.00				
					•				
Last Name	First			MI	Contribution ID #				
Board		John			0365				
Residential Street Address	City			State	Zip Code				
170 Umpawaug Rd		Redding		СТ	06896				
Principal Occupation		Name of Employ	er						
Student		Weste	ern CT State University						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	a lobbyist:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # Cash Personal Check No	06/2	29/2017	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Saunders		Scott			0366				
Residential Street Address	City			State	Zip Code				
380 High Dr		Laguna Beac	h	CA	92651-1708				
Principal Occupation		Name of Employ							
CEO		NA							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
)	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?	1								
No Cash Personal Check	06/	29/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	l, .	,	7-0.00	I					

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I MONETADY DECEIDT	C (C.				
I. MONETARY RECEIPT	5 (5)	ection A-1)	TYPE OF PEROPE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Obernauer		Marne			0367
Residential Street Address	City			State	Zip Code
885 Park Ave Apt 11C		New York		NY	10075
Principal Occupation		Name of Employ	er		
Director		Break	thru Beverage Group		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No Cash Personal Check	06/	29/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		•			
Last Name	First			MI	Contribution ID #
DeFrancesco	1 1100	Kelly		.,,,	0368
Residential Street Address	City	Relly		State	Zip Code
	City	New Canana			_
107 Hickory Dr		New Canaan		СТ	06840
Principal Occupation		Name of Employ			
Real Estate Agent			m Raveis Real Estate		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		перениент сина с	<u> </u>		
government the contract is with:			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	06/	29/2017	\$100.00		\$100.00
in yes, and break in the state of the state					
Last Name	First			MI	Contribution ID #
Tidrick		Donald			0369
Residential Street Address	City			State	Zip Code
1230 Bristol Dr W		Sycamore		IL	60178
Principal Occupation		Name of Employ	er		
Accounting Professor		North	ern Illinois University		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No Cash Personal Check	06/	29/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		,	7		
Last Name	First			MI	Contribution ID #
Hoffman	1 1100	Anne		.,	0370
Residential Street Address	City	Airic		State	Zip Code
	City	Coattle			*
5217 8th Ave NW		Seattle Name of Employ	or .	WA	98107
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card	06/	29/2017	\$100.00		\$100.00

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A MONETARY DECEME	G (G				
I. MONETARY RECEIPT	5 (5)	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Slimak		Michael			0371
Residential Street Address	City			State	Zip Code
7 Newbury Rd		Newtown		СТ	06470
Principal Occupation		Name of Employ	er		
Owner Operator Preschools/ Rental Investment Prop.		Pump	kin Preschool, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
No Cash Personal Check	06/	29/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Jansen		Herbert			0372
Residential Street Address	City			State	Zip Code
5108 Sea Forest Dr		Johns Island		SC	29455
Principal Occupation		Name of Employ	or	J 30	25455
Retired			n Herb		
			obbyist, spouse, or	Amou	int of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	int of Contribution
If yes, indicate which branch or branches of			x _{No}		
government the contract is with: Executive Legislative	-				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	06/	29/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Jacobs		Robert			0373
Residential Street Address	City			State	Zip Code
47 Old Hill Rd		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
retired		retire	d		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution
	,	dependent child of	a lobbyist:		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/	29/2017	\$25.00		\$25.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Pirolli		William			0374
Residential Street Address	City			State	Zip Code
78 Meshanticut Valley Pkwy		Cranston		RI	02920
Principal Occupation		Name of Employ	er		02320
Certified Public Accountant			ito Priest & Co		
			obbriet enouge or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Anot	J. Commoundii
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	D-4	Dagaiyad		ŀ	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
— III Cook Demonstrate		20/2017			+400.00
If yes, list Event # Cash Credit/Debit Card	06/	29/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Dave Walker for CT			day for ming original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hansen		Eric			0375
Residential Street Address	City			State	Zip Code
732 S Hickory Ter		Springfield		МО	65809
Principal Occupation CPA		Name of Employer BKD,L			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
If we sindicate which branch or branches of)	dependent child of	if a lobbyist?		
government the contract is with:			x _{No}	1	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	29/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/	29/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
DePalo		Gillian			0376
Residential Street Address	City			State	Zip Code
259 Spring Water Ln		New Canaan		СТ	06840
Principal Occupation		Name of Employ	er		
Sales Manager			n Raveis Real Estate		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No	06/	29/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Reaney		Jeffery			0377
Residential Street Address	City	61 15 1		State	Zip Code
80 Red Coach Dr . Principal Occupation		Stratford Name of Employe	or.	СТ	06614
Manager			ordShire Landscaping, LLC		
-				Amou	ınt of Contribution
Yes A No)	dependent child of	· · · · · · · · · · · · · · · · · · ·		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # No Money Order X Credit/Debit Card	06/	29/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Coffey	1 1130	Susan			0378
Residential Street Address	City			State	Zip Code
39 Oneida Ave		Oceanport		NJ	07757
Principal Occupation		Name of Employe	er		•
СРА		AICPA	1		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		acpendent child t	x No		
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	ACCUIVEU	regregate Contributions		
No Cash Personal Check	06/	29/2017	\$100.00		\$100.00
If yes_list Event # Money Order X Credit/Debit Card					

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I MONETADY DECEIDT	C (C.				
I. MONETARY RECEIPT	2 (20	ection A-1)	I TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Voynich		Steven		S	0776
Residential Street Address	City			State	Zip Code
5009 Donna Sue Dr		Columbus		GA	31907
Principal Occupation		Name of Employ	er		-
СРА		Robin	son Grimes & Company, PC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash X Personal Check	06/	29/2017	\$100.00		\$100.00
If yes, list Event #		•	·		
Last Name	First			MI	Contribution ID #
DeGemmis		Robert			0727
Residential Street Address	City	Robert		State	Zip Code
	City	Stratford		CT	06615
720 E Broadway Principal Occupation				CI	00013
		Name of Employ			
President			ed To The Nines		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna (<u> </u>		
government the contract is with:			x _{No}		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # 06292017F	06/	30/2017	\$100.00		\$100.00
1. yes, interest to the control of t					
Last Name	First			MI	Contribution ID #
Piquette		Edward			0728
Residential Street Address	City			State	Zip Code
34 Hackley St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		
Attorney		Law o	office of Edward Piquette		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No Cash X Personal Check	06/	30/2017	\$25.00		\$25.00
If yes, list Event # 06292017F		•	·		·
Last Name	First			MI	Contribution ID #
Boteler		Alison			0729
Residential Street Address	City	71113011		State	Zip Code
298 Old Battery Rd	City	Bridgeport		CT	06605
			on.	Ci	00003
Principal Occupation		Name of Employ House			
Writer/caregiver			abbyigt groups or	A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event # 06292017F Cash Cash Personal Check Occupancy Cash Cash Personal Check	06/	30/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dave Walker for CT			TYPE OF REPOR July 10 Filing - Original	RT		
Dave walker for C1			J cary to t imig chighten			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI		Contribution ID #
Dastoor		Hormazdyar				0730
Residential Street Address	City	G1 15 1		Sta		Zip Code
335 1st Ave		Stratford Name of Employe		СТ		06615
Principal Occupation Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		Amou	nt of Contribution
)	dependent child of	f a lobbyist?	Yes		
If yes, indicate which branch or branches of government the contract is with:			х	No		
Is this contribution associated with A yes We want reported in Section 112	Date	Received	Aggregate Contributions			
Cash Personal Check						
If yes, list Event # 06292017F No Money Order Credit/Debit Card	06/3	30/2017	\$25.00			\$25.00
Last Name	First			MI		Contribution ID #
Vossler	1 1150	Robert		'''		0731
Residential Street Address	City			Sta	ıte	Zip Code
1 Ermine St		Fairfield		СТ	r	06824
Principal Occupation		Name of Employ	er			
Retired		Retire	d			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?			
government the contract is with: Executive Legislative		n		No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
No Cash X Personal Check	06/	30/2017	\$100.00			\$100.00
If yes, list Event # 06292017F	00/.	30/2017	φ100.00			ş100.00
Last Name	First			MI		Contribution ID #
Griggs		Charles				0732
Residential Street Address	City			Sta	ite	Zip Code
106 Grovers Ave		Bridgeport		СТ	-	06605
Principal Occupation		Name of Employe	er			
Beverage manufacturer			not Beverages LLC			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
government the contract is with.	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # 06292017F	06/:	30/2017	\$200.00		5	\$100.00
Last Name	First			MI		Contribution ID #
Zera	1 1130	Sandra		'''		0733
Residential Street Address	City			Sta	ite	Zip Code
85 Field Point Rd		Fairfield		СТ	Г	06824
Principal Occupation		Name of Employ	er	!		
Retired		Retire	d			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x	No		
government the contract is with.	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes list Event # 06292017F Cash X Personal Check	06/3	30/2017	\$50.00			\$50.00

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I. MONETARY RECEIPT	C (C	notion A D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT		
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Moretti	FIISt	Michael		IVII	0734
Residential Street Address	City			State	Zip Code
181 Rocton Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Sheriff		City o	f Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with: Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions		
X Parsonal Chark					
If yes, list Event # 06292017F	06/	30/2017	\$50.00		\$50.00
				l	La . a . a . m #
Last Name	First	Cidi		MI	Contribution ID #
Wilk Residential Street Address	City	Sindy		State	0735
	City	Duidaanaut		1	Zip Code 06606
555 Garfield Ave Principal Occupation		Bridgeport Name of Employ	or	СТ	00000
Unemployed			ployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	30/2017	\$100.00		\$100.00
If yes, list Event # 06292017F					
Last Name	First			MI	Contribution ID #
Albert		June			0736
Residential Street Address	City			State	Zip Code
56 Livingston St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	^{er} rAmper LLP		
Tax manager Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
Yes A No)	dependent child of		7 tinot	and of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
	0.51	20/2017	425.00		405.00
If yes, list Event # 06292017F Cash Personal Check No Money Order Credit/Debit Card	06/	30/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Pagano		Celeste			0737
Residential Street Address	City			State	Zip Code
56 Livingston St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er	-	•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			30 -0		
If yes, list Event # 06292017F	06/	30/2017	\$25.00		\$25.00

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L MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original			
Dave Walker for CT July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Filotei		Mary			0738	
Residential Street Address	City			State	Zip Code	
351 Grovers Ave		Bridgeport		СТ	06605	
Principal Occupation Food Service Director		Name of Employ Whits	^{er} ons Resource Management			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:		aepenaent enna e	x No			
Is this contribution associated with an event concreted in Section 112	Date	Received	Aggregate Contributions	1		
an event reported in Section J1? Cash Responsal Check						
If yes, list Event # 06292017F No Money Order Credit/Debit Card	06/3	30/2017	\$75.00		\$75.00	
Last Name	First			MI	Contribution ID #	
Mookas		Stacie			0739	
Residential Street Address	City			State	Zip Code	
196 Harborview Ave		Bridgeport		СТ	06605	
Principal Occupation		Name of Employ	er			
Executive Director			Financial Group			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent emid e	x _{No}			
Is this contribution associated with an experimental in Section 112	Date	Received	Aggregate Contributions	1		
No Cash X Personal Check	06/3	30/2017	\$100.00		\$100.00	
If yes, list Event # 06292017F						
Last Name	First			MI	Contribution ID #	
Lindquist		Joan			0740	
Residential Street Address	City	5.1		State	Zip Code	
220 Balmforth St Principal Occupation	<u>. </u>	Bridgeport Name of Employ	on.	СТ	06605	
Retired		Retire				
				Amou	ınt of Contribution	
Yes 🔼 N	0	dependent child of				
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with an august reported in Section 112	Date	Received	Aggregate Contributions			
an event reported in Section 11:						
If yes, list Event # 06292017F	06/3	30/2017	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Lindquist		Wayne			0741	
Residential Street Address	City			State	Zip Code	
220 Balmforth St		Bridgeport		СТ	06606	
Principal Occupation		Name of Employ				
Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}			
government the contract is with:	Date	Received	Aggregate Contributions	1		
an event reported in Section J1?						
If yes, list Event # 06292017F	06/3	30/2017	\$100.00		\$100.00	

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I, MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Dave Walker for CT			July 10 1 lilling - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Toombs		James			0742			
Residential Street Address	City			State	Zip Code			
92 Balmforth St		Bridgeport		CT	06605			
Principal Occupation		Name of Employ	er					
Business consultant		Premi	um Technology					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or General Advanced Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Parsonal Chark								
If yes, list Event # 06292017F	06/	30/2017	\$100.00		\$100.00			
If yes, list Event # 002320171 Invoice Order Invoice Card								
Last Name	First			MI	Contribution ID #			
Pierce		Kathleen			0743			
Residential Street Address	City			State	Zip Code			
66 Bywatyr Ln		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or General Administration Yes	Amou	nt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
U No ☐ □ ··································	06/	30/2017	\$100.00		\$100.00			
If yes, list Event # 06292017F								
Last Name	First			MI	Contribution ID #			
Raskauskas		Thomas			0744			
Residential Street Address	City			State	Zip Code			
350 Hilltop Rd		Bridgeport		СТ	06605			
Principal Occupation	•	Name of Employ	er					
Physician		Fidelis	scare					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
No No	06/	30/2017	\$100.00		\$100.00			
If yes, list Event # 06292017F								
Last Name	First			MI	Contribution ID #			
Filo		Colleen			0745			
Residential Street Address	City			State	Zip Code			
55 Homestead Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
RN			ncents Medical Center					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}	1				
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			-	1				
No Cash X Personal Check	06/	30/2017	\$100.00	1	\$100.00			
If yes, list Event # 06292017F	I ''	•		1	-			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dave Walker for CT			TYPE OF REPORT July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Lehren		Henri			0746
Residential Street Address	City	Duidenne		State	Zip Code
82 Beacon St Principal Occupation		Bridgeport Name of Employe	or	СТ	06605
Driver			service		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child o	f a lobbyist?		
government the contract is with: Executive Legislative	Б.	D : 1		<u> </u>	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	30/2017	\$25.00		\$25.00
If yes, list Event # 06292017F	00/.	50,2017	¥23.00		Ψ23.00
Last Name	First			MI	Contribution ID #
Freer		Thomas			0747
Residential Street Address	City			State	Zip Code
20 Haddon St		Bridgeport		СТ	06605
Principal Occupation		Name of Employe			
teacher			eld County Day School	1	
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	obbyist, spouse, or of a lobbyist?	es	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x N	,	
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1? X Yes					
No In this case a second case	06/3	30/2017	\$25.00		\$25.00
If yes, list Event # 06292017F					
Last Name	First			MI	Contribution ID #
Dacey		Beverlee			0748
Residential Street Address	City	F		State	Zip Code
257 Redding Rd Principal Occupation		Name of Employe	or	СТ	06612
Manufacturing		1 7	ex Products Inc.		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yof a lobbyist?	Amo	unt of Contribution
Yes 🔼 No)	dependent child of	i u loboyist:		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N)	
Is this contribution associated with	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 06292017F Cash Cash Personal Check No	06/3	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Grace	1 1150	Linda		1411	0749
Residential Street Address	City			State	Zip Code
793 Broadbridge Rd		Bridgeport		СТ	06610
Principal Occupation		Name of Employe	er	-	•
Registrar of Voters		City o	f Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amor	unt of Contribution
If yes, indicate which branch or branches of		acpendent cinia o	x No		
government the contract is with:	Detc	Received	Aggregate Contributions	<u>}</u>	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	06/3	30/2017	\$50.00		\$50.00
If yes list Event # 06292017F Money Order Credit/Debit Card				1	

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NAME	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	I, MONETARY RECEIPTS (Section A-I)								
Note 100	Dave Walker for CT	VDE OF DEDODT								
For Step	First Forster Forste									
For Step	First Forster Forste									
Forster	Residential Street Address Residential Street Address Residential Street Address Finance In contributor a principal of a state contractor or prospective state contractor? Yes Name of Employer Yes Name of Employer Name of Emplo		Тм	Contribution ID #						
Things T	Principal Occupation Final	IVII								
Name of Exceptions	Principal Occupation Finance is contributor a principal of a state contractor or prospective state contractor? If yes, include which branch or branches of comments in section 11? If yes, find the contract is with Aggregate Contributor a principal of a state contractor or prospective state contractor? If yes, first Event # 96292017E Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of contribution: Aggregate Contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of contribution: Is the contributor a principal of a state contractor or prospective s		State	Zip Code						
Final	Security principal of a state contractor or prospective state contractor? Yes No No Security principal of a state contractor or prospective state contractor? Yes No Security No Security Security No Security Security No Security Se		СТ	06605						
Security Security	The contributor a principal of a state contractor or prospective state contractor? Yes No No No No No No No N									
	First Security Date Received Legislative Date Received Aggregate Control	oup								
Executive	Executive Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contribution associated with an event reported in Section J1? No Legislative Legislative Date Received Aggregate Contribution and event reported in Section J1? No Legislative Legislative Date Received Aggregate Contribution and event reported in Section J1? No Legislative Legislative Date Received Aggregate Contribution and event reported in Section J1? No Legislative Leg	Voc		unt of Contribution						
Date Contribution Date Contribution Date Contribution Date Contribution Date Contribution Date Contribution Date Contribution Date Contribution Date Contribution Date Contribution Date Contribution Date Contribution Date Contribution Date Contribution Date Contribution Date Contribution Date Contribution Date	The secontribution associated with an event reported in Section 11? Last Name Filiberto Residential Street Address 152 Brewster St Principal Occupation If yes, indicate which branch or branches of soverment the contract is with: Last Name Filiberto Residential Street Address 152 Balmforth St Last Name Filiberto Residential Street Address 152 Balmforth St Principal Occupation 152 Balmforth St Residential Street Address 152 Balmforth St Principal Occupation 152 Balmforth St Principal Occupation 153 Balmforth St Principal Occupation 154 Security									
Tryes, its Event # 06/29/2017E	Last Name Filliberto	e Contributions	1							
Tyes, list Event # 06292017F	Last Name Filiberto Residential Street Address Principal Occupation Physician So contributor a principal of a state contractor or prospective state contractor? Last Name Filiberto Residential Street Address If yes, indicate which branch or branches of sovermenent the contract is with: So the street # 06292017F Last Name Filiberto Residential Street Address If yes, indicate which branch or branches of sovermenent the contract is with: So the street is									
Cosmo	Residential Street Address 15.2 Brewster St Principal Occupation Physician Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of soft part of the state contractor or prospective state contractor? If yes, indicate which branch or branches of soft part of the state contractor or prospective state contractor? If yes, ist Event # 06292017F Secontributor a principal of a state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor? Gash	\$100.00		\$100.00						
Cosmo	Residential Street Address 15.2 Brewster St Principal Occupation Physician Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of soft part of the state contractor or prospective state contractor? If yes, indicate which branch or branches of soft part of the state contractor or prospective state contractor? If yes, ist Event # 06292017F Secontributor a principal of a state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor? Gash		 T.a	Tara mu						
Residential Street Address State S	Residential Street Address 152 Brewster St Principal Occupation Physician Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of a event reported in Section J1? Last Name Filiberto Residential Street Address If yes, indicate which branch or branches of a rote of the principal Occupation Residential Street Address Burns Residential Str		MI							
Principal Occupation Principal Occupation Physician Is contributor a principal of a state contractor or prospective state contractor? Name of Employer Name of Employer NEMG NE	Principal Occupation Physician Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contributor a socialized with an event reported in Section J1? Last Name Filiberto Residential Street Address Government the contract is with: Security Sec		Stata							
Name of Employer Name of Emp	Principal Occupation Physician Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with. Is this contribution associated with an event reported in Section J1? Last Name Filiberto Residential Street Address 152 Balmforth St Principal Occupation artist/designer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with. Burns Residential Street Address 60 Crown St Principal Occupation Data Quality Assurance Specialist Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with. Burns Residential Street Address 60 Crown St Principal Occupation Data Quality Assurance Specialist Is contributor a principal of a state contractor or prospective state contractor? Yes X No			1 -						
Physician	Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with:		10	00003						
Secontification or principal of a state contractor or prospective state contractor?	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name Filliberto Residential Street Address Off 292017F Is contributor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Residential Street Address Off 292017F Is contributor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Legislative No Off 30/2017 Date Received Aggregate Contributor or prospective state contractor? Off 30/2017									
If yes, indicate which branch or branches of sovernment the contract is with: If yes, list Event #	If yes, indicate which branch or branches of government the contract is with: Sthis contribution associated with an event reported in Section J1?	ouse, or		unt of Contribution						
Is this contribution associated with an event reported in Section 17? Section 17	Is this contribution associated with an event reported in Section J1? Last Name Filliberto Residential Street Address If yes, list Event # 06292017F Last Name Filliberto Residential Street Address If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name Filliberto Residential Street Address If yes, indicate which branch or branches of government the contract or prospective state contractor? If yes, list Event # 06292017F Last Name Burns Residential Street Address Go Crown St Principal Occupation Aggregate Contractor? Ves X No Security Security Security curity Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security S		\$							
an event reported in Section J1? Last Name Filiberto Residential Street Address 152 Balmforth St If yes, indicate which branch or branches of an event reported in Section J1? If yes, list Event# O6292017F Bis contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of an event reported in Section J1? If yes, list Event# O6292017F Amenor Employer Self S	an event reported in Section J1? Last Name Filiberto Residential Street Address 152 Balmforth St Principal Occupation artist/designer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract Burns Residential Street Address Go Crown St Personal Check Credit/Debit Card First Mary Anne Bridgeport Name of Employer Self Aggregate Contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Personal Check Date Received Aggregate Contributor and Principal Occupation Self Sara	x _{No}								
Cash Money Order Credit/Debit Card Cre	If yes, list Event # 06292017F	e Contributions]							
Last Name Filiberto Residential Street Address R	Last Name Fillberto Residential Street Address 152 Balmforth St Principal Occupation artist/designer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Last Name Burns Residential Street Address 152 Balmforth St Principal Occupation Artist/designer 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: Aggregate Contributor: If yes, list Event # 06292017F Last Name Burns Residential Street Address GO Crown St Principal Occupation Data Quality Assurance Specialist Is contributor associated with an event reported in Section J1? Last Name Burns Residential Street Address GO Crown St Principal Occupation Data Quality Assurance Specialist Is contributor a principal of a state contractor or prospective state contractor? Yes X No Sara Residential Street Address GBAPP Inc Is contributor a principal of a state contractor or prospective state contractor? Yes X No Sara Is contributor a principal of a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a principal of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Wethod of contribution: Data Received Aggregate Contribution associated with Aggregate Contribution: Data Received Aggregate Contribution: Aggregate Contribution associated with Aggregate Contribution: Data Received Aggregate Contribution associated with Aggregate Contribution: Data Received Aggregate Contribution associated with Aggregate Contribution: Data Received Aggregate Contribution: Data Received Aggregate Contribution: Aggregate Contribution: Data Received Aggregate Contribution: Data Received Aggregate Contribution: Aggregate Contribution: Data Received Aggregate Contribution: Aggregate Contribution: Data Received Aggregate Contribution: Data Received Aggregate Contr	¢100 00		¢100 00						
Sedictial Street Address	Filiberto Residential Street Address 152 Balmforth St Principal Occupation artist/designer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Last Name Burns Residential Street Address 60 Crown St Principal Occupation Data Quality Assurance Specialist Is contribution a sprincipal of a state contractor or prospective state contractor? Last Name First Sara First Sara Residential Street Address 60 Crown St Principal Occupation Data Quality Assurance Specialist Is contribution a sprincipal of a state contractor or prospective state contractor? Principal Occupation Data Quality Assurance Specialist Is contribution a sprincipal of a state contractor or prospective state contractor? Last Name Principal Occupation Data Quality Assurance Specialist Is contribution a principal of a state contractor or prospective state contractor? Last Name Last Name Principal Occupation Data Quality Assurance Specialist Is contribution a principal of a state contractor or prospective state contractor? Last Name Last Name Last Name Principal Occupation Data Quality Assurance Specialist Last Name of Employer GBAPP Inc Is contribution a policy state on tractor or prospective state contractor? Last Name Last Name of Employer GBAPP Inc Is contribution a sociated with a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a l	Ψ100.00								
City State Zip Code	Residential Street Address 152 Balmforth St Principal Occupation		MI	Contribution ID #						
Self Self	Principal Occupation artist/designer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name Burns Residential Street Address GO Crown St Principal Occupation Data Quality Assurance Specialist 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: Burns Residential Street Address GO Crown St Principal Occupation Data Quality Assurance Specialist 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: Sara Residential Street Address GBAPP Inc 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: Sara Residential Street Address City Bridgeport Name of Employer Aggregate Contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with Aggregate Contributor or place is with: Date Received Aggregate Contributor a lobbyist?			0752						
Principal Occupation artist/designer Is contributor a principal of a state contractor or prospective state contractor?	Principal Occupation artist/designer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name Burns Residential Street Address 60 Crown St Principal Occupation Date Quality Assurance Specialist 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: Date Received Aggregate Contribution: Cash Method of contribution: Cash Method of contribution: Cash Money Order Credit/Debit Card First Sara City Bridgeport Principal Occupation Data Quality Assurance Specialist 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: Sara No Bridgeport Name of Employer Self Aggregate Contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Because of Employer Legislative Date Received Aggregate Contributor a lobbyist spouse, or dependent child of a lobbyist?		State	Zip Code						
Self Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # 06292017F Last Name Residential Street Address Go Crown St Date Received First Sara Sara Amount of Contribution Appersonal Check of CT 06610 \$ State	Self		СТ	06605						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name Burns Residential Street Address 60 Crown St Principal Occupation Data Quality Assurance Specialist Scontributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is contribution: Legislative Legislative Date Received Aggregate Contribution: Sara City Bridgeport Name of Employer GBAPP Inc Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with Aggregate Contributor: Date Received Aggregate Contributor a lobbyist, spouse, or dependent child of a lobbyist?									
If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # 06292017F Legislative Date Received Aggregate Contributions \$100.00 \$100.	If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name Burns Residential Street Address G0 Crown St Principal Occupation Data Quality Assurance Specialist Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with Method of contribution: Legislative Legislative Data Received Aggregate Contribution: Credit/Debit Card O6/30/2017 First Sara City Bridgeport Name of Employer GBAPP Inc Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with Method of contribution: Date Received Aggregate Contribution: Date Received Aggregate Contribution: Date Received Aggregate Contribution:		1 4 ma	unt of Contribution						
Is this contribution associated with an event reported in Section J1? Last Name Burns Residential Street Address Residential Street Address First Sara City State	Secontribution associated with an event reported in Section J1? Secontribution: Secontribution: Date Received Aggregate Contribution: Aggregate Contribution: Secontribution: Object Credit/Debit Card O6/30/2017 Object Credit/Debit Card O6/30/2017 Object Credit/Debit Card Obj	Voc	Amo	ant of Contribution						
An event reported in Section J1? If yes, list Event # 06292017F Last Name Burns Residential Street Address 60 Crown St Principal Occupation Data Quality Assurance Specialist An event reported in Section J1? A personal Check Credit/Debit Card O6/30/2017 First Sara O6/30/2017 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00	an event reported in Section J1? If yes, list Event # 06292017F Last Name Burns Residential Street Address GO Crown St Principal Occupation Data Quality Assurance Specialist Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with X Yes Method of contribution: Date Received Aggregate Contri	x No								
If yes, list Event # 06292017F	Last Name Burns Residential Street Address 60 Crown St Principal Occupation Data Quality Assurance Specialist Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with A Voe Method of contribution: Date Received Date Received Aggregate Contractor	e Contributions	1							
If yes, list Event # 06292017F	If yes, list Event # 06292017F No Money Order Credit/Debit Card 06/30/2017 Last Name Burns Sara Residential Street Address City 60 Crown St Bridgeport Principal Occupation Data Quality Assurance Specialist GBAPP Inc Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with X Yes Method of contribution: Date Received Aggregate Contri									
Burns Sara 0753 Residential Street Address City State Zip Code 60 Crown St Bridgeport CT 06610 Principal Occupation Name of Employer Data Quality Assurance Specialist GBAPP Inc	Residential Street Address City 60 Crown St Principal Occupation Data Quality Assurance Specialist Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with X Yes Method of contribution: Date Received Aggregate Contractor	\$100.00		\$100.00						
Burns Sara 0753 Residential Street Address City State Zip Code 60 Crown St Bridgeport CT 06610 Principal Occupation Name of Employer Data Quality Assurance Specialist GBAPP Inc	Residential Street Address City 60 Crown St Principal Occupation Data Quality Assurance Specialist Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with X Yes Method of contribution: Date Received Aggregate Contractor		Тмі	Contribution ID #						
Bridgeport CT 06610 Principal Occupation Name of Employer Data Quality Assurance Specialist GBAPP Inc	Principal Occupation Data Quality Assurance Specialist If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with The special occupation Bridgeport Name of Employer GBAPP Inc Is contributor a principal of a state contractor or prospective state contractor? The special occupation Yes The special occupation Yes The special occupation Legislative Date Received Aggregate Contribution associated with									
Principal Occupation Data Quality Assurance Specialist Name of Employer GBAPP Inc	Principal Occupation Data Quality Assurance Specialist Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with X Yes Method of contribution: Date Received Aggregate Contribution Date Received Date Received Date Received Aggregate Contribution Date Received Date Re		State	Zip Code						
Data Quality Assurance Specialist GBAPP Inc	Data Quality Assurance Specialist Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with X Yes Method of contribution: Date Received Aggregate Contract		СТ	06610						
	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with X Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Legislative Legislative Date Received Aggregate Contribution Contribution		-							
Is contributor a principal of a state contractor or prospective state contractor?	If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with Yes No dependent child of a lobbyist?									
Yes No dependent child of a lobbyist? Yes	If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with X Yes Method of contribution: Date Received Aggregate Contribution:	Voc	Amo	unt of Contribution						
If yes, indicate which branch or branches of	Is this contribution associated with X Voc Method of contribution: Date Received Aggregate Contri									
government the contract is with.	IXI vos		-							
an event reported in Section J1?	an event reported in Section 31:	. Controutions								
Cash X Personal Check	If yes, list Event # 06292017F	\$100.00		\$100.00						

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I. MONETARY RECEIPTS	S (Se	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dave Walker for CT			TYPE OF REPORT July 10 Filing - Original		
			Tour, no a ming a nighter		
B. Itemized Contributions from	n Ind	ividuals		_	
Last Name	First			MI	Contribution ID #
Reilly		Lisa			0754
Residential Street Address	City	Duidenne		State	Zip Code
240 Pearsall Pl Principal Occupation	1	Bridgeport Name of Employe	or.	СТ	06605
Marketing		1 ,	gic Insight		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amo	unt of Contribution
If we sindicate which branch or branches of	'	dependent child o	f a lobbyist?	es	
government the contract is with:			X No	<u>, </u>	
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/3	30/2017	\$100.00		\$100.00
If yes, list Event # 06292017F	00/.	50/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Foley		Rosemary			0755
Residential Street Address	City			State	Zip Code
155 Brewster St		Bridgeport		СТ	06605
Principal Occupation		Name of Employe	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	Amor	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # 06292017F	06/3	30/2017	\$100.00		\$100.00
If yes, list Event # 06292017F					
Last Name	First			MI	Contribution ID #
Keller		Linda			0756
Residential Street Address	City	B : 1		State	Zip Code
252 Seaside Ave Principal Occupation		Bridgeport Name of Employe	or.	СТ	06605
Psychotherapist		Linda			
,				Amo	unt of Contribution
Yes A No	'	dependent child o	· ·		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No	,	
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 06292017F	06/3	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Del Franco	11130	Peter		1411	0757
Residential Street Address	City			State	Zip Code
151 Bradley St		Fairfield		СТ	06824
Principal Occupation		Name of Employe	er	-	•
pizza maker		ATOP	P, LLC	_	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist? Ye	Amor	unt of Contribution
If yes, indicate which branch or branches of		aependent ennu 0	x No		
government the contract is with:	Date	Received	Aggregate Contributions	<u>'</u>	
an event reported in Section J1?	Date		. appropries Continuations		
If yes, list Event # 06292017F	06/3	30/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
	First	ii viuuuis		MI	Contribution ID #			
Last Name Book	First	Ethan		MI	0758			
Residential Street Address	City			State	Zip Code			
144 Coleman St		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er	-	•			
Owner		New E	England Limo Serv of Fairfield	d				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
X Parsonal Check								
If yes, list Event # 06292017F	06/	30/2017	\$25.00		\$25.00			
1	-			L	La .a . m.			
Last Name	First			MI	Contribution ID #			
Torres	City	Alex		C+-+-	0759			
Residential Street Address	City	Duidaanaut		State	Zip Code			
355 W Morgan Ave		Bridgeport	or.	СТ	06604			
Principal Occupation teacher		Name of Employ	eport Board of Ed					
		_	obbyist spouse or	Amou	int of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions	•				
an event reported in Section J1?								
No Cash X Personal Check	06/	30/2017	\$100.00		\$100.00			
If yes, list Event # 06292017F								
Last Name	First			MI	Contribution ID #			
Van Nest		Dean			0760			
Residential Street Address	City			State	Zip Code			
49 Brittin Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Consultant		Van N	lest Health & Benefits Consul	lting				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna (x No					
government the contract is with:	D-4-	D i d						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/	30/2017	\$10.00		\$10.00			
If yes, list Event # 06292017F	00,	30, 201,	Ψ10.00					
Last Name	First			MI	Contribution ID #			
Brazier		William			0761			
Residential Street Address	City			State	Zip Code			
29 Creamery Pond Rd		Chester		NY	10918			
Principal Occupation		Name of Employ						
Project Manager			ectric Corp					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # 06292017F	06/	30/2017	\$20.00		\$20.00			

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I, MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TYPE OF DEPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original								
Dave Walker for CT			outy 10 1 lilling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Gonzales		Rufino			0762			
Residential Street Address	City			State	Zip Code			
44 First Ave		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Restoration		Gonza	ales Restoration					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with an event concreted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
No Cash X Personal Check	06/	30/2017	\$100.00		\$100.00			
If yes, list Event # 06292017F								
Last Name	First			MI	Contribution ID #			
Beck		Kathleen			0763			
Residential Street Address	City			State	Zip Code			
130 Wilson St	,	Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er	<u> </u>				
Housewife		House						
			obbyjet enouge or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	711100	in or commonion			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	067	20/2017	¢20.00		430.00			
If yes, list Event # 06292017F	06/.	30/2017	\$20.00		\$20.00			
LadNama	Pinnt			М	Contribution ID#			
Last Name	First			MI	Contribution ID #			
Manhsky	O.	Anne		a	0764			
Residential Street Address	City			State	Zip Code			
20 Morning Glory Dr		Easton		СТ	06612			
Principal Occupation		Name of Employ						
Housewife		House						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with:	_							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
If yes, list Event # 06292017F	06/	30/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Sikora		Ashley			0765			
Residential Street Address	City			State	Zip Code			
124 Old Battery Rd		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ						
Creative Director		Orgw	de					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 06292017F	06/	30/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT					
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Sikora		Steven			0766			
Residential Street Address	City			State	Zip Code			
124 Old Battery Rd		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Negotiator			Fargo					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent cinia c	x No					
government the contract is with:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/	30/2017	\$100.00		\$100.00			
If yes, list Event # 06292017F	00/	30/2017	Ψ100.00		ψ100.00			
Last Name	First			MI	Contribution ID #			
Raydar		Gary			0767			
Residential Street Address	City			State	Zip Code			
45 Wintergreen Dr		Easton		СТ	06612			
Principal Occupation		Name of Employ	er		•			
CEO		CRG						
Is contributor a principal of a state contractor or prospective state contractor?	D.		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash X Personal Check	06.0	20/2017	+400.00		+100.00			
If yes, list Event # 06292017F No Money Order Credit/Debit Card	06/.	30/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Raydar	1 1100	Chon Hwa			0768			
Residential Street Address	City			State	Zip Code			
45 Wintergreen Dr		Easton		СТ	06612			
Principal Occupation	•	Name of Employ	er	•				
HR		CHR I	LLC					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/	20/2017	±100.00		+100.00			
If yes, list Event # 06292017F No Money Order Credit/Debit Card	06/.	30/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Cardone	1 1100	James			0769			
Residential Street Address	City			State	Zip Code			
91 Battery Pond		Bridgeport		СТ	06605			
Principal Occupation	•	Name of Employ	er		•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	or a roodyrst?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	00.	20/2017	#100.00		¢100.00			
If yes, list Event # 06292017F No Money Order Credit/Debit Card	06/.	30/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dave Walker for CT July 10 Filing - Original					
			Tour, no a ming a nighter		
B. Itemized Contributions from	n Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Morr		Shelly			0770
Residential Street Address	City	Duideese		State	Zip Code
87 Harborview Ave Principal Occupation		Bridgeport Name of Employe	or.	СТ	06605
Public relations		1 ,	Mar PR		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amor	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	Ta lobbyist?		
government the contract is with:	Data	Received	Aggregate Contributions	2	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 06292017F	06/3	30/2017	\$20.00		\$20.00
					•
Last Name O'Brien	First			MI	Contribution ID #
O Brien Residential Street Address	City	Edward		State	0771 Zip Code
35 Shorwood Pl	City	Southport		CT	06890
Principal Occupation		Name of Employ	er	1	1
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child o	f a lobbyist?		
government the contract is with:	Date	Received	Aggregate Contributions	<u>^</u>	
an event reported in Section J1?			88 -8		
If yes, list Event # 06292017F	06/3	30/2017	\$25.00		\$25.00
Lad Nove	First			MI	Contribution ID#
Last Name Nylen	First	Wendy		MI	Contribution ID # 0772
Residential Street Address	City	,		State	Zip Code
85 Clarkson St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er	•	•
owner		Retail	Framing		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist? Ye	Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent enna o	x No		
government the contract is with:	Date	Received	Aggregate Contributions	<u></u>	
an event reported in Section J1?					
If yes, list Event # 06292017F	06/3	30/2017	\$40.00		\$40.00
Last Name	First			MI	Contribution ID #
Torres	1 1150	Gabriella			0773
Residential Street Address	City			State	Zip Code
108 Midland St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		
Cashier			rview Market		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No	, [
government the contract is with:	Date	Received	Aggregate Contributions	\exists	
an event reported in Section J1?			55 5		
If yes list Event # 06292017F Cash X Personal Check	06/3	30/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Dave Walker for CT	July 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Kuck		Sally		Α	0774			
Residential Street Address	City			State	Zip Code			
14 Verona Dr		Riverside		СТ	06878			
Principal Occupation Retired		Name of Employ Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X 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 #			
Voynich		Rhondalin		С	0775			
Residential Street Address	City			State	Zip Code			
5009 Donna Sue Dr		Columbus		GA	31907			
Principal Occupation		Name of Employ	er					
Homemaker			maker					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		i	x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			86 .8					
X No Cash X Personal Check	06/3	30/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Cantafio		Armand			0689			
Residential Street Address	City	. eric		State	Zip Code			
455 Bic Dr Principal Occupation	<u> </u>	Milford Name of Employ	ou.	СТ	06461			
President		1 ,	east Electronics					
			obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution			
Yes A No)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 06272017E	06/3	30/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Walker	1 1130	Gage		1411	0690			
Residential Street Address	City			State	Zip Code			
1448 Dewberry Ct		McLean		VA	22101			
Principal Occupation		Name of Employ	er		•			
director		ASCO						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		acpendent child (
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	1.0001700						
If yes, list Event #	06/3	30/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPOR	_	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Γ				
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Walker		Steven			0691
Residential Street Address	City			State	Zip Code
1448 Dewberry Ct Principal Occupation		McLean Name of Employe		VA	22101
General Counsel		Name of Employs NACD	er		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes Ar	nount of Contribution
If yes, indicate which branch or branches of		dependent child of	if a lobbyist?		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	No	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash No Cash No No Money Order Credit/Debit Card	06/	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Barlow	First	Ellen		IVII	0692
Residential Street Address	City	LIICH		State	Zip Code
24 Morningside Rd		Easton		СТ	06612
Principal Occupation		Name of Employ	er		-!
Gyrotonic instructor		Eleme	ents Center		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes Ar	nount of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	a todoyist?	No	
Is this contribution associated with As yes Method of contribution: Yes	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	30/2017	\$100.00		\$100.00
If yes, list Event # 06272017E					
Last Name	First			MI	Contribution ID #
Barlow		Kevin			0693
Residential Street Address	City			State	Zip Code
24 Morningside Rd		Easton		СТ	06612
Principal Occupation CEO		Name of Employ			
			ern CT Ice & Oil	Δ,	nount of Contribution
Yes 🔼 No)	dependent child of	f a lobbyist?	Yes	nount of Controllion
If yes, indicate which branch or branches of government the contract is with:			x	No	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 06272017E No Cash X Personal Check Money Order Credit/Debit Card	06/	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Clennon	riist	Barton		IVII	0694
Residential Street Address	City	Darton		State	Zip Code
2350 Maple St		Wenatchee		WA	98801
Principal Occupation		Name of Employe	er		•
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes At	nount of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\dashv	
an event reported in Section 31?					
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	06/	30/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT July 10 Filing - Original							
Dave Walker for CT	July 10 Filling - Original							
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Hoyt		Richard			0695			
Residential Street Address	City			State	Zip Code			
427 Center Rd		Easton		СТ	06612			
Principal Occupation CEO		Name of Employ Chapi	^{er} n & Bangs					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent ennu (x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # No No Money Order Credit/Debit Card	06/	30/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Glicklich		Peter			0696			
Residential Street Address	City			State	Zip Code			
425 E 58th St		New York		NY	10022			
Principal Occupation		Name of Employ	er	•	•			
Attorney		Davie	s Ward Phillips					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/	30/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Pike		Catherine			0697			
Residential Street Address	City			State	Zip Code			
79 Indian Waters Dr	<u> </u>	New Canaan		СТ	06840			
Principal Occupation		Name of Employ						
Housewife		House						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check	l							
If yes, list Event # No Money Order Credit/Debit Card	06/	30/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Martin		Leonard			0698			
Residential Street Address	City			State	Zip Code			
6 Patricia Cir		Enfield		СТ	06082			
Principal Occupation		Name of Employ						
Retired		Retire		 				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			-					
If yes, list Event #	06/	30/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dave Walker for CT			TYPE OF REPORT July 10 Filing - Original		
Dave walker for C1			Carly 10 1 ming Chightan		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Smith		Hatton			0699
Residential Street Address	City	5		State	Zip Code
PO Box 170970 Principal Occupation		Birmingham Name of Employe		AL	35217
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?		
government the contract is with: Executive Legislative	_		X N	0	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	30/2017	\$100.00		\$100.00
If yes, list Event #	007.	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Hau		Kee Hung			0700
Residential Street Address	City			State	Zip Code
53 Milan Rd		Woodbridge		СТ	06525
Principal Occupation		Name of Employ	er		
Physician		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	es	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x N	0	
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	<u> </u>	
an event reported in Section J1?			1-88-1844		
No Cash X Personal Check	06/	30/2017	\$100.00		\$100.00
If yes, list Event #				ļ	
Last Name	First			MI	Contribution ID #
Wasmer		Pedro			0701
Residential Street Address	City			State	Zip Code
642 Bougainvillea Rd		Naples		FL	34102
Principal Occupation Retired		Name of Employer Retire			
				Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o		es	ant of contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	о	
Is this contribution associated with Second of the Second	Date	Received	Aggregate Contributions	7	
an event reported in Section 31?					
If yes, list Event # No Money Order Credit/Debit Card	06/	30/2017	\$100.00		\$100.00
Lost Nome	Einat			MI	Contribution ID #
Last Name Wasmer	First	Ann		MII	Contribution ID # 0702
Residential Street Address	City	AIIII		State	Zip Code
642 Bougainvillea Rd		Naples		FL	34102
Principal Occupation		Name of Employ	er		•
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent child o	x a lobbyist?		
government the contract is with:		ni. 1		0	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	30/2017	\$100.00		\$100.00
If yes list Event # Money Order Credit/Debit Card	I ' - ' '	·	,	1	

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Dave Walker for CT July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Grauer		Elizabeth			0703				
Residential Street Address	City			State	Zip Code				
178 Bishop St		New Haven		СТ	06511				
Principal Occupation		Name of Employ	er						
realtor			Grauer Realty						
		-	obbyist snouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
No Cash X Personal Check	06/	30/2017	\$100.00		\$100.00				
If yes, list Event #	00/.	50,2017	Ψ100.00		4100.00				
Last Name	First			MI	Contribution ID #				
	THSt	Loopard		IVII	0704				
Grauer	City	Leonard		Ct-t-					
Residential Street Address	City			State	Zip Code				
178 Bishop St		New Haven		СТ	06511				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of							
government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Responsal Check									
U No F	06/3	30/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Lyon		Lana			0705				
Residential Street Address	City			State	Zip Code				
10 Irongate HI		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
Housewife		House							
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child o	Vac	111100	nt of continuation				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	061	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 #				
Steinberg		Richard			0706				
Residential Street Address	City			State	Zip Code				
10 Irongate HI		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
Consultant		Steinl	perg Governance Advisors In	с.					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent child (
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # No No Money Order Credit/Debit Card	06/3	30/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
	5 (5 (ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dave Walker for CT			TYPE OF REPORT July 10 Filing - Original					
Buve walker for C1								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Weston		Josh			0707			
Residential Street Address	City			State	Zip Code			
217 Christopher St		Montclair		NJ	07042			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	06/3	30/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Strickland		Ross			0708			
Residential Street Address	City			State	Zip Code			
2001 SE Sailfish Point Blvd		Stuart		FL	34996			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	, 	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	06/3	30/2017	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Lee		Sin			0709			
Residential Street Address	City			State	Zip Code			
53 Milan Rd		Woodbridge		CT	06528			
Principal Occupation		Name of Employ	er					
Physician		retire	d					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # No Money Order Credit/Debit Card	06/3	30/2017	\$100.00		\$100.00			
ii yes, iist Event#								
Last Name	First			MI	Contribution ID #			
Tobias		Ronald			0710			
Residential Street Address	City			State	Zip Code			
5 Cobblers Ln		Armonk		NY	10504			
Principal Occupation		Name of Employ	er		-			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/3	30/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Dave Walker for CT July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Understein		Bob			0323			
Residential Street Address	City			State	Zip Code			
7911 Grand Estuary Trl		Bradenton		FL	34212			
Principal Occupation		Name of Employ	er					
Financial Advisor		FSF L						
			abbyigt groups or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	111104	in or commount			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	06/	30/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		-,	T					
Last Name	First			MI	Contribution ID #			
Kotlikoff	1 1100	Laurence			0324			
Residential Street Address	City	Laurence		State	Zip Code			
	City	D. store			*			
203 St Botoloph St .		Boston		MA	02115			
Principal Occupation		Name of Employ	er					
Professor		1951						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		перениент сина с	<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # No Money Order X Credit/Debit Card	06/	30/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Stellpflug		Kevin			0325			
Residential Street Address	City			State	Zip Code			
N12180 Schubert Rd		Trempealeau	1	WI	54661			
Principal Occupation		Name of Employ	er					
Supervisor		Dynai	mic Concrete Resurfacing					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	06/	30/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		•			·			
Last Name	First			MI	Contribution ID #			
Critelli		Michael			0326			
Residential Street Address	City	riiciidei		State	Zip Code			
39 Shields Rd	City	Darien		CT	06820			
			on.	CI	00020			
Principal Occupation		Name of Employ						
Executive			parc, Inc.		nt of Contain-ti-			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative	- F	n · ·						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
— III Cook Demonstrate								
If yes, list Event # Cash Credit/Debit Card	06/	30/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Dave Walker for CT			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Mathus		Elizabeth			0327			
Residential Street Address	City			State	Zip Code			
384 Hollow Tree Ridge Rd		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
Designer		HTR S	Studios					
			abbyigt groups or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	06/	30/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Frankenberger	1 1100	Andy			0328			
Residential Street Address	City	Alluy		State	Zip Code			
	City	N V I		1	-			
121 W 19th St .		New York		NY	10011			
Principal Occupation		Name of Employ	er					
Professional poker player		Self		1				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
□ No □ □	06/	30/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Noto		Joan			0329			
Residential Street Address	City			State	Zip Code			
215 Otter Rock Dr		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er	!				
housewife		house	ewife					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of						
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	06/	20/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	06/.	30/2017	\$100.00		\$100.00			
					a . 1 m #			
Last Name	First			MI	Contribution ID #			
Noto		Licio			0330			
Residential Street Address	City			State	Zip Code			
215 Otter Rock Dr		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er					
retired		retire	d					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		sependent ennu (·					
government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/	30/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Dave Walker for CT	July 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Brancato		Paula			0331
Residential Street Address	City			State	Zip Code
45-50 Pearson St # 80	L	Long Island (· ·	NY	11101
Principal Occupation insuranec and estate planning		Name of Employ North	^{er} western Mutual		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received		ŀ	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Bartlett		Virginia			0332
Residential Street Address	City			State	Zip Code
5901 P'Tree Dunwoody Rd Ste C-440		Atlanta		GA	30328
Principal Occupation		Name of Employ	er		•
СРА		Bartle	tt O'Neill Consulting, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	06/.	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Massey		Walt			0333
Residential Street Address	City			State	Zip Code
2411 Swallow Ln		Northport		AL	35476
Principal Occupation		Name of Employ			
Appraiser			loosa County Commission		
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	06/	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Herz		Robert			0334
Residential Street Address	City			State	Zip Code
186 N Woods Dr .		South Orang	е	NJ	07079
Principal Occupation		Name of Employ	er		
Consultant			t H Herz LLC		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}	1	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?				1	
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/	30/2017	\$100.00		\$100.00

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I MONETADY DECEIDT	C (C.	action A D			
I. MONETARY RECEIPT	5 (5)	ection A-1)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dave Walker for CT			TYPE OF REPORT July 10 Filing - Original		
			July 10 1 mily oliginal		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Wood		Jeffrey			0335
Residential Street Address	City			State	Zip Code
43 Harbor Dr		Stamford		СТ	06902
Principal Occupation		Name of Employ	er		
Clergy		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
No Cash Check	06/	30/2017	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card		-			
Last Name	First			MI	Contribution ID #
Cornelius		Harry			0336
Residential Street Address	City	Tidit y		State	Zip Code
3474 S Ocean Blvd # 13	City	Palm Beach		FL	33480
		Name of Employ	or.	I FL	33460
Principal Occupation		1 7			
President			elius Marketing, INC		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent enna (<u> </u>		
government the contract is with:			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	06/	30/2017	\$100.00		\$100.00
in you, not 2 feet to 2 feet and					
Last Name	First			MI	Contribution ID #
Stein		Norman			0337
Residential Street Address	City			State	Zip Code
618 NE 78th St , Seattle, WA		Seattle		WA	98115
Principal Occupation		Name of Employ	er	•	
Professor		Drexe	el University		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
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,	30, 201,	Ψ100100		
Last Name	First			MI	Contribution ID #
Brock	11130	William		IVII	0338
	City	vviiliaiii		C+-+-	
Residential Street Address	City			State	Zip Code
31 Eastern Ave		Annapolis		MD	21403
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of			·		
government the contract is with:			x _{No}]	
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	06/	30/2017	\$100.00		\$100.00

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A MONETARY DESCRIPT	G (G				
I. MONETARY RECEIPT	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Herbertson		Randy			0339
Residential Street Address	City			State	Zip Code
24 Whitney St		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Principal		The V	isual Brand		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
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 #
Weil		Douglas			0340
Residential Street Address	City	2049.40		State	Zip Code
2260 North Pt		San Francisc	0	CA	94123
Principal Occupation		Name of Employ		<u>CA</u>	J-125
finance		retire			
			obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37	Amou	iit of Contribution
If yes, indicate which branch or branches of					
government the contract is with: Executive Legislative		.			
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	06/3	30/2017	\$100.00		\$100.00
				I	
Last Name	First			MI	Contribution ID #
Dent		Harry			0341
Residential Street Address	City			State	Zip Code
35 Munoz Rivera Apt 1702		San Juan		PR	00901
Principal Occupation		Name of Employ	er		
Economic Research		Debt	Research		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	a lobbyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	06/3	30/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Campbell		Robert			0342
Residential Street Address	City			State	Zip Code
70 Sundown Pkwy		Austin		TX	78746
Principal Occupation		Name of Employ	er		
Management Consulting		Self E	mployed - Campbell Global S	Services LL	C
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	_	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	l				
If yes, list Event # Personal Check No	06/3	30/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	ı			Ī	

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF BERORE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Dave Walker for CT July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Breul		Jonathan			0343
Residential Street Address	City			State	Zip Code
5204 Willet Bridge Ct		Bethesda		MD	20816
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			abbyigt groups or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No Cash Personal Check	06/	30/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		•			·
Last Name	First			MI	Contribution ID #
McCall		Alison			0344
Residential Street Address	City	Alloon		State	Zip Code
1 Meetinghouse Ln , Old Lyme	City	Old Lyme		CT	06371
Principal Occupation		Name of Employ	on.	CI	00371
Interior Designer			roke House Designs, Ltd.		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of			·		
government the contract is with:					
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	06/	30/2017	\$100.00		\$100.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
biddulph		david			0345
Residential Street Address	City			State	Zip Code
5807 S Atlantic Ave		New Smyrna	Beach	FL	32169
Principal Occupation		Name of Employ	er		
compile data on new businesses		marke	et force corp		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
	,	dependent child of	·		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes list Event # Cash Personal Check No Money Order X Credit/Debit Card	06/	30/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Cotton		Dave			0346
Residential Street Address	City			State	Zip Code
3803 Washington Woods Dr		Alexandria		VA	22309
Principal Occupation		Name of Employ	er	• • • • • • • • • • • • • • • • • • • •	
Auditor			n & Company LLP		
			obbyict chance or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions	1	
an event reported in Section J1?	Date	received	Assiegate Controutions		
No Cash Personal Check	067	20/2017	#100.00		¢100.00
If yes, list Event # No Money Order X Credit/Debit Card	06/	30/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5.	« () () () () () () () () () (TYPE OF REPORT		
Dave Walker for CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Lapides		John			0347
Residential Street Address	City			State	Zip Code
217 St Ronan St		New Haven		СТ	06511
Principal Occupation		Name of Employ	er	•	
President/Owner		United	d Aluminum Corporation		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	a loodyist?		
government the contract is with: Executive Legislative	В.	D : 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	20/2017	±100.00		±100.00
If yes, list Event # No Money Order X Credit/Debit Card	06/.	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Nelligan		Jeff			0348
Residential Street Address	City			State	Zip Code
1161 Old County Rd		Arnold		MD	21012
Principal Occupation		Name of Employ	er		
Health information officer		U.S. F	-DA		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	06/	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Collins	FIISt	Jack		IVII	0349
Residential Street Address	City	Juck		State	Zip Code
271 Sailors Ln	City	Bridgeport		CT	06605
Principal Occupation		Name of Employ	er		
Pharmacist		Black	Rock Healthcare Comsulting		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	*		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	06/	30/2017	\$100.00		\$100.00
1				1	
Last Name litow	First			MI	Contribution ID #
Residential Street Address	City	mark		State	0350 Zip Code
2919 W Country Club Dr	City	Mequon		WI	53092
Principal Occupation		Name of Employ	er		33032
Actuary		Retire			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a foodyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions]	
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	06/	30/2017	\$100.00		\$100.00

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I. MONETARY RE	CEIPTS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Comm	•		TYPE OF REPORT July 10 Filing - Original	Γ		
Dave Walker for CT						
B. Itemized Contributi	ons from In	dividuals				
Last Name	Firs			MI	Contribution ID #	
white		kevin			0351	
Residential Street Address	City			State	Zip Code	
24 Vineyard Ln		Westport		СТ	06880	
Principal Occupation		Name of Employer				
retired		retired				
Is contributor a principal of a state contractor or prospective state contractor?	x No	Is contributor a lob dependent child of a		Yes A1	mount of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x 1	.1-		
government the contract is with: Is this contribution associated with Method of contribution:	Dot	Received	Aggregate Contributions	NO		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
No Cash Personal C	06/	30/2017	\$25.00		\$25.00	
If yes, list Event # Money Order X Credit/Del	bit Card		, , , , , , , , , , , , , , , , , , ,		Ţ-2:55	
Last Name	Firs	:		MI	Contribution ID #	
Knubel		Carole			0352	
Residential Street Address	City			State	Zip Code	
1365 Eliot Rd . Franklin TN		Franklin		TN	37064	
Principal Occupation	-	Name of Employer			•	
homemaker		Homem	naker	_		
Is contributor a principal of a state contractor or prospective state contractor?	x No	Is contributor a lob		Yes A1	mount of Contribution	
If yes, indicate which branch or branches of	· <u>····</u>	dependent child of a				
government the contract is with: Executive Legislative		<u> </u>	X 1	No		
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions			
No Cash Personal C		¢2E 00				
If yes, list Event # Money Order X Credit/Del		\$25.00				
			Total	of Section B	\$72,156.11	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec	ctions A + B)	(Total on Line 14	, Column A of Summary Pa	ge)	\$72,156.11	
					_	
I. MONETARY RE	CEIPTS (S	Section A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commi	ission)		T	YPE OF RE	EPORT	
Dave Walker for CT July 10 Filing - Original						
C1. Contributions from C	Other Comm	ittees				
Name of Committee		Name of Treasurer				
Name of Commutee		Name of Treasurer				
Address		•				
		ribution associated wit ted in Section J1?	h an Yes	No	Amount of Contribution	
	ечепі геро					
1. 1	1 .	If yes, list Event #	I			
City State Zip Code	Date	Received	Aggregate Contributions			
			Total of S	ection C1		

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Total of Section D

NAME OF COMMITTEE Dave Walker for CT C2. Reimbursements or Surplus Distributions from other Committees Name of Committee Name of Treasurer Address Address Date Received Reimbursement for shared expense Surplus distribution from explanatory committee Lippenditure # Description I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT Date Received Trype Reimbursement for shared expense Surplus distribution from explanatory committee I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT Dave Walker for CT Source of Londer Source of Loner Ballet Candidate Individual Other Gazenor of Sist Juny College of Gazenor of Sist Juny Candidates Freet Address City State Zip Code Gazenor of Sist Juny College of Gazenor of Sist Juny College of Gazenor of Sist Juny College of Gazenor of Sist Juny College of Gazenor of Sist Juny College of Gazenor of Sist Juny College of Gazenor of Sist Juny College of Gazenor of Sist Juny College of Gazenor of Sist Juny College of Gazenor of Sist Juny College of Gazenor of Sist Juny College of Gazenor of Sist Juny College of Gazenor of Sist Juny College of Gazenor of Sist Juny College of Cazenor o
C2. Reimbursements or Surplus Distributions from other Committees Name of Treasurer Name of Treasurer Address City State Lip Code Payment Type Reimbursement for shared expense Samplus distribution from exploratory committee Total of Section C2 I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT D. Loans Received this Period Name of Leader Source of Learn: Bank Candidate Individual Other Street Address City Sure of Candidate Individual Other Guarantee of Bis loan?
Name of Committee
Name of Committee Address Dute Received Amount of Receipt City State Zip Code Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee Total of Section C2 I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT Duty Type OF REPORT Dave Walker for CT Duty Type OF Report Dave Walker for CT Dave Walker for CT Source of Loss: Bank Candidate Individual Other Street Address City State Zip Code Li there a coigner or Guarantor of this loan?
Address Date Received Amount of Receipt
Amount of Receipt City State Zip Code Reimbursement for shared expense Surplus distribution from exploratory committee Expenditure # Description I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT Dave Walker for CT Dave Walker for CT Surge of Loans Bank Candidate Individual Other State Zip Code Is there a cosigner or Guarantor of this loan?
City State Zip Code Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee Total of Section C2 I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT Duly 10 Filing - Original Duly 10 Filing - Original Name of Lender Source of Loan: Bank Candidate Individual Other Street Address City State Zip Code Is there a cosigner or Guaranter of this loan?
Reimbursement for shared expense Surplus distribution from exploratory committee Expenditure # Description I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT D. Loans Received this Period Source of Loan: Bank Candidate Individual Other
Reimbursement for shared expense Surplus distribution from exploratory committee Expenditure # Description I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT Duly 10 Filing - Original D. Loans Received this Period Name of Lender Source of Loan: Bank Candidate Individual Other Street Address City State Zip Code Is there a cosigner or Guarantor of this loan?
Expenditure # Description Total of Section C2 I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT D. Loans Received this Period Name of Lender Source of Loan: Bank Candidate Individual Other Street Address City State Zip Code Is there a cosigner or Gauarattor of this loan?
Expenditure # Description I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT D. Loans Received this Period Source of Loan: Bank Candidate Individual Other
I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT D. Loans Received this Period Source of Loan: Bank Candidate Individual Other
I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT D. Loans Received this Period Source of Loan: Bank Candidate Individual Other
I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT D. Loans Received this Period Source of Loan: Bank Candidate Individual Other
I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT D. Loans Received this Period Name of Lender Source of Loan: Bank Candidate Individual Other Street Address City State Zip Code Is there a cosigner or Guarantor of this loan?
I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT D. Loans Received this Period Source of Loan: Bank Candidate Individual Other
I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE Dave Walker for CT D. Loans Received this Period Name of Lender Source of Loan: Bank Candidate Individual Other Street Address City State Zip Code Is there a cosigner or Guarantor of this loan?
NAME OF COMMITTEE Dave Walker for CT D. Loans Received this Period Source of Loan: Date of Receipt
NAME OF COMMITTEE Dave Walker for CT D. Loans Received this Period Source of Loan: Date of Receipt
NAME OF COMMITTEE Dave Walker for CT D. Loans Received this Period Source of Loan: Date of Receipt
Dave Walker for CT D. Loans Received this Period Source of Loan: Date of Receipt
Name of Lender Source of Loan: Date of Receipt
Name of Lender Source of Loan: Bank Candidate Individual Other Street Address City State Zip Code Is there a cosigner or Guarantor of this loan?
Street Address City State Zip Code Is there a cosigner or Guarantor of this loan?
Street Address City State Zip Code Is there a cosigner or Guarantor of this loan?
Street Address City State Zip Code Is there a cosigner or Guarantor of this loan?
Guarantor of this loan?
Yes No
Name of Cosigner/Guarantor (if applicable) Amount Received
Street Address City State Zip Code

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE						TYPE OF REP	ORT	
Dave Walker for CT						July 10 Filing - Origina	al	
E. Personal	Funds of the Candidate	Received this Perio	od (Candidate Comm	ittees ON	LY)			
Date of Receipt	Method of Payment					l	Amount	
But of Recorpt	Cash	Personal C	Check Credit	t/Debit Card				
					To	otal of Section E		
	I	. Monetary Recei	pts (Section A-I)					
NAME OF COMMITTEE						TYPE OF REPO	ORT	
Dave Walker for CT					Ju	ıly 10 Filing - Original		
G. Interest from Deposits in Authorized Accounts								
Name of Institution					Date Rec	eived	Amount	
Street Address		City		State		Zip Code		
Total of Section G								
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE						TYPE OF REPOR	Т	
Dave Walker for CT					Ju	July 10 Filing - Original		
H. Public Grant Funds Received from the Citizens' Election Fund								
Purpose of Grant:		Grant Cycle:				Date Received	Amount	
Initial	Grant Adjustment	Grant Cycle.				Date Received	Amount	
	/Post Election Deficit	Primary	General Election	Special Ele	ection			
Supplement	23.000							
						Total of Section H		

I. MONETARY RECEIPTS (Section A-I)						
NAME OF COMMITTEE				TYPE OF REPORT		
Dave Walker 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	Y (Sections J	J1 - J4)						
NAME OF COMMITTEE (Provide Cor	nplete Name as Registered with Con	nmission)			TYPE	OF REPO	RT		
Dave Walker for CT						July 10 Filing - Original			
	J1. Event Inform	mation							
Event # Date of Event	Description Other Event					l—	fundraisin	_	
Location: Street Address 37 Beacon St	·			City Bridgeport	t	.—	State CT	Zip Code 06605	
Was this event hosted at a personal residence?		Yes No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	ired information for			ed	
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	sess entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	s and		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Red	ceipts here.)				\$0.00	
Event # Date of Event	Description Home Fundraiser						ı fundraisin Yes	ng event?	
Location: Street Address 655 Sasco Hill Rd				City Fairfield			State CT	Zip Code 06824	
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	ired information for			ed	
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	s and		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Red	ceipts here.)				\$0.00	
Event # Date of Event	Description Home Fundraiser					 	ı fundraisin Yes	ng event?	
Location: Street Address 18 Fox Hill Ln				City Darien			State CT	Zip Code 06820	
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	ired information for			ed	
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.						
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes No	(If yes, enter Total Rec	ceipts here.)				\$0.00	

	II. EVENT ACTIVITY	Y (Sections J	J1 - J4)						
NAME OF COMMITTEE (Provide Cor	mplete Name as Registered with Con	nmission)			TYPE	OF REP	ORT		
Dave Walker for CT					July 10 Filing - Original				
	J1. Event Infor	mation		I					
Event # Date of Event 06/22/2017 Letter D	Description Home Fundraiser					Was this	s a fundraisin	ng event?	
Location: Street Address 115 Zaccheus Mead Ln				City Greenwich	ı	•	State CT	Zip Code 06831	
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J ² with a House Party an host(s) for food, bever	d complete requ	ired information for			ed	
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contributio	ons and		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re-	ceipts here.)				\$0.00	
Event # Date of Event	Description Home Fundraiser					Was this	s a fundraisin	ng event?	
Location: Street Address 830 Burr St				City Fairfield			State CT	Zip Code 06824	
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J ² with a House Party an host(s) for food, bever	d complete requ	ired information for			ed	
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contributio	ons and		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	ceipts here.)				\$0.00	
Event # Date of Event	Description Meet and Greet Event					Was this	s a fundraisin Yes	ng event?	
Location: Street Address 218 Harborview Ave				City Bridgeport	:		State CT	Zip Code 06605	
Was this event hosted at a personal residence?		Yes No	if yes, go to Section J ² with a House Party an host(s) for food, bever	d complete requ	ired information for			ed	
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes No	If yes, to to Section J3 complete required info		ons not Considered	Contributio	ons and		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes No	(If yes, enter Total Re-	ceipts here.)				\$0.00	

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Total of Section J1	\$0.00

	II.EV	ENT ACTIVITY (Sections	J1	J4)					
NAME OF COMMITTEE (Provide	e Complete Name as Reg	sistered with Commission)			TYPE OF REP	ORT			
Dave Walker for CT					July 10 Filing - Original				
	J3. In-Kind Donat	ions Not Considered Contribu	utions						
Name of the Donor									
David Walker									
Street Address 37 Beacon St						St	ate T	Zip Code 06605	
Donation Given by: X Individual	Description of Donation Start up money						Fair Market V Donatio		
Business Entity Sole Proprietorship	Date Received 06/27/2017	Event # 04012017B		ue for this event \$275.00			\$275.00		
Name of the Donor Mary Walker									
Street Address 37 Beacon St			City Bric	lgeport		St	ate T	Zip Code 06605	
Donation Given by: X Individual	Description of Donation Start up money					F		arket Value of onation	
Business Entity Sole Proprietorship	Date Received 06/27/2017	Event # 04012017B		Aggregate val	ue for this event \$275.00			\$275.00	
Name of the Donor Darlene Knight									
Street Address 2180 Kings Hwy			City Fair	field		St	ate T	Zip Code 06824	
Donation Given by: X Individual	Description of Donation Duplicate credit card page	ayment				F		arket Value of onation	
Business Entity Sole Proprietorship	Date Received 06/27/2017	Event # 04012017B		Aggregate val	ue for this event \$100.00			\$100.00	

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II.EVENT ACTIVITY (Sections J1 - J4)								
NAME OF COMMITTEE (Provide	e Complete Name as Reg	istered with Commission)			TYPE OF REPORT			
Dave Walker for CT			luly 10 Filing - Original					
J3. In-Kind Donations Not Considered Contributions								
Name of the Donor William Nightingale								
Street Address 179A Oenoke Ridge Rd			City New	<i>ı</i> Canaan		State CT	Zip Code 06840	
Donation Given by:	Description of Donation Total check for \$250						larket Value of Donation	
Business Entity Sole Proprietorship	Date Received 06/27/2017	Event # 04012017B		Aggregate valu	se for this event \$150.00		\$150.00	
					Total of Section J3		\$800.00	

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				ra	ge 206 of 224
	II.EVENT ACTIVITY (Sect	ions J1 - J4)			
NAME OF COMMITTEE (Provide	Complete Name as Registered with Commission)		TYPE OF REP	ORT	
Dave Walker for CT			July 10 Filing - Origina	al	
J4. In-Kii	nd Donations Not Considered Contributions Asso	ciated with a H	louse Party		
Name of Host			Is this event supporting more than one	candidate?	
David Meshberg			Yes X No If yes, o		mization in
Street Address		City	•	State	Zip Code
655 Sasco Hill Rd		Fairfield		CT	06824
Description of Donation Food and drink for Meet & Greet					arket Value of Donation
Event # 06142017A	Aggregate value of this Event - all hosts \$395.00	Aggregate val	ue of all Events - this host/candidate \$395.00		\$395.00
Name of Host			Is this event supporting more than one		
Allisson & Floris Van Dijkum			Yes X No Addend		mization in
Street Address		City		State	Zip Code
18 Fox Hill Ln		Darien		СТ	06820
Description of Donation Food and drink for Meet & Greet					arket Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate val	ue of all Events - this host/candidate		\$391.39
06212017C	\$391.39	1 15gregate van	\$391.39		Ψ331.33
	· ·				
Name of Host			Is this event supporting more than one	candidate?	
Sid & Amy Goodfriend			Yes X No If yes, o		mization in
Street Address		City		State	Zip Code
115 Zaccheus Mead Ln		Greenwich		СТ	06831
Description of Donation Food and drink for Meet & Greet					arket Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate val	ue of all Events - this host/candidate		\$800.00
06222017D	\$800.00		\$800.00		·

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Name of Host							Is this event s	supporting mo	ore than one c		
Peter Ambrose							Yes	X No	If yes, co		emization in
Street Address					City	•				State	Zip Code
830 Burr St					Fairfiel	d				СТ	06824
Description of Donation Food and drink for Meet & Greet											larket Value of Donation
Event #	Aggregate value of this I	Event - all hosts	s		Agg	gregate value	of all Events	- this host/ca	ndidate		\$800.00
06272017E				\$800.00	00.00 \$800.00					•	
							1	Total of Sec	ction J4		\$2,386.39
	III. NON	NMONET	ΓARY RE	ECEIPTS	(Sectio	ns K - L)				
NAME OF COMMITTEE (Provid	e Complete Name as Re	egistered wi	th Commiss	ion)				TYPI	E OF REP	ORT	
Dave Walker for CT							July ²	10 Filing - O	riginal		
	K.	. In-Kind	Contributi	ions			•				
Name											
Street Address						City				State	Zip Code
Is this contribution associated with an event rep Section J1?		Yes	Description	of In-Kind Con	tribution					•	
If yes, list Event#		No									
Is Contributor a lobbyist, spouse, or dependent of a lobbyist?	child Yes	contracto		l of a state contr ch branch or bra ntract is with:			Executive	Le	Yes No egislative		arket Value of this Contribution
Type of Contributor:				Date Receive	d		Aggre	gate contribu	tions		
Individual C	ommittee	Sole Propri	ietorship								
								Total of Se	ction K		

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

	IV. EXPENDITURES (S	Sections N - S)					
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT		
Dave Walker for CT			J	luly 10 Filing - C	Original		
	N. Expenses Paid By Comm	nittee					
Name of Payee Harland Clarke			Date of Paym 04/18/202		De De	vment heck # ebit Card FT	
Street Address 15955 Lacantera Pkwy		City San Antonio			State TX	Zip Code 78256	
Purpose of Expend OFFICE	Description Check supply					Amount	
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		nditure # plicable)	Event #			\$46.56	
Name of Payee Premier Graphics			Date of Paym 04/18/202			yment heck # <u>1001</u> ebit Card FT	
Street Address 860 Honeyspot Rd		City Stratford			State CT	Zip Code 06615	
Purpose of Expend A-DM	Description Mailers	•				Amount	
which reimbursement is sough		nditure # plicable)	Event #			\$37.26	
Name of Payee Premier Graphics			Date of Paym 04/20/20		D D	yment heck # <u>1002</u> ebit Card FT	
Street Address 860 Honeyspot Rd		City Stratford			State CT	Zip Code 06615	
Purpose of Expend POST	Description Postage					Amount	
which reimbursement is sough		nditure # plicable)	Event #			\$238.27	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ О	F REPORT			
Dave Walker for CT			July 10 Filing - C	Driginal			
	N. Expenses Paid By Commi	ttee					
Name of Payee Premier Graphics			Date of Payment 05/01/2017	Method of Payment X Check # 1003 Debit Card EFT			
Street Address 860 Honeyspot Rd		City Stratford		State Zip Code CT 06615			
Purpose of Expend A-DM	Description Variable letter match mailers			Amount			
Is this expenditure coordinate which reimbursement is sough If yes, assign an Expenditure		diture # licable)	Event #	\$440.00			
Name of Payee Bridgeport Republican To	Method of Payment X Check # 1005 Debit Card EFT						
Street Address 60 Crown St		City Bridgeport		State Zip Code CT 06610			
Purpose of Expend A-OTH	Description Lincoln Day Dinner			Amount			
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	— I	diture # licable)	Event #	\$50.00			
Name of Payee Premier Graphics			Date of Payment 05/08/2017	Method of Payment X Check # 1006 Debit Card EFT			
Street Address 860 Honeyspot Rd		City Stratford		State Zip Code CT 06615			
Purpose of Expend POST	Description Postage			Amount	_		
which reimbursement is soug		diture # licable)	Event #	\$689.04			

	IV. EXPENDITURES	(Sections N - S)						
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ С	F REPORT			
Dave Walker for CT				July 10 Filing - 0	Original			
	N. Expenses Paid By Con	ımittee						
Name of Payee Premier Graphics			Date of Pays			rment neck # 1007 ebit Card		
Street Address 860 Honeyspot Rd		City Stratford			State CT	Zip Code 06615		
Purpose of Expend OFFICE	Description Contribution forms, envelopes, business cards, letterhead					Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) Event #						\$3,616.83		
Name of Payee Premier Graphics			Date of Pays			rment neck # <u>1007</u> ebit Card		
Street Address 860 Honeyspot Rd		City Stratford			State CT	Zip Code 06615		
Purpose of Expend A-OTH	Description Palm cards					Amount		
which reimbursement is sough		xpenditure # f applicable)	Event #	ŧ		\$1,535.00		
Name of Payee Premier Graphics			Date of Pays			rment neck # <u>1008</u> ebit Card FT		
Street Address 860 Honeyspot Rd		City Stratford			State CT	Zip Code 06615		
Purpose of Expend POST	Description Postage					Amount		
which reimbursement is sough	— 1	xpenditure # f applicable)	Event #	ŧ		\$223.42		

	IV. EXPENDITURES (S	ections N - S)					
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT		
Dave Walker for CT			J	luly 10 Filing - C			
	N. Expenses Paid By Comm	ittee					
Name of Payee Quality Communications			Date of Paym			vment heck # <u>1009</u> ebit Card	
Street Address PO Box 633		City Hartford			State CT	Zip Code 06142	
Purpose of Expend A-DM	Description Initial payment for purchased mailing lists					Amount	
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		\$3,000.00					
Name of Payee Premier Graphics			Date of Paym			yment heck # <u>1011</u> ebit Card FT	
Street Address 860 Honeyspot Rd		City Stratford			State CT	Zip Code 06615	
Purpose of Expend A-DM	Description Mailing					Amount	
which reimbursement is sough		diture # slicable)	Event #			\$1,847.01	
Name of Payee Premier Graphics			Date of Paym			yment heck # <u>1011</u> ebit Card FT	
Street Address 860 Honeyspot Rd		City Stratford			State CT	Zip Code 06615	
Purpose of Expend OFFICE	Description Envelopes, letterhead, contribution forms	1				Amount	
which reimbursement is soug		diture # dicable)	Event #			\$1,099.36	

	IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ С	F REPORT		
Dave Walker for CT				July 10 Filing - 0	Original		
N. Expenses Paid By Committee							
Name of Payee John Torres			Date of Pays		De De	rment neck # 1013 ebit Card	
Street Address 604 Wood Ave		City Bridgeport			State CT	Zip Code 06604	
Purpose of Expend A-WEB	Description Digital Design work	·				Amount	
which reimbursement is sough		xpenditure # f applicable)	Event #	ŧ		\$100.00	
Name of Payee Premier Graphics			Date of Pays			rment neck# <u>1014</u> ebit Card	
Street Address 860 Honeyspot Rd		City Stratford			State CT	Zip Code 06615	
Purpose of Expend A-DM	Description Thank you letters					Amount	
which reimbursement is sough		xpenditure # f applicable)	Event #	ŧ		\$480.00	
Name of Payee Premier Graphics			Date of Pays 06/12/20		D D	vment neck # <u>1014</u> ebit Card FT	
Street Address 860 Honeyspot Rd		City Stratford			State CT	Zip Code 06615	
Purpose of Expend POST	Description Postage					Amount	
which reimbursement is soug		xpenditure # f applicable)	Event #	ŧ		\$190.44	

NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ О	F REPORT		
Dave Walker for CT			July 10 Filing - C	Original		
	N. Expenses Paid By Comm	ittee				
Name of Payee Premier Graphics			Date of Payment		eck # <u>1015</u> bit Card	
Street Address 860 Honeyspot Rd		City Stratford		State CT	Zip Code 06615	
Purpose of Expend POST	Description Postage				Amount	
Is this expenditure coordinate which reimbursement is soughtful types, assign an Expenditure		diture # dicable)	Event #		\$338.10	
Name of Payee The Boathouse Restaura	Method of Payment X Check # 1016 Debit Card EFT					
Street Address 521 Riverside Ave		City Westport		State CT	Zip Code 06880	
Purpose of Expend FNDR *	Description Deposit Regata Room				Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # dicable)	Event #		\$250.00	
Name of Payee Premier Graphics			Date of Payment	ı =	eck # <u>1017</u> bit Card	
Street Address 860 Honeyspot Rd		City Stratford		State CT	Zip Code 06615	
Purpose of Expend PRNT	Description Invite, posters and thank you letters for Meshberg and Ambi	rose meet and greet			Amount	
which reimbursement is soug		diture # slicable)	Event #		\$1,022.00	

	IV. EXPENDITUR	ES (Secti	ons N - S)					
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commis	sion)			ТҮРЕ О	OF REPORT		
Dave Walker for CT					July 10 Filing - C	Original		
	N. Expenses Paid By	Committee	,					
Name of Payee Quality Communications				Date of Pays 06/29/20		Method of	Payment Check # 1018 Debit Card EFT	
Street Address PO Box 633		Ci Ha	_{ty} artford			State CT	Zip Code 06142	
Purpose of Expend A-DM	Description Balance due on mailing list	·					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum							\$3,381.00	
Name of Payee William Raveis				Date of Pays 06/29/20		Method of	Payment Check # 1019 Debit Card EFT	
Street Address 7 Trap Falls Rd		Ci SI	_{ty} nelton			State CT	Zip Code 06484	
Purpose of Expend WEB	Description Website creation, hosting costs & escrow.com						Amount	
which reimbursement is sous	ed with another candidate for Another candid	Expenditure (if applicabl		Event #	!		\$3,606.20	
Name of Payee Sid Goodfriend				Date of Pays 06/30/20		Method of	Payment Check # 1020 Debit Card EFT	
Street Address 115 Zaccheus Mead Ln		Ci G	_{ty} reenwich			State CT	Zip Code 06831	
Purpose of Expend FNDR *	Description Reimburse for food and drink at Meet & Greet	·					Amount	
which reimbursement is sough	ed with another candidate for Yes X No x # and complete Itemization in Addendum	Expenditure (if applicabl		Event #			\$260.00	

	IV. EXPE	ENDITURI	ES (Se	ctions N - S)			
NAME OF COMMITTEE	E (Provide Complete Name as Registered	with Commiss	sion)			TYPE O	F REPOR	Т
Dave Walker for CT						July 10 Filing - O	riginal	
	N. Expense	es Paid By (Commit	tee	ı			
Name of Payee					Date of Payr	nent	Method of P	ayment
Peter Ambrose					06/30/20	17		Check # <u>1021</u> Debit Card EFT
Street Address 830 Burr St				City Fairfield			State CT	Zip Code 06824
Purpose of Expend FNDR *	Description Reimburse for food and drink at Meet & (Greet						Amount
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		Yes X No	Expendi (if appli		Event #			\$1,338.14
Name of Payee Anedot					Date of Payr 06/30/20			ayment Check # Debit Card EFT
Street Address PO Box 84314				City Baton Rouge			State LA	Zip Code 70884
Purpose of Expend BNK	Description Credit card fees April through June							Amount
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		Yes X No	Expendi (if appli		Event #			\$1,839.74
Name of Payee Wells Fargo					Date of Payr 06/30/20			ayment Check # Debit Card EFT
Street Address 1499 Post Rd				City Fairfield			State CT	Zip Code 06824
Purpose of Expend BNK	Description Bank service charges for May and June						•	Amount
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		Yes X No	Expendi (if appli		Event #			\$116.00
						Total of S	Section N	\$25,744.37

	IV.	EXPENDITURES (Sections N - S)						
NAME OF COMMITTE	EE (Provide Complete Name as Re	egistered with Commission)				TYPI	E OF REPORT		
						July 10 Filing -	Original		
	O. Expe	nses Paid By Candidate							
Name of Payee (Name of vendor	who candidate paid directly)			Date	of Payme	nt	Is Reimbursement (Claimed?	No
Street Address		City	State		Zip Cod	e	A	mount	
Purpose of Expenditure (by code)	Description			Event	#				
						Total o	of Section O		

	IV. EXPENDITURES (Sections N	- S)			
NAME OF COMMITTEE (F	Provide Complete Name as Registered with Commission)		TYPE OF I	REPORT	
Dave Walker for CT			July 10 Filing - Origina	al	
	P. Expenses Incurred on Committee Cr	edit Card			
Name of Issuing Institution Wells Fargo		Type of Credit Card: Visa M X Other Debit C	aster Card Discove	er	American Express
Name of Vendor Mailchimp		·		Date of Train 06/07/20	
Street Address 675 Ponce De Leon NE		City Atlanta		State GA	Zip Code 06824-3030
Purpose of Expenditure (by code)	Description Email marketing service				Amount
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # ar	ith another candidate for Yes No	Expenditure # (if applicable)	Event #		\$30.00
Name of Issuing Institution Wells Fargo		Type of Credit Card: Visa M X Other Debit C	aster Card Discove	er	American Express
Name of Vendor Staples				Date of Train 06/13/20	
Street Address 1201 Kings Hwy		City Fairfield		State CT	Zip Code 06824
Purpose of Expenditure (by code) OFFICE	Description Supplies for Meet & Greet events				Amount
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # ar	ith another candidate for Yes No	Expenditure # (if applicable)	Event #		\$142.30

	IV. EXPENDITURES (Sections N	- S)			
NAME OF COMMITTEE (F	Provide Complete Name as Registered with Commission)		TYPE OF I	REPORT	
Dave Walker for CT			July 10 Filing - Origina	al	
	P. Expenses Incurred on Committee Cro	edit Card			
Name of Issuing Institution Wells Fargo		Type of Credit Card: Visa Ma X Other Debit ca	ster Card Discove	er 🔲	American Express
Name of Vendor Rite Aid Store		·		Date of Train 06/14/20	
Street Address 1619 Post Rd		City Fairfield		State CT	Zip Code 06824
Purpose of Expenditure (by code) OFFICE	Description Supplies for Meet & Greet events				Amount
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # ar	ith another candidate for Yes No	Expenditure # (if applicable)	Event #		\$66.86
Name of Issuing Institution Wells Fargo		Type of Credit Card: Visa Ma X Other Debit ca	ster Card Discove	er 🔲	American Express
Name of Vendor Captain's Pizza				Date of Train 06/23/20	
Street Address 59 Sanford St		City Fairfield		State CT	Zip Code 06824
Purpose of Expenditure (by code)	Description Staff work lunch				Amount
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # ar	ith another candidate for Yes No	Expenditure # E (if applicable)	event#		\$15.00

	IV. EXPENDITURES (Sections N	- S)			
NAME OF COMMITTEE (P	Provide Complete Name as Registered with Commission)		TYPE OF I	REPORT	
Dave Walker for CT			July 10 Filing - Origina	al	
	P. Expenses Incurred on Committee Cro	edit Card	•		
Name of Issuing Institution Wells Fargo		Type of Credit Card: Visa M X Other Debit c	aster Card Discov	er	American Express
Name of Vendor Facebook				Date of Tra 06/27/20	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # an	ith another candidate for Yes No No d complete Itemization in Addendum	Expenditure # (if applicable)	Event #		\$25.01
			Total of Section 1		\$279.17

	IV. EXPENDITURES (Sec	tions N - S)				
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	n)		ТҮРЕ О	F REPORT	
Dave Walker for CT				July 10 Filing - Orig	ginal	
	Q. Expenses Incurred By Committee but No	ot Paid During this Period	d			
Name of Creditor Michael Knight					Date Incurre	
Street Address 2180 Kings Hwy		City Fairfield			State CT	Zip Code 06824
Purpose of Expenditure (by code)	Description Post office box rental fee					unt Incurred aate or Actual)
reimbursement is sought?	with another candidate for which Yes X No and completes Itemization in Addendum Q	Expenditure # (if applicable)	Event #			\$80.00
Name of Creditor Michael Knight					Date Incurre	
Street Address 2180 Kings Hwy		City Fairfield			State CT	Zip Code 06824
Purpose of Expenditure (by code)	Description Expense for Quality Communications					unt Incurred aate or Actual)
reimbursement is sought?	with another candidate for which Yes X No and completes Itemization in Addendum Q	Expenditure # (if applicable)	Event #			\$23.75
		1	Tota	l of Section Q		\$103.75

	IV. EXPEND	OITURES	(Sections N -	S)						
NAME OF COMMITTEE (Provide Complete	Name as Registere	ed with Comm	nission)				ГҮРЕ OF REI	PORT		
Dave Walker for CT						July 10 F	iling - Original			
R. Itemizat	ion of Reimburs	sements and	l Secondary Pa	iyees						
Last Name of Worker/Consultant	First			MI	Date	of Payme	nt to Vendor	-	Consul	imburse Committee Itant as reported in
										t Card
Name of Vendor Paid by Committee Worker/Consultant										
			1					_		
Street Address of Vendor			City					Stat	ie	Zip Code
Purpose of Expenditure (by code)	Purpose of Expenditure									
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)			Event #				Amount
If yes, assign an Expenditure # and completes Itemization in		NO								
						Total of	Section R			
	IV. EXPE	ENDITUR	ES (Sectuibs	N - S)						
NAME OF COMMITTEE (Provide Complete	Name as Registere	ed with Com	mission)				TYPE OF REI	PORT		
Dave Walker for CT						July 10 F	iling - Original			
S	. Surplus Distrik	bution of E	quipment and l	Furniture	•					
Name of Recipient										
Street Address		City			State	e	Zip Code			Original Purchase Amount of Item
Description of Item		•			1					
							Total of Se	ection S		

	Section J4. ADDENDUM			
NAME OF COMMITTEE			TYPE OF REPORT	
J4. In - Kind Donati	ons Not Considered Contribution Ass	ociated with a Hou	use Party - Addendum	
Event#				
Name of Candidate				
	,			
	Section N. ADDENDUM			
NAME OF COMMITTEE			TYPE OF REPORT	
	N. Expenses Paid By Committee - A	ddendum		
Expenditure #			Amount of Expenditure	
Name of Candidate		Offic	ice Sought	
	Section P. ADDENDUM			
NAME OF COMMITTEE			TYPE OF REPORT	
F	P. Expenses Incurred on Committee C	redit Card - Adden	ndum	
Expend	liture #		Amount of Expenditure	
Name of Candidate			Office Sought	

Section Q. ADDENDUM		,
NAME OF COMMITTEE		TYPE OF REPORT
Q. Expenses Incurred by Committee but Not P	riod - Addendum	
Expenditure #		Amount of Expenditure
Name of Candidate		Office Sought

Section R. ADDENDUM		1			
NAME OF COMMITTEE		TYPE OF REPORT			
R. Itemization of Reimbursements and Secondary Payees - Addendum					
Expenditure #	Amount of Expenditure				
Expenditure #		Amount of Expenditure			