

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. TYPE OF COMMITTEE	
Connecticut Comeback Committee			<input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee	
3. TREASURER NAME				
First Michael		MI J	Last Purcaro	
4. TREASURER ADDRESS				
Street Address 15 Foster Dr		City Ellington	State CT	Zip Code 06029
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
11/06/2018	Undetermined			
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)				
First Mark		MI D	Last Boughton	
9. TYPE OF REPORT				
July 10 Filing - Original				
10. PERIOD COVERED				
Beginning Date 04/01/2017		Ending Date 06/30/2017		
11. CERTIFICATION				
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
Electronic Filing		Roger Palanzo		07/10/2017 5:30:33PM
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.				

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Connecticut Comeback Committee	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		\$52,369.77
14. Contributions received from Individuals (Section A and B)	\$70,990.00	\$162,151.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$21.26	\$21.26
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$71,011.26	\$162,172.26
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$123,381.03	\$162,172.26
20. Expenses Paid by Committee (Section N)	\$39,081.35	\$77,872.58
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$84,299.68	\$84,299.68
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Connecticut Comeback Committee		TYPE OF REPORT July 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY \$0.00	
B. Itemized Contributions from Individuals			
Last Name Pruslin		First Fred	MI H 1005
Residential Street Address 5696 Main St		City Stratford	State CT Zip Code 06614
Principal Occupation CPA		Name of Employer Cara Therapeutics	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received Aggregate Contributions 04/01/2017 \$100.00 \$100.00
Last Name Carter		First Daniel	MI 0999
Residential Street Address 14 Katrina Cir		City Bethel	State CT Zip Code 06801
Principal Occupation Consultant		Name of Employer Carter McBride, LLC	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received Aggregate Contributions 04/01/2017 \$25.00 \$25.00
Last Name Fedele		First Carol	MI 1000
Residential Street Address 678 Erskine Rd		City Stamford	State CT Zip Code 06903
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received Aggregate Contributions 04/02/2017 \$100.00 \$100.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Thompos		First Stephen	MI	Contribution ID # 1006
Residential Street Address 2 Wades Lndg		City New Milford	State CT	Zip Code 06776
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/02/2017	Aggregate Contributions \$80.00
If yes, list Event # <u>04022017A</u>		\$80.00		
Last Name Saviano		First Tiffany	MI	Contribution ID # 1007
Residential Street Address 15 Wooster St		City Danbury	State CT	Zip Code 06810
Principal Occupation Student		Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/02/2017	Aggregate Contributions \$25.00
If yes, list Event # <u>04022017A</u>		\$25.00		
Last Name Indiveri		First Michael	MI	Contribution ID # 1003
Residential Street Address 7 Phyllis Dr		City Succasunna	State NJ	Zip Code 07876
Principal Occupation Consultant		Name of Employer Michael J. Indiveri, CPA LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/03/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Chuvala		First Bob	MI	Contribution ID # 1004
Residential Street Address 5 Jefferson Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/04/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>04202017A</u>		\$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Oshinskie		First Lynda	MI	Contribution ID # 1002
Residential Street Address 212 Coventry Ln		City Fairfield	State CT	Zip Code 06824
Principal Occupation Homemaker		Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/04/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Roebelen		First Faith	MI	Contribution ID # 1008
Residential Street Address 92 Wendover Rd		City Suffield	State CT	Zip Code 06078
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/05/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Pagano		First Gina	MI	Contribution ID # 1009
Residential Street Address 37 Driftway Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Lead Accountant		Name of Employer Zaloumis Contracting Service, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/05/2017	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Kenney		First Marie	MI	Contribution ID # 1010
Residential Street Address 6 Tranquility Ct		City Danbury	State CT	Zip Code 06811
Principal Occupation Secretary		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/05/2017	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Watkins		First David	MI	Contribution ID # 1011
Residential Street Address 257 Ocean Dr W		City Stamford	State CT	Zip Code 06902
Principal Occupation CFO		Name of Employer Distinguished Programs Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/05/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Belden		First Patricia	MI	Contribution ID # 1012
Residential Street Address 40 Saddle Ridge Rd		City Glastonbury	State CT	Zip Code 06033
Principal Occupation Homemaker		Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/06/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Dix		First David	MI	Contribution ID # 1013
Residential Street Address PO Box 5029		City Phoenix	State AZ	Zip Code 86010
Principal Occupation Customer Service		Name of Employer Avis Budget Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/06/2017	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Farrell		First Gerald	MI	Contribution ID # 1014
Residential Street Address 54 N Elm St		City Wallingford	State CT	Zip Code 06493
Principal Occupation Attorney		Name of Employer Law Office of Jerry Farrell, Jr.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/06/2017	Aggregate Contributions \$100.00
If yes, list Event # 04062017A		\$100.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Garrity		First Helen	MI B 1015
Residential Street Address 36 Franklin Ln		City Fairfield	State CT Zip Code 06824
Principal Occupation Sales		Name of Employer NexSpring Group LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/06/2017
If yes, list Event # <u>04062017A</u>		Aggregate Contributions \$100.00	
Last Name Fogel		First David	MI L 1016
Residential Street Address 649 Merwines Ln		City Fairfield	State CT Zip Code 06824
Principal Occupation Business Executive		Name of Employer Index IQ	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/06/2017
If yes, list Event # <u>04062017A</u>		Aggregate Contributions \$100.00	
Last Name Carlson		First Robert	MI S 1017
Residential Street Address 68 Soundview Dr		City Easton	State CT Zip Code 06612
Principal Occupation Executive		Name of Employer Carlson Corp.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/06/2017
If yes, list Event # <u>04062017A</u>		Aggregate Contributions \$100.00	
Last Name Camastro		First Laurie	MI 1018
Residential Street Address 36 Sunrise Ter		City Langrangeville	State NY Zip Code 12540
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/11/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Camastro		First Robert	MI	Contribution ID # 1019
Residential Street Address 36 Sunrise Ter		City Langrangeville	State NY	Zip Code 12540
Principal Occupation Real Estate		Name of Employer MBD Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/11/2017	Aggregate Contributions \$100.00
Last Name Guerrera		First Olga	MI	Contribution ID # 1024
Residential Street Address 293 Gaylord Dr .		City Waterbury	State CT	Zip Code 06708
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/11/2017	Aggregate Contributions \$50.00
Last Name Lombardi		First Anthony	MI	Contribution ID # 1023
Residential Street Address 2 Lovley Dr		City Plantsville	State CT	Zip Code 06479
Principal Occupation Project Manager		Name of Employer KForce, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/12/2017	Aggregate Contributions \$100.00
Last Name Golaszewski		First Paul	MI	Contribution ID # 1026
Residential Street Address 18 Forty Acre Mountain Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Sales Director		Name of Employer Waterworks		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/13/2017	Aggregate Contributions \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Metrena		First David	MI	Contribution ID # 1027
Residential Street Address 24 Carriage House Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Executive		Name of Employer Siemens Healthcare		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/13/2017	Aggregate Contributions \$100.00
Last Name Cleri		First Judith	MI	Contribution ID # 1020
Residential Street Address 196 2nd Ave		City Stratford	State CT	Zip Code 06615
Principal Occupation RN		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/13/2017	Aggregate Contributions \$25.00
Last Name Cammarano		First Philip	MI	Contribution ID # 1021
Residential Street Address 12 Timber Springs Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/13/2017	Aggregate Contributions \$200.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00		
Last Name Cullari		First Charles	MI	Contribution ID # 1022
Residential Street Address 207 Ponus Avenue Ext .		City Norwalk	State CT	Zip Code 06850
Principal Occupation President		Name of Employer Stanford Technology Corp.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/13/2017	Aggregate Contributions \$100.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name DiLorenzo		First Jared	MI	Contribution ID # 1028
Residential Street Address 55C Flax Hill Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Chiropractor		Name of Employer Danbury Chiropractic and Wellness Corp.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/14/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Marquis		First James	MI	Contribution ID # 1025
Residential Street Address 13 Pocono Point Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation President		Name of Employer Kimchuk,inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/14/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Heagney		First Walker	MI	Contribution ID # 1042
Residential Street Address 60 Wildwood Ave .		City Milford	State CT	Zip Code 06460
Principal Occupation Financial Advisor		Name of Employer Savona Financial & Ins.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/14/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Mitchell		First Scott	MI	Contribution ID # 1038
Residential Street Address 3 Gallows Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation CPA		Name of Employer Melillo-Mitchell		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/15/2017	Aggregate Contributions \$200.00
If yes, list Event #		\$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Lopez		First William	MI	Contribution ID # 1039
Residential Street Address 109 King St # 8		City Danbury	State CT	Zip Code 06811
Principal Occupation Insurance Sales		Name of Employer William Lopez		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/15/2017	Aggregate Contributions \$100.00
Last Name Finaldi		First Arnold	MI	Contribution ID # 1040
Residential Street Address 3 Mapleview Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Insurance Broker		Name of Employer Rose and Kiernan		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/15/2017	Aggregate Contributions \$100.00
Last Name Goclowski		First David	MI	Contribution ID # 1041
Residential Street Address 1 Damberg Pl		City Branford	State CT	Zip Code 06405
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/15/2017	Aggregate Contributions \$100.00
Last Name Larson		First Eric	MI	Contribution ID # 1043
Residential Street Address 242 Main St		City Southport	State CT	Zip Code 06890
Principal Occupation Compliance Officer		Name of Employer Chubb Insurance		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # 04062017A		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Meers		First Karen	MI 1044
Residential Street Address 5 Spring Ridge Ct		City Danbury	State CT Zip Code 06811
Principal Occupation Case Management		Name of Employer Department of Developmental Services	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017
If yes, list Event # <u>04202017A</u>		Aggregate Contributions \$100.00	
Last Name Stewart		First Robert	MI J 1029
Residential Street Address 288 Charles St		City Torrington	State CT Zip Code 06790
Principal Occupation Sales Rep - Part Time		Name of Employer Torrington Maintenance Supply Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017
If yes, list Event #		Aggregate Contributions \$20.00	
Last Name Terry		First Mertie	MI L 1030
Residential Street Address 589 Main St		City Cromwell	State CT Zip Code 06416
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Young		First John	MI R 1031
Residential Street Address 43 Cobb City Rd		City Colebrook	State CT Zip Code 06021
Principal Occupation Teachers Aid/Job Coach		Name of Employer Shared Services	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Young		First William	MI	Contribution ID # 1032
Residential Street Address 43 Cobb City Rd		City Colebrook	State CT	Zip Code 06021
Principal Occupation HVAC Tech Apprentice		Name of Employer Weststate Mechanical		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017	Aggregate Contributions \$100.00
Last Name Hickey		First Victoria	MI A	Contribution ID # 1033
Residential Street Address 73 Woodcrest Ln		City Danbury	State CT	Zip Code 06810
Principal Occupation Administrator - Queen of Clergy		Name of Employer Diocese of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017	Aggregate Contributions \$100.00
Last Name Caraluzzi		First Mark	MI A	Contribution ID # 1034
Residential Street Address 6 Sail Harbor Dr		City Sherman	State CT	Zip Code 06784
Principal Occupation President & CEO		Name of Employer Caraluzzi's		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017	Aggregate Contributions \$100.00
Last Name Haddad		First Christian	MI	Contribution ID # 1035
Residential Street Address 6 Ervie Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Production Assistant		Name of Employer NBC Sports Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017	Aggregate Contributions \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Montesano		First Joseph	MI	Contribution ID # 1036
Residential Street Address 145 S Meriden Rd		City Cheshire	State CT	Zip Code 06410
Principal Occupation Executive		Name of Employer NWAP II, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017	Aggregate Contributions \$200.00
Last Name Siedlecki		First Lisa	MI	Contribution ID # 1037
Residential Street Address 1410 Kettletown Rd		City Southbury	State CT	Zip Code 06488
Principal Occupation Director of Communications		Name of Employer Jericho Partnership		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017	Aggregate Contributions \$50.00
Last Name Donohue		First Kevin	MI	Contribution ID # 1045
Residential Street Address 68 Main St		City Danbury	State CT	Zip Code 06810
Principal Occupation Executive Director		Name of Employer Danbury Nurses Registry		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/19/2017	Aggregate Contributions \$100.00
Last Name Bouclier		First Rose	MI	Contribution ID # 1046
Residential Street Address 14 Kevin Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Secretary		Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Hensal		First Thomas	MI 1047
Residential Street Address 20 Arapaho Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Real Estate		Name of Employer Hensal Realty Corp.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Hensal		First Betty	MI M 1048
Residential Street Address 20 Arapaho Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Realtor		Name of Employer Hensal Realty Corp.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name McLachlan		First Patricia	MI A 1049
Residential Street Address 15 Victor St		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name McLachlan		First Harry	MI I 1050
Residential Street Address 15 Victor St		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017
If yes, list Event #		Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Kornhaas, Jr.		First Robert	MI J	Contribution ID # 1051
Residential Street Address 3 Pondcrest Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation CPA		Name of Employer Fiorita Kornhaas & Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Savino		First Allison	MI E	Contribution ID # 1052
Residential Street Address 71 St Johns Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Student		Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Flynn		First John	MI M	Contribution ID # 1053
Residential Street Address 30 Sunset Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Printing Broker		Name of Employer Flynn Newsletters and Graphics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$50.00		
Last Name Rowntree		First Karen	MI M	Contribution ID # 1054
Residential Street Address 43 Burnwood Dr		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Physical Therapist		Name of Employer Hartford Healthcare		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Rowntree		First Carol	MI	Contribution ID # 1055
Residential Street Address 43 Burnwood Dr		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Medical Student		Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
Last Name Drake		First Kathleen	MI	Contribution ID # 1056
Residential Street Address 26 Old Pewter Ln		City Wethersfield	State CT	Zip Code 06109
Principal Occupation Homemaker		Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
Last Name Rowntree		First Geoffrey	MI	Contribution ID # 1057
Residential Street Address 43 Burnwood Dr		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Management Specialist, Safety-Security		Name of Employer CDM Smith		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
Last Name Esposito		First Barbara	MI	Contribution ID # 1058
Residential Street Address 51 Main St Apt 707		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
				\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Osdranus		First Anastasia	MI	Contribution ID # 1059
Residential Street Address 48 E Pembroke Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
Last Name Purcaro		First Michael	MI	Contribution ID # 1060
Residential Street Address 15 Foster Dr		City Ellington	State CT	Zip Code 06029
Principal Occupation Director of Emergency and Risk Management		Name of Employer Town of Vernon		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
Last Name Kang		First Edward	MI	Contribution ID # 1061
Residential Street Address 2810 Morada Ct		City Vienna	State VA	Zip Code 22180
Principal Occupation Attorney		Name of Employer Alston & Bird LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
Last Name Goulding		First John	MI	Contribution ID # 1062
Residential Street Address 3 Kent Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation General manager		Name of Employer Ditron inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Farrell		First Mike	MI	Contribution ID # 1063
Residential Street Address 9 Hillside Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Police Officer		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
Last Name Boughton		First Richard	MI	Contribution ID # 1064
Residential Street Address 3 North Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
Last Name Boughton		First Marceline	MI	Contribution ID # 1065
Residential Street Address 3 North Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
Last Name Dufour		First Brandon	MI	Contribution ID # 1066
Residential Street Address 771 South St		City Middlebury	State CT	Zip Code 06762
Principal Occupation CEO		Name of Employer The Next Street		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Ligh		First Peter	MI	Contribution ID # 1067
Residential Street Address 250 W 75H St		City New York	State NY	Zip Code 10023
Principal Occupation Attorney		Name of Employer Eversheds Sutherland (US) LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>04202017A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$25.00
Last Name Carter		First Michael	MI D	Contribution ID # 1068
Residential Street Address 91 Clapboard Ridge Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Owner		Name of Employer Set Fitness & Gym		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>04202017A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
Last Name Rodriguez		First Julio	MI	Contribution ID # 1069
Residential Street Address 15 A Bergh St		City Danbury	State CT	Zip Code 06810
Principal Occupation Masonry		Name of Employer Landscaping		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>04202017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
Last Name Bautista		First Luis	MI	Contribution ID # 1070
Residential Street Address 1 Dogwood Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Owner		Name of Employer El Millennio Restaurant		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>04202017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Bautista		First Charlie	MI 1071
Residential Street Address 1 Dogwood Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017
If yes, list Event # <u>04202017A</u>		Aggregate Contributions \$30.00	
Last Name Bartolo		First Duram	MI 1072
Residential Street Address 69 Osborne St		City Danbury	State CT Zip Code 06811
Principal Occupation None		Name of Employer None	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017
If yes, list Event # <u>04202017A</u>		Aggregate Contributions \$50.00	
Last Name Hernandez		First Wilson	MI 1073
Residential Street Address 71 Davis St		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017
If yes, list Event # <u>04202017A</u>		Aggregate Contributions \$100.00	
Last Name Duran		First Jose	MI 1074
Residential Street Address 76 Liberty St		City Danbury	State CT Zip Code 06810
Principal Occupation Owner		Name of Employer El Milenio Restaurant	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017
If yes, list Event # <u>04202017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Hernandez		First Ana	MI 1110
Residential Street Address 71 Davis St		City Danbury	State CT Zip Code 06810
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017
If yes, list Event # <u>04202017A</u>		Aggregate Contributions \$100.00	
Last Name Huse		First Douglas	MI G 1076
Residential Street Address 6 Mountain View Ter		City New Milford	State CT Zip Code 06776
Principal Occupation Unemployed		Name of Employer Unemployed	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017
If yes, list Event # <u>04202017A</u>		Aggregate Contributions \$100.00	
Last Name Huse		First Thomas	MI 1077
Residential Street Address 2 Muirwood Ct .		City Brookfield	State CT Zip Code 06804
Principal Occupation Insurance Producer		Name of Employer Self: Tom Huse, State Farm Insurance Agency	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017
If yes, list Event # <u>04202017A</u>		Aggregate Contributions \$100.00	
Last Name Samaniego		First Carlos	MI 1078
Residential Street Address 125 A Clapboard Rdg		City Danbury	State CT Zip Code 06811
Principal Occupation Cook		Name of Employer Self - Food Truck Driver	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017
If yes, list Event # <u>04202017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Blessey		First Richard	MI 1079
Residential Street Address PO Box 5081		City Brookfield	State CT Zip Code 06804
Principal Occupation CEO		Name of Employer Aldine Metal Products Corp.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/21/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Pak		First Sandra	MI 1097
Residential Street Address 1034 Morgan Garner Dr .		City Lilburn	State GA Zip Code 30047
Principal Occupation communication consultant		Name of Employer Self-employed	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/21/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Pak		First Byung	MI 1098
Residential Street Address 1034 Morgan Garner Dr .		City Lilburn	State GA Zip Code 30047
Principal Occupation Attorney		Name of Employer Chalmers Pak Burch & Adams LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/21/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name McGorty		First Jay	MI 1099
Residential Street Address 77 Nichols Hill Rd		City Washington	State CT Zip Code 06793
Principal Occupation Mortgage Broker		Name of Employer JTM Financial Services	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/21/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Pearlman		First Stephen	MI 1075
Residential Street Address 14 Marion St		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/21/2017
If yes, list Event # <u>04202017A</u>		Aggregate Contributions \$200.00	
Last Name Russotti		First Gaetano	MI 1001
Residential Street Address 98 Ball Pond Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/23/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Seti		First Eric	MI A 1100
Residential Street Address 302 W 87th St Apt 64		City New York	State NY Zip Code 10024
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name DeLucia		First Angela	MI F 1080
Residential Street Address 88 Clapboard Ridge Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Investro		Name of Employer Angela Delucia - Property Management	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Delucia		First Peter	MI O 1081
Residential Street Address 16 Hayestown Rd # C405		City Danbury	State CT Zip Code 06811
Principal Occupation Property Management		Name of Employer Angela Delucia	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name DeLucia		First John	MI V 1082
Residential Street Address 8 Cambridge Dr		City Danbury	State CT Zip Code 06810
Principal Occupation Property Management		Name of Employer Angela DeLucia	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Brennan		First Christopher	MI R 1083
Residential Street Address 88 Clapboard Ridge Rd		City Danbury	State CT Zip Code 06810
Principal Occupation		Name of Employer	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Agranoff		First Michael	MI H 1084
Residential Street Address 101 W Shore Rd		City Ellington	State CT Zip Code 06029
Principal Occupation Attorney		Name of Employer Law Office of MH Agranoff	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Zschunke		First David	MI 1085
Residential Street Address 10 Gallows Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Equipment Sales		Name of Employer Davin Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Kerr		First Margaret	MI G 1086
Residential Street Address 2 Sil Cam Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Murray		First William	MI J 1087
Residential Street Address 21 Fairlawn Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Morrisey		First David	MI J 1088
Residential Street Address 145 Hearitage Dr		City Naugatuck	State CT Zip Code 06770
Principal Occupation Attorney		Name of Employer Morrisey, Morrisey & Mooney LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Buhrman		First Cathy	MI W 1089
Residential Street Address 5 Bittersweet Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Teacher		Name of Employer Danbury Public Schools	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event # <u>04062017A</u>		Aggregate Contributions \$50.00	
Last Name Kaiser		First Karen	MI M 1090
Residential Street Address 120 Catamount Rd		City Fairfield	State CT Zip Code 06824
Principal Occupation Fairfield University		Name of Employer Development Director	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event # <u>04062017A</u>		Aggregate Contributions \$100.00	
Last Name Doyle		First Mary	MI M 1091
Residential Street Address 2370 North St		City Fairfield	State CT Zip Code 06824
Principal Occupation Owner		Name of Employer Doyle Insurance	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event # <u>04062017A</u>		Aggregate Contributions \$100.00	
Last Name Sibley, Jr.		First Arthur	MI E 1092
Residential Street Address 15 Riverbend		City Old Lyme	State CT Zip Code 06371
Principal Occupation President		Name of Employer Independent Explosives Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Reynolds		First Robert	MI K 1093
Residential Street Address 185 Southern Blvd .		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name Turri		First Ronald	MI J 1094
Residential Street Address 71 Highland Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Keats		First Ellen	MI 1095
Residential Street Address 42 Perkins Rd		City Greenwich	State CT Zip Code 06830
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Dimyan		First Michael	MI 1096
Residential Street Address 22 Merlin Ln		City Newtown	State CT Zip Code 06470
Principal Occupation Commercial Real Estate		Name of Employer Tower Realty Corp	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Virbickas		First Dainius	MI	Contribution ID # 1101
Residential Street Address 120 Cedar Hill Rd		City Bridgewater	State CT	Zip Code 06752
Principal Occupation Civil Engineer		Name of Employer Artel Engineering Group, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/25/2017	Aggregate Contributions \$100.00
Last Name Montesano		First Joseph	MI	Contribution ID # 1104
Residential Street Address 145 S Meriden Rd		City Cheshire	State CT	Zip Code 06410
Principal Occupation Executive		Name of Employer NWAP II, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/25/2017	Aggregate Contributions \$300.00
Last Name Fedele		First Alesandra	MI	Contribution ID # 1105
Residential Street Address 40 Hoyt St Unit A3		City Stamford	State CT	Zip Code 06905
Principal Occupation Patient Centered Services Coordinator		Name of Employer Stamford Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/25/2017	Aggregate Contributions \$100.00
Last Name Davis		First Barry	MI	Contribution ID # 1106
Residential Street Address 5 Turtleback Lane		City Westport	State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/25/2017	Aggregate Contributions \$100.00
				\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name von Dwingelo		First Mark	MI Contribution ID # 1107
Residential Street Address 9 Guardhouse Dr		City Redding	State Zip Code CT 06896
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/25/2017
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name Dufour		First Jacquie	MI Contribution ID # 1108
Residential Street Address 299 Hinman Rd		City Watertown	State Zip Code CT 06798
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/25/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Cerminara		First Kyle	MI Contribution ID # 1109
Residential Street Address 10 Meadow Brook Rd		City Newtown	State Zip Code CT 06470
Principal Occupation Sales		Name of Employer F&M Electric	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/26/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Arrington		First Linda	MI Contribution ID # 1111
Residential Street Address 2 Abbott St		City Danbury	State Zip Code CT 06810
Principal Occupation Paralegal		Name of Employer Yamin & Yamin	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/26/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Yamin		First Samantha	MI	Contribution ID # 1112
Residential Street Address 31 Holly St		City Danbury	State CT	Zip Code 06810
Principal Occupation Real Estate Paralegal		Name of Employer Yamin & Yamin LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/26/2017	Aggregate Contributions \$100.00
Last Name Jendras		First Douglas	MI	Contribution ID # 1113
Residential Street Address 29 Madeline Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/26/2017	Aggregate Contributions \$100.00
Last Name Fedele, Jr.		First Michael	MI	Contribution ID # 1114
Residential Street Address 45 Falmouth Rd		City Stamford	State CT	Zip Code 06903
Principal Occupation Marketing Executive		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/26/2017	Aggregate Contributions \$100.00
Last Name Kaufman		First Timothy	MI	Contribution ID # 1115
Residential Street Address 100 Old Redding Rd		City Redding	State CT	Zip Code 06896
Principal Occupation President		Name of Employer Topstone Industry		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/26/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Kaufman		First Peggy	MI Contribution ID # 1116
Residential Street Address 100 Old Redding Rd Redding Ct		City Redding	State Zip Code CT 06896
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/26/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Fedele		First Vanessa	MI Contribution ID # 1117
Residential Street Address 45 Falmouth Rd		City Stamford	State Zip Code CT 06903
Principal Occupation Healthcare		Name of Employer None	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/26/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Patrick		First Joanne	MI Contribution ID # 1118
Residential Street Address 24 Country View Rd		City Danbury	State Zip Code CT 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Beeby		First Robert	MI Contribution ID # 1119
Residential Street Address 77 Beachside Ave		City Greens Farms	State Zip Code CT 06838
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mathewson	First Noelle	MI J	Contribution ID # 1120
Residential Street Address 20 Deer Park Rd	City Danbury	State CT	Zip Code 06811
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	

Last Name Mathewson	First Timothy	MI H	Contribution ID # 1121
Residential Street Address 20 Deer Park Rd	City Danbury	State CT	Zip Code 06811
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	

Last Name Woodward	First Eileen	MI S	Contribution ID # 1122
Residential Street Address 378 Back Rd	City Windham	State CT	Zip Code 06280
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017
If yes, list Event #		Aggregate Contributions \$15.00	
\$15.00			

Last Name Resiert	First Robert	MI G	Contribution ID # 1123
Residential Street Address 20 Cedar Dr	City Danbury	State CT	Zip Code 06811
Principal Occupation Elevator Mechanic	Name of Employer Thyssenkrupp Elevator Co.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	
\$100.00			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Blansfield		First Margie	MI 1124
Residential Street Address 2 High Fields Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Vice President		Name of Employer Blansfield Builders Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Blansfield		First Jeremiah	MI 1125
Residential Street Address 2 High Fields Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Contractor		Name of Employer Blansfield Builders Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Radachowsky		First George	MI 1126
Residential Street Address 63 Lake Pl N		City Danbury	State CT Zip Code 06810
Principal Occupation Mortgage Consultant		Name of Employer JTM Financial Services, Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Halas		First Michael	MI 1127
Residential Street Address 28 Pembroke Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Owner		Name of Employer Halas Farm Market	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ragona	First Anita	MI	Contribution ID # 1128
Residential Street Address 11 Maplecrest Dr	City Danbury	State CT	Zip Code 06811
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/28/2017
If yes, list Event #		Aggregate Contributions \$100.00	

Last Name Platz	First Warren	MI	Contribution ID # 1129
Residential Street Address 186 Southern Blvd .	City Danbury	State CT	Zip Code 06810
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/28/2017
If yes, list Event #		Aggregate Contributions \$25.00	

Last Name Galletta-Bruno	First Diana	MI	Contribution ID # 1130
Residential Street Address 4 Briar Ridge Dr	City Bethel	State CT	Zip Code 06801
Principal Occupation School Psychologist	Name of Employer Danbury Board of Ed.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/28/2017
If yes, list Event #		Aggregate Contributions \$100.00	

Last Name Kermashuk	First John	MI	Contribution ID # 1131
Residential Street Address 59 Great Heron Ln	City Brookfield	State CT	Zip Code 06804
Principal Occupation Pilot	Name of Employer Boston Scientific		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/28/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Koeppel		First Lisa	MI Contribution ID # 1132
Residential Street Address 3 Crest Ave		City Danbury	State Zip Code CT 06811
Principal Occupation Accounting Manager		Name of Employer Mediassociates, Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/28/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Romanello		First Joseph	MI Contribution ID # 1133
Residential Street Address 57 N Street 304		City Danbury	State Zip Code CT 06810
Principal Occupation Attorney		Name of Employer Romanello Law Firm	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/28/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Mcgarrigal		First Ray	MI Contribution ID # 1134
Residential Street Address 41 E Gate Rd		City Danbury	State Zip Code CT 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/28/2017
If yes, list Event #		Aggregate Contributions \$200.00	
If yes, list Event #		\$100.00	
Last Name Fedigan		First Pam	MI Contribution ID # 1135
Residential Street Address 4 Whitney Dr		City New Fairfield	State Zip Code CT 06812
Principal Occupation Department Manager		Name of Employer The Law Offices of Lawrence M Riefberg	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/29/2017
If yes, list Event #		Aggregate Contributions \$25.00	
If yes, list Event #		\$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Goldfarb		First Jennifer	MI	Contribution ID # 1136
Residential Street Address 28 Liberty Rd		City Bedford	State MA	Zip Code 01730
Principal Occupation Teacher		Name of Employer Temple Isaiah		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/29/2017	Aggregate Contributions \$100.00
Last Name Goldfarb		First Daniel	MI	Contribution ID # 1137
Residential Street Address 28 Liberty Rd		City Bedford	State MA	Zip Code 01730
Principal Occupation Dentist		Name of Employer Catholic Medical Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/29/2017	Aggregate Contributions \$100.00
Last Name Faughnan		First Brian	MI	Contribution ID # 1102
Residential Street Address 236 High Ridge Rd		City Stamford	State CT	Zip Code 06905
Principal Occupation State Trooper		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/30/2017	Aggregate Contributions \$100.00
Last Name Faughnan		First Briana	MI	Contribution ID # 1103
Residential Street Address 236 High Ridge Rd		City Stamford	State CT	Zip Code 06905
Principal Occupation Marketing director		Name of Employer Westchester Medical Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/30/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Gerfen		First Kemi	MI 1138
Residential Street Address PO Box 3797		City Danbury	State CT Zip Code 06813
Principal Occupation Dentist		Name of Employer Soams Dental Care	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/01/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Alvine		First Robert	MI 1139
Residential Street Address 55 N Racebrook Rd .		City Woodbridge	State CT Zip Code 06525
Principal Occupation Chair, CEO, President		Name of Employer i-TEN Management Corp.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Unangst		First Addison	MI 1140
Residential Street Address 38 High Ridge Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Business Owner		Name of Employer Leading Edge Concepts	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Guarino		First Robert	MI 1141
Residential Street Address 12 Rock Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation General Manager		Name of Employer Johnson Controls	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017
If yes, list Event # 05042017A		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Marici	First Ken	MI 1142	Contribution ID # 1142
Residential Street Address 67 Obtuse Rd S	City Brookfield	State CT	Zip Code 06804
Principal Occupation Marketing	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$25.00
If yes, list Event #	\$25.00		

Last Name Wolk	First Walter	MI 1143	Contribution ID # 1143
Residential Street Address 140 Middle River Rd	City Danbury	State CT	Zip Code 06811
Principal Occupation Manager	Name of Employer Intersurface		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

Last Name Marici	First Melissa	MI 1144	Contribution ID # 1144
Residential Street Address 67 Obtuse Rd S	City Brookfield	State CT	Zip Code 06804
Principal Occupation Marketing & Politics	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

Last Name Jackson	First Michael	MI 1145	Contribution ID # 1145
Residential Street Address 7 Old Long Ridge Rd	City Stamford	State CT	Zip Code 06903
Principal Occupation Firefighter	Name of Employer Town of New Canaan		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$25.00
If yes, list Event #	\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Norton		First Lynn	MI	Contribution ID # 1146
Residential Street Address 94 Westchester Rd		City Colchester	State CT	Zip Code 06415
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$50.00
Last Name Lawlor		First Edward	MI L	Contribution ID # 1147
Residential Street Address 262 Oak Dr		City Watertown	State CT	Zip Code 06795
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$50.00
Last Name Nickoloff		First Paul	MI J	Contribution ID # 1148
Residential Street Address 31 King St		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$100.00
Last Name Fisher		First Beulah	MI	Contribution ID # 1149
Residential Street Address 116 Olcott Way		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Former High School Teacher		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Sienkiewicz		First Jeffrey	MI	Contribution ID # 1150
Residential Street Address PO Box 786 68 Marwick Manor		City New Milford	State CT	Zip Code 06776
Principal Occupation Attorney		Name of Employer Allingham & Readyoff, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$100.00
Last Name Milana		First Joseph	MI P	Contribution ID # 1151
Residential Street Address 8 Lakecrest Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Accountant		Name of Employer Compass Group Management LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$100.00
Last Name McMahon		First Louise	MI P	Contribution ID # 1152
Residential Street Address 3 Wedgewood Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$50.00
If yes, list Event #		\$25.00		
Last Name DeAlmeida		First Nelphson	MI	Contribution ID # 1153
Residential Street Address 118 Deer Hill Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Dentist		Name of Employer Nelphson DeAlmeida, DDS - Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Bliss		First Sherwood	MI B 1154
Residential Street Address 25 Grays Farm Rd		City Weston	State CT Zip Code 06883
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Jowdy		First Richard	MI 1155
Residential Street Address 137 Chambers Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Broker		Name of Employer Self - Jowdy Real Estate	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Wirag		First Robert	MI C 1156
Residential Street Address 6 Lois St		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Fusek, Jr.		First Edward	MI W 1157
Residential Street Address 120 Chambers Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Electrician		Name of Employer IBEW 448	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017
If yes, list Event #		Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Mercurio		First Mark	MI S 1158
Residential Street Address 1 Highland Park Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Engineer		Name of Employer TAMS - Toshia America Med. Systems	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name Fahrbach		First Ruth	MI C 1159
Residential Street Address 592 Poquonock Ave		City Windsor	State CT Zip Code 06095
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Ingersoll		First Todd	MI 1160
Residential Street Address 8 Pinnacle Dr		City Newtown	State CT Zip Code 06470
Principal Occupation President		Name of Employer Ingersoll Auto	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Ingersoll		First Tami	MI 1161
Residential Street Address 8 Pinnacle Dr		City Newtown	State CT Zip Code 06470
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Previdi		First Mary Louise	MI	Contribution ID # 1162
Residential Street Address 3 E Lake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Clerical		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$50.00
Last Name McAuliffe		First Terrance	MI	Contribution ID # 1163
Residential Street Address 30 Independence Cir		City Middlebury	State CT	Zip Code 06762
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$25.00
Last Name Oros		First Joan	MI	Contribution ID # 1164
Residential Street Address 1169 Flanders Rd		City Coventry	State CT	Zip Code 06238
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$50.00
Last Name Oros		First William	MI	Contribution ID # 1165
Residential Street Address 1169 Flanders Rd		City Coventry	State CT	Zip Code 06238
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Korres	First George	MI	Contribution ID # 1166
Residential Street Address 8 Richardson Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Owner/Operator	Name of Employer LLK Food Service Corp.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

Last Name Korres	First Karen	MI	Contribution ID # 1167
Residential Street Address 8 Richardson Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Instructional Para Educator	Name of Employer Ridgefield Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

Last Name Korres	First Lauren	MI	Contribution ID # 1168
Residential Street Address 8 Richardson Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Educator	Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

Last Name Korres	First Christopher	MI	Contribution ID # 1169
Residential Street Address 8 Richardson Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Owner	Name of Employer Cartus		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Barnaby		First Kelley	MI Contribution ID # 1174
Residential Street Address 1330 South Carolina Ave SE		City Washington	State DC Zip Code 20003
Principal Occupation Attorney		Name of Employer Alston & Bird LLP	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name Roeun		First Veasnna	MI Contribution ID # 1175
Residential Street Address 17 Valley View Dr		City Danbury	State CT Zip Code 06810
Principal Occupation Unemployed		Name of Employer Unemployed	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Wood		First Michelle	MI Contribution ID # 1176
Residential Street Address 270 Sturges Ridge Rd		City Wilton	State CT Zip Code 06897
Principal Occupation Controller		Name of Employer Berkshire Industrial Corporation	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Touch		First Vibol	MI Contribution ID # 1177
Residential Street Address 3762 Shadow Ridge Dr		City High Point	State NC Zip Code 27265
Principal Occupation Financial Analyst		Name of Employer IBM, Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Cerminara		First Nancy	MI L 1179
Residential Street Address 104 Tower Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation None - Retired		Name of Employer None - Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	
Last Name Petriccione		First Deanne	MI P 1180
Residential Street Address 7 Old Woods Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Dance Teacher - Owner/Director		Name of Employer Brookfield School of Performing Arts	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	
Last Name Flynn		First Carol	MI 1181
Residential Street Address 18 Fairview Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Financial Analyst		Name of Employer IBM	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	
Last Name Boughton		First Richard	MI D 1182
Residential Street Address 115 Clatter Valley Rd		City Bridgewater	State CT Zip Code 06752
Principal Occupation Director of Engineering		Name of Employer Pitney Bowes	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Llodra		First Robert	MI M 1183
Residential Street Address 90 Riverside Rd		City Sandy Hook	State CT Zip Code 06482
Principal Occupation Marketing		Name of Employer RML Group LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	
Last Name Dembowski		First Patricia	MI 1184
Residential Street Address 28 Greenknoll Dr		City Brookfield	State CT Zip Code 06804
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$50.00	
Last Name Pereira		First Dom	MI C 1185
Residential Street Address 35 Tori Ln		City Brookfield	State CT Zip Code 06804
Principal Occupation Assistant Principal		Name of Employer Danbury Public Schools	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	
Last Name Pereira		First Larry	MI 1186
Residential Street Address 35 Tori Ln		City Brookfield	State CT Zip Code 06804
Principal Occupation Attorney		Name of Employer Baker Law Firm, PC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Walker		First George	MI 1187
Residential Street Address 24 Lillinonah Dr		City Brookfield	State CT Zip Code 06804
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	
Last Name Yarmin		First Elizabeth	MI 1188
Residential Street Address 88 Main St # 8B		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	
Last Name Malwitz		First Marge	MI 1189
Residential Street Address 1 Great Heron Ln		City Brookfield	State CT Zip Code 06804
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$50.00	
Last Name Malwitz		First Nelson	MI 1190
Residential Street Address 1 Great Heron Ln		City Brookfield	State CT Zip Code 06804
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	
		\$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Steiner		First Gregory	MI 1191
Residential Street Address 116 1/2 Tower Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Owner		Name of Employer Steiner Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	
Last Name Santopietro		First Susan	MI 1170
Residential Street Address 32 Patridge Ct		City Watertown	State CT Zip Code 06796
Principal Occupation President		Name of Employer Baribault Oil Company Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Korres		First Kathryn	MI 1171
Residential Street Address 8 Ridgefield Ct		City Ridgefield	State CT Zip Code 06877
Principal Occupation Administrative Assistant		Name of Employer X CT Conservators LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Farrow		First Donna	MI 1172
Residential Street Address 264 Sunwood Dr		City Shelton	State CT Zip Code 06484
Principal Occupation Administrative		Name of Employer Norwalk Hospital	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Jey		First Virak	MI Contribution ID # 1173
Residential Street Address 44 Shaffer St		City Lowell	State Zip Code MA 01854
Principal Occupation Fire Alarm Apprentice		Name of Employer Tri State Fire Protection	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name Eberly		First Jillian	MI Contribution ID # 1178
Residential Street Address 38798 Renwood Ave		City Avon	State Zip Code OH 44011
Principal Occupation Sales & Marketing		Name of Employer	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Reynolds		First Thomas	MI Contribution ID # 1192
Residential Street Address 122 Old West Mountain Rd		City Ridgefield	State Zip Code CT 06877
Principal Occupation CPA		Name of Employer Reynolds & Rowella Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/06/2017
If yes, list Event #		Aggregate Contributions \$200.00	
Last Name Welles		First James	MI Contribution ID # B 1193
Residential Street Address 16 Mariana Farms Dr		City Danbury	State Zip Code CT 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/08/2017
If yes, list Event #		Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pierson	First Phyllis	MI R	Contribution ID # 1194
Residential Street Address 20 Loeffler Rd # T519	City Bloomfield	State CT	Zip Code 06002
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/08/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

Last Name Laber	First Robert	MI	Contribution ID # 1195
Residential Street Address 14 Driftway Point Rd	City Danbury	State CT	Zip Code 06811
Principal Occupation Salesman	Name of Employer Ingersoll Auto of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/09/2017	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

Last Name Bishop	First Gwendolyn	MI S	Contribution ID # 1196
Residential Street Address 603 North St	City Suffield	State CT	Zip Code 06878
Principal Occupation Attorney	Name of Employer Smith & Bishop LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>05102017A</u>	\$100.00		

Last Name Smith	First Paul	MI M	Contribution ID # 1197
Residential Street Address 43 John St	City Windsor Locks	State CT	Zip Code 06096
Principal Occupation Attorney	Name of Employer Smith & Bishop LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>05102017A</u>	\$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Smith		First Jaime	MI L 1198
Residential Street Address 134 Wren Dr		City Suffield	State CT Zip Code 06078
Principal Occupation Marketing Rep.		Name of Employer State of CT	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Smith		First Paul	MI T 1199
Residential Street Address 134 Wren Dr		City Suffield	State CT Zip Code 06078
Principal Occupation Lawyer		Name of Employer Smith & Bishop LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Bauchiero, Jr.		First Frank	MI 1200
Residential Street Address 316 N Grand St		City West Suffield	State CT Zip Code 06093
Principal Occupation Construction Supervisor		Name of Employer MDC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Flynn		First Garrett	MI S 1201
Residential Street Address 329 Westmont		City West Hartford	State CT Zip Code 06117
Principal Occupation Attorney		Name of Employer Law Offices of Garrett S. Flynn, LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Refsnider	First Eric	MI J	Contribution ID # 1202
Residential Street Address 3 Colombo Ter	City Windsor Locks	State CT	Zip Code 06096
Principal Occupation Teacher	Name of Employer Windsor Locks School District		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	

Last Name Refsnider	First Beckie	MI L	Contribution ID # 1203
Residential Street Address 3 Colombo Ter	City Windsor Locks	State CT	Zip Code 06096
Principal Occupation Payroll Supervisor	Name of Employer Paychex Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	

Last Name Ciarcia	First Paul	MI	Contribution ID # 1204
Residential Street Address 4 Maple Knl	City Windsor Locks	State CT	Zip Code 06096
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	

Last Name Ciarcia	First Barbara	MI	Contribution ID # 1205
Residential Street Address 4 Maple Knl	City Windsor Locks	State CT	Zip Code 06096
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Juszczynski	First Peter	MI F	Contribution ID # 1206
Residential Street Address 44 Andover Rd	City Windsor Locks	State CT	Zip Code 06096
Principal Occupation Tax Collector	Name of Employer Town of Windsor Locks		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	

Last Name Storms	First Scott	MI A	Contribution ID # 1207
Residential Street Address 42 Elm St	City Windsor Locks	State CT	Zip Code 06096
Principal Occupation Attorney	Name of Employer Storms & Storms		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	

Last Name Storms	First Dale Ann	MI	Contribution ID # 1208
Residential Street Address 42 Elm St	City Windsor Locks	State CT	Zip Code 06096
Principal Occupation Attorney	Name of Employer Storms & Storms		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	

Last Name Graziani	First Regina	MI C	Contribution ID # 1209
Residential Street Address 17 Oxford Dr	City Suffield	State CT	Zip Code 06078
Principal Occupation Staff	Name of Employer University of Hartford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name vanGieson		First Lacinda	MI I 1210
Residential Street Address 70 Grove St		City Windsor Locks	State CT Zip Code 06096
Principal Occupation Training Specialist		Name of Employer FAA	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Wolfson		First John	MI M 1211
Residential Street Address 1 Highmeadow Rd		City Bloomfield	State CT Zip Code 06002
Principal Occupation Attorney		Name of Employer Feiner Wolfson LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Feiner		First Robert	MI A 1212
Residential Street Address 110 Norwood Rd		City West Hartford	State CT Zip Code 06117
Principal Occupation Attorney		Name of Employer Feiner Wolfson LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Phillbrick		First Carl	MI F 1213
Residential Street Address 70 Grove St		City Windsor Locks	State CT Zip Code 06096
Principal Occupation Proprietor		Name of Employer Carl's Appliance Service	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Troiano		First Amy	MI 1214
Residential Street Address 1408 Enfield St .		City Enfield	State CT Zip Code 06082
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Troiano		First Frank	MI J 1215
Residential Street Address 1408 Enfield St .		City Enfield	State CT Zip Code 06082
Principal Occupation Real Estate Professional		Name of Employer Anthony Troiano & Sons, Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Rodger		First Wallace	MI G 1216
Residential Street Address 48 Deep Brook Hbr		City Suffield	State CT Zip Code 06078
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Reynolds		First Timothy	MI J 1217
Residential Street Address 56 Deep Brook Hbr		City Suffield	State CT Zip Code 06078
Principal Occupation CPA		Name of Employer Viola, Chrabascz, Reynolds & Co. LLP	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Bauchiero		First Elaine	MI 1218
Residential Street Address 316 N Grand St		City West Suffield	State CT Zip Code 06096
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Kang		First Howard	MI W 1219
Residential Street Address 32 Deep Brook Hbr		City Suffield	State CT Zip Code 06078
Principal Occupation Business Executive		Name of Employer KTI-Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Donnelly		First Justin	MI J 1220
Residential Street Address 17 Canal Rd		City Suffield	State CT Zip Code 06078
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Remington		First Eric	MI B 1221
Residential Street Address 953 River Blvd		City Suffield	State CT Zip Code 06078
Principal Occupation VP		Name of Employer Kaman Corporation	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Trase		First Lisa	MI M 1222
Residential Street Address 617 Halladay Ave W		City Suffield	State CT Zip Code 06078
Principal Occupation Deputy Assessor		Name of Employer Town of Suffield	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Murphy		First John	MI P 1223
Residential Street Address 18 Downing Way		City Suffield	State CT Zip Code 06078
Principal Occupation Real Estate Agent		Name of Employer Coldwell Banker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Bongiovanni		First Elaine	MI 1224
Residential Street Address 418 N Main St		City Suffield	State CT Zip Code 06078
Principal Occupation Attorney		Name of Employer CIGNA	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Greenfield		First Joan	MI A 1225
Residential Street Address 759 Hale St		City Suffield	State CT Zip Code 06078
Principal Occupation Teacher		Name of Employer West Hartford Public Schools	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Parrish		First Andrew	MI 1226
Residential Street Address 1406 Suffield St .		City Suffield	State CT Zip Code 06078
Principal Occupation Consultant		Name of Employer Andrew Parrish Consulting	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$40.00	
Last Name Turner		First Mary Ann	MI 1231
Residential Street Address 7 Meadow Rd		City Enfield	State CT Zip Code 06082
Principal Occupation Principal		Name of Employer Projects Unlimited	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$50.00	
Last Name Dean		First Sonya	MI 1232
Residential Street Address 138 Long Hill Rd		City Windsor	State CT Zip Code 06095
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Shahriari		First Mona	MI 1233
Residential Street Address 12 Pinnacle Rd		City Farmington	State CT Zip Code 06032
Principal Occupation Physician		Name of Employer UCONN Health	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Quagliaroli		First Tamie	MI 1227
Residential Street Address 233 Sutton Dr		City Windsor Locks	State CT Zip Code 06096
Principal Occupation Education Specialist		Name of Employer Internal Revenue Service	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/11/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Quagliaroli		First Lori	MI 1228
Residential Street Address 4 Norman Ave		City Windsor Locks	State CT Zip Code 06096
Principal Occupation Revenue Officer		Name of Employer Internal Revenue Service	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/11/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Valdez		First Luis	MI 1229
Residential Street Address 6 Mather Cir		City Windsor Locks	State CT Zip Code 06096
Principal Occupation Contracts Specialist		Name of Employer United Technology Corporation	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/11/2017
If yes, list Event # <u>05102017A</u>		Aggregate Contributions \$100.00	
Last Name Kang		First Heannie	MI 1230
Residential Street Address 2810 Morada Ct		City Vienna	State VA Zip Code 22180
Principal Occupation Doctor		Name of Employer Fairfax Anesthesia Associates	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/11/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Brown		First Seth	MI 1235
Residential Street Address 99 Norwood Rd		City West Hartford	State CT Zip Code 06117
Principal Occupation Physician		Name of Employer ProHealth Physicians	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Goulding		First Joan	MI 1236
Residential Street Address 3 Kent Rd		City Newtown	State CT Zip Code 06470
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Michael		First Tom	MI 1237
Residential Street Address 3 John Perry Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Security Guard		Name of Employer Covenant Security	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Kelly		First Tom	MI 1238
Residential Street Address 7 Watson Dr		City West Simsbury	State CT Zip Code 06092
Principal Occupation Small Business Owner		Name of Employer AFC Urgent Care	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Kellogg		First Kenneth	MI 1239
Residential Street Address 540 Barn Hill Rd		City Monroe	State CT Zip Code 06468
Principal Occupation Consultant		Name of Employer Kellogg Professional Services LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event # <u>05162017A</u>		Aggregate Contributions \$100.00	
Last Name Curren & Associates		First Fawn Hill	MI 1240
Residential Street Address 15 Old Fawn Hl		City Monroe	State CT Zip Code 06468
Principal Occupation Hotel Consultant		Name of Employer Curren & Associates	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event # <u>05162017A</u>		Aggregate Contributions \$100.00	
Last Name Bogardus		First Cheryl	MI H 1241
Residential Street Address 185 Little Fox Ln		City Southbury	State CT Zip Code 06488
Principal Occupation VP Marketing		Name of Employer Cooper Surgical Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event # <u>05162017A</u>		Aggregate Contributions \$100.00	
Last Name Bogardus		First Bruce	MI 1242
Residential Street Address 185 Little Fox Ln		City Southbury	State CT Zip Code 06488
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event # <u>05162017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Curtis		First Elizabeth	MI 1243
Residential Street Address 43 Cobblers Mill Rd		City Sandy Hook	State CT Zip Code 06482
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event # <u>05162017A</u>		Aggregate Contributions \$100.00	
Last Name Curtis		First Dan	MI 1244
Residential Street Address 13 Traditions Blvd .		City Southbury	State CT Zip Code 06488
Principal Occupation Executive Account Manager		Name of Employer CDW-G	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event # <u>05162017A</u>		Aggregate Contributions \$100.00	
Last Name Sredzinski		First JP	MI 1245
Residential Street Address 280 Shelton Rd		City Monroe	State CT Zip Code 06468
Principal Occupation Dispatch Supervisor		Name of Employer Town of Stratford	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event # <u>05162017A</u>		Aggregate Contributions \$100.00	
Last Name Fields		First Joshua	MI D 1246
Residential Street Address 5 Allen Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Landscaper		Name of Employer Joshua Fields Landscaping - Self	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Fields		First David	MI A 1247
Residential Street Address 5 Allen Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Carpentry		Name of Employer David A. Fields Construction	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	
Last Name Fields		First Karen	MI 1248
Residential Street Address 5 Allen Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	
Last Name Fields		First Rebekah	MI J 1249
Residential Street Address 5 Allen Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	
Last Name Zaccara		First Carol	MI K 1250
Residential Street Address 62 Barker Rd		City New Milford	State CT Zip Code 06776
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event # <u>05042017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Vonhardenberg		First Joan	MI 1251
Residential Street Address 1430 Jeremy Swamp Rd		City Southbury	State CT Zip Code 06488
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name Grispin		First Wendy	MI 1252
Residential Street Address 6 Pond Crest Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Attorney at Law		Name of Employer Grispin & Chan, LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Chan		First Jackie	MI 1253
Residential Street Address 6 Pond Crest Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Attorney at Law		Name of Employer Grispin & Chan, LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Burger		First Elizabeth	MI 1254
Residential Street Address 15 Heritage Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Hoffman		First James	MI 1255
Residential Street Address 161 Beecher Dr		City Southbury	State CT Zip Code 06488
Principal Occupation Sales		Name of Employer Hoffman Associates LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Acquanita		First Camielle	MI P 1234
Residential Street Address 7 Delno Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Pitt		First Walter	MI 1277
Residential Street Address 70 Taft Pt		City Waterbury	State CT Zip Code 06708
Principal Occupation R&D		Name of Employer The Network Support Company	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name Morton		First Christopher	MI 1278
Residential Street Address 7 Ichabod Ln .		City Bethel	State CT Zip Code 06801
Principal Occupation Director of managed services		Name of Employer The network support co	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Cluney		First Carl	MI 1279
Residential Street Address 1540 Bucks Hill Rd		City Southbury	State CT Zip Code 06488
Principal Occupation Sales		Name of Employer Press Masters	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Cerminara		First Chris	MI 1280
Residential Street Address 75 Britannia Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Electrical Sales		Name of Employer F&M Electric	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Diggs		First Leroy	MI D 1256
Residential Street Address 32 Wintergreen Hill Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Manager		Name of Employer CBRE Real Estate	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name Michael		First Pamela	MI O 1257
Residential Street Address 52 Deer Hill Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Michael		First Gary	MI 1258
Residential Street Address 52 Deer Hill Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$200.00	
Last Name Follini		First George	MI 1259
Residential Street Address 20 Oxford Dr		City Montebello	State NY Zip Code 10901
Principal Occupation Accounting		Name of Employer George Follini Jr. CPA, PC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name Brunjes		First Scott	MI C 1260
Residential Street Address 38 Sunset Cv		City Brookfield	State CT Zip Code 06804
Principal Occupation President		Name of Employer Mediassociates	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name Moran		First James	MI B 1261
Residential Street Address PO Box 334		City South Salem	State NY Zip Code 10590
Principal Occupation Banking		Name of Employer Associated Mortgage Bankers	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Scalzo		First Andrea	MI J 1262
Residential Street Address 32 Tori Ln		City Brookfield	State CT Zip Code 06804
Principal Occupation Real Estate		Name of Employer Scalzo Property Management	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name Kurfehs		First Harold	MI 1263
Residential Street Address 42 Obtuse Rd N		City Brookfield	State CT Zip Code 06804
Principal Occupation Commercial Real Estate		Name of Employer Coldwell Banker Commercial	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name Improta		First Susan	MI C 1264
Residential Street Address 11 Highview Ter		City Bethel	State CT Zip Code 06801
Principal Occupation Insurance Agent		Name of Employer Underwriters Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$50.00	
Last Name Landwehr		First Fredrick	MI 1265
Residential Street Address 27 Dairy Farm Dr		City Brookfield	State CT Zip Code 06804
Principal Occupation CPA		Name of Employer Frederick A. Landwehr, CPA	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name McIlrath		First Hazel	MI 1266
Residential Street Address 11 Riverview Ct .		City Brookfield	State CT Zip Code 06804
Principal Occupation Administrative		Name of Employer Gager, Emerson, et al.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$50.00	
Last Name Clark		First Philip	MI R 1267
Residential Street Address 7 Currituck Rd		City Newtown	State CT Zip Code 06470
Principal Occupation Sales		Name of Employer Claris Construction	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name Young		First Richard	MI Y 1268
Residential Street Address 126 Carriage Dr		City Southbury	State CT Zip Code 06488
Principal Occupation Business Owner		Name of Employer Tier One	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name Dacunha		First Fernando	MI M 1269
Residential Street Address 86 Purcell Dr		City Danbury	State CT Zip Code 06810
Principal Occupation Electrician		Name of Employer Dachuna Electric LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Gasner		First Jessica	MI M 1270
Residential Street Address 97B Payne Rd		City Bethel	State CT Zip Code 06801
Principal Occupation Real Estate		Name of Employer Scalzo Group	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name Lucera		First Anthony	MI 1271
Residential Street Address 11 Petersons Ln		City Danbury	State CT Zip Code 06811
Principal Occupation General Contractor		Name of Employer Contracting Advisors Group	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name Byrne		First Vincent	MI J 1272
Residential Street Address 1463 Black Rock Tpke		City Fairfield	State CT Zip Code 06825
Principal Occupation Real Estate Agent		Name of Employer Coldwell Banker Commercial	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name Nuccitelli		First Richard	MI 1273
Residential Street Address 26 State Route 37		City New Fairfield	State CT Zip Code 06812
Principal Occupation Realtor		Name of Employer Scalzo Group Realty	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Sivo		First Jay	MI 1274
Residential Street Address 13 Nabby Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Owner		Name of Employer Jays Development	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/18/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name von Metzsch		First Axel	MI 1275
Residential Street Address 11 Candlewood Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Entrepreneur		Name of Employer Axels Foreign Auto Parts Inc	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/18/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name Huizinga		First Ted	MI 1276
Residential Street Address 154 Westville Avenue Ext		City Danbury	State CT Zip Code 06811
Principal Occupation Business Owner		Name of Employer Eastern Mechanical Services Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/18/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name James		First Grace	MI 1281
Residential Street Address 820 Conestoga Trl		City Rhome	State TX Zip Code 76078
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/18/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Soares		First Jonathan	MI 1282
Residential Street Address 27 Warrington Round		City Danbury	State CT Zip Code 06810
Principal Occupation Founder & CEO		Name of Employer Agency Labs	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/18/2017
If yes, list Event # <u>05172017A</u>		Aggregate Contributions \$100.00	
Last Name Jennings		First Jeff	MI 1283
Residential Street Address 176 Franklin Street Ext .		City Danbury	State CT Zip Code 06811
Principal Occupation General Manager		Name of Employer Jennings Oil Company	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/20/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Halas		First Laura	MI 1284
Residential Street Address 28 Pembroke Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Owner		Name of Employer Halas Farm Market	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/22/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Roeun		First Sokha	MI 1288
Residential Street Address 17 Valley View Dr		City Danbury	State CT Zip Code 06810
Principal Occupation Branch manager		Name of Employer Peoples united bank	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Goldfarb		First Burton	MI 1289
Residential Street Address 4 Nod Brook Dr		City Simsbury	State CT Zip Code 06070
Principal Occupation Retired dentist		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Goldfarb		First Elizabeth	MI 1290
Residential Street Address 4 Nod Brook Dr		City Simsbury	State CT Zip Code 06070
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Salamon		First Matt	MI 1291
Residential Street Address 18 Windwood Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Sales		Name of Employer GE Capital	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Ippolito		First Stephen	MI 1292
Residential Street Address 138 Hoyts Hl		City Bethel	State CT Zip Code 06801
Principal Occupation Product Manager		Name of Employer The Marlin Company	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Ward		First Scott	MI	Contribution ID # 1293
Residential Street Address 1 Fox Den Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Owner/President		Name of Employer Performance Clubworks of Brookfield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>05252017A</u>		\$100.00		
Last Name Spivak		First Art	MI	Contribution ID # 1285
Residential Street Address 85 Memorial Rd # 311		City West Hartford	State CT	Zip Code 06107
Principal Occupation Salesman		Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>05252017A</u>		\$100.00		
Last Name Flanagan		First Karen	MI	Contribution ID # 1286
Residential Street Address 187 Clapboard Ridge Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Director		Name of Employer Cedargables Preschool		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Flanagan		First Thomas	MI	Contribution ID # 1287
Residential Street Address 187 Clapboard Ridge Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer Cedargables Preschool		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Kersey		First Dallas	MI 1320
Residential Street Address 154 Steep Hill Rd		City Weston	State CT Zip Code 06883
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Kim		First Andrew	MI 1321
Residential Street Address 185 N Main St		City Suffield	State CT Zip Code 06078
Principal Occupation Resident Physician		Name of Employer UConn Health	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Glen		First Marilynn	MI 1294
Residential Street Address 5 Maple Hill Ave		City Woodbury	State CT Zip Code 06798
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Watkins		First David	MI 1295
Residential Street Address 257 Ocean Dr W .		City Stamford	State CT Zip Code 06902
Principal Occupation CFO		Name of Employer Distinguished Programs Group	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Crawford		First Foster	MI	Contribution ID # 1296
Residential Street Address 12 Marc Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>05252017A</u>		\$100.00		
Last Name Barnes		First Chris	MI	Contribution ID # 1297
Residential Street Address 15 Deepwood Ln		City West Hartford	State CT	Zip Code 06107
Principal Occupation Attorney		Name of Employer Reardon Scanlon Vodola Barnes LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>05252017A</u>		\$100.00		
Last Name Barnes		First Stephanie	MI	Contribution ID # 1298
Residential Street Address 15 Deepwood Ln		City West Hartford	State CT	Zip Code 06107
Principal Occupation Religious Education Coordinator		Name of Employer St. Timothy Parish		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>05252017A</u>		\$100.00		
Last Name Rock		First Josh	MI	Contribution ID # 1299
Residential Street Address 34 Schoolhouse Dr Unit 208		City West Hartford	State CT	Zip Code 06110
Principal Occupation Physician		Name of Employer Dr. Joshua Rock, DO		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>05252017A</u>		\$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Zyskowski		First Carl	MI 1300
Residential Street Address 1 Gold St Apt 21E		City Hartford	State CT Zip Code 06103
Principal Occupation Optician		Name of Employer Central Optica	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Randall		First Kathleen	MI 1301
Residential Street Address 135 Northington Dr		City Avon	State CT Zip Code 06001
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Hall		First Denise	MI 1302
Residential Street Address 21 Cedar Ledge Rd		City West Hartford	State CT Zip Code 06107
Principal Occupation Banker		Name of Employer Webster Bank	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Lepore		First John	MI 1303
Residential Street Address 85 Memorial Rd		City West Hartford	State CT Zip Code 06107
Principal Occupation Agent		Name of Employer Berkshire Hathaway	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Foster		First Richard	MI J 1304
Residential Street Address 209 Stockings Brook Rd		City Kensington	State CT Zip Code 06037
Principal Occupation Medical Trainer RN		Name of Employer Beeley Medican	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Jinna		First Sphoorthi	MI R 1305
Residential Street Address 395 Brittany Farms Rd Apt 405		City New Britain	State CT Zip Code 06053
Principal Occupation Physician		Name of Employer UConn Health	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Gentile		First Sheila	MI 1306
Residential Street Address 26 Knight Ln		City Terryville	State CT Zip Code 06786
Principal Occupation COA		Name of Employer UConn Health	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Tacy		First William	MI J 1307
Residential Street Address 17 Craigmoor Rd		City West Hartford	State CT Zip Code 06107
Principal Occupation Insurance Regulator		Name of Employer CT DOI	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Michalak		First Anthony	MI Contribution ID # 1308
Residential Street Address 85 Memorial Rd # 607		City West Hartford	State CT Zip Code 06107
Principal Occupation Project Management Director		Name of Employer CIGNA	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Byer		First Kenneth	MI Contribution ID # 1309
Residential Street Address 85 Memorial Rd # 607		City West Hartford	State CT Zip Code 06107
Principal Occupation President		Name of Employer Carey Wiper & Supply	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Strober		First Bruce	MI Contribution ID # 1310
Residential Street Address 7 Garnet Hill Ln		City Avon	State CT Zip Code 06001
Principal Occupation Physician		Name of Employer UConn Health	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Larsen		First Ammon	MI Contribution ID # 1311
Residential Street Address 64 Avonwood Rd Apt A21		City Avon	State CT Zip Code 06001
Principal Occupation Dermatology		Name of Employer UConn Health	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Whalen		First James	MI Contribution ID # 1312
Residential Street Address 42 Breezy Knl		City Avon	State Zip Code CT 06001
Principal Occupation Physician		Name of Employer UConn Health	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Whalen		First Pamela	MI Contribution ID # 1313
Residential Street Address 42 Breezy Knl		City Avon	State Zip Code CT 06001
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Cleary		First Kathryn	MI Contribution ID # 1314
Residential Street Address 37 Peach Farm Rd		City East Hampton	State Zip Code CT 06424
Principal Occupation Sales		Name of Employer Abbvie	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Toce		First Julie	MI Contribution ID # 1315
Residential Street Address 25 Grove St		City West Hartford	State Zip Code CT 06110
Principal Occupation Dermatology		Name of Employer UConn Health	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Rothe		First Marti	MI 1316
Residential Street Address 57 Portage Xing		City Farmington	State CT Zip Code 06032
Principal Occupation Faculty Director		Name of Employer UConn Health	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Swanton		First Dennis	MI 1317
Residential Street Address 74 Keeney Ave		City West Hartford	State CT Zip Code 06107
Principal Occupation Corporate Accounts Manager-Sales		Name of Employer Halyard Health	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017
If yes, list Event # <u>05252017A</u>		Aggregate Contributions \$100.00	
Last Name Isabelle		First Valerie	MI 1318
Residential Street Address 3 Westwood Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Tutor		Name of Employer Danbury public schools	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Miller		First Bridget	MI 1319
Residential Street Address 59 Ta'agan Point Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Dog groomer		Name of Employer The Groomroom	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Forster		First Christopher	MI 1327
Residential Street Address 1773 Farmington Ave		City Unionville	State CT Zip Code 06085
Principal Occupation Controller		Name of Employer State of Connecticut	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Kels		First Barry	MI 1328
Residential Street Address 108 Vermillion Dr		City Avon	State CT Zip Code 06001
Principal Occupation Physician		Name of Employer UConn Health	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Nejame		First Caron	MI 1326
Residential Street Address 186 Brushy Hill Rd		City Danbury	State CT Zip Code 06810
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Haddad, Sr.		First Michael	MI J 1325
Residential Street Address 1765 Cartina Way		City Venice	State FL Zip Code 34292
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/28/2017
If yes, list Event #		Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Alosco		First Alberta	MI M 1329
Residential Street Address 18 Ashley Ct		City Danbury	State CT Zip Code 06810
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Alosco		First Louis	MI M 1330
Residential Street Address 18 Ashley Ct		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Ventura		First Americo	MI 1331
Residential Street Address 111 Stillwater Cir		City Brookfield	State CT Zip Code 06804
Principal Occupation Attorney		Name of Employer Ventura Law	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Rosati		First Timothy	MI 1332
Residential Street Address 24 Meadowland Dr		City Gaylordsville	State CT Zip Code 06755
Principal Occupation AZEO		Name of Employer City of Danbury	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Ventura		First Lucinda	MI N 1333
Residential Street Address 111 Stillwater Cir		City Brookfield	State CT Zip Code 06804
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name McGuire		First David	MI T 1334
Residential Street Address 1 Sunset Rdg		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Boland		First Mark	MI 1335
Residential Street Address 66 Taunton Hill Rd		City Newtown	State CT Zip Code 06470
Principal Occupation Insurance		Name of Employer Hanover Insurance Company	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Longmire		First Thomas	MI 1336
Residential Street Address 482 North St		City Ridgefield	State CT Zip Code 06877
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Goetz		First Jane	MI 1322
Residential Street Address 17 Marianna Farm Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Hygienist		Name of Employer Self	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Weston		First Taylor	MI 1323
Residential Street Address 19 Brandy Ln		City Bridgewater	State CT Zip Code 06752
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Welles		First James	MI 1324
Residential Street Address 16 Marina Farms Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer None	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Kassouf		First Michael	MI 1337
Residential Street Address 14 Grand View Ave		City Watertown	State CT Zip Code 06795
Principal Occupation Manager		Name of Employer Hanna's	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Lee		First Claira	MI 1338
Residential Street Address 411 D St Apt 309		City Boston	State MA Zip Code 02210
Principal Occupation Data Manager		Name of Employer ECOG-ACRIN	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Macaulay		First Dennis	MI 1339
Residential Street Address 59 Judith Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$200.00	
Last Name Borkowski		First John	MI 1400
Residential Street Address 349 Walkley Hill Dr		City Haddam	State CT Zip Code 06438
Principal Occupation Physician		Name of Employer MidState MD	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Egan		First Chris	MI 1401
Residential Street Address 6 Poplar Ln		City New Milford	State CT Zip Code 06776
Principal Occupation Realtor		Name of Employer William Ravis	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Boulard		First Nicholas	MI E 1402
Residential Street Address 62 Deer Hill Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Hannigan		First Patricia	MI 1403
Residential Street Address 62 Deer Hill Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Maggio		First Courtney	MI 1404
Residential Street Address 715 S Britain Rd		City Southbury	State CT Zip Code 06488
Principal Occupation GM		Name of Employer Marketplace - Avon	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Baris		First Kara	MI 1405
Residential Street Address 48 Doman Dr		City Torrington	State CT Zip Code 06790
Principal Occupation GM		Name of Employer Marketplace - Woodbury	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name DeLongis		First Matt	MI 1406
Residential Street Address 23 Riverview Ct		City Brookfield	State CT Zip Code 06804
Principal Occupation Chef		Name of Employer Marketplace - Woodbury	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Khalil		First Roy	MI 1407
Residential Street Address 20 Serenity Ln		City Sandy Hook	State CT Zip Code 06482
Principal Occupation Chef		Name of Employer Marketplace - Avon	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Hawli		First Elias	MI 1408
Residential Street Address 2 Granite Dr		City Brookfield	State CT Zip Code 06804
Principal Occupation Owner		Name of Employer Marketplace	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Hawli		First Carrie	MI 1409
Residential Street Address 2 Granite Dr		City Brookfield	State CT Zip Code 06804
Principal Occupation GM		Name of Employer 189 Sports Cafe	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Anderson		First Marc	MI 1410
Residential Street Address 3 Beldin Hill Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Owner		Name of Employer Marketplace	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Anderson		First Margaret	MI 1411
Residential Street Address 3 Beldin Hill Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Hawli		First Ayman	MI 1412
Residential Street Address 130 Quanapaug Trl		City Woodbury	State CT Zip Code 06789
Principal Occupation Manager		Name of Employer Marketplace Avon	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Hawli		First Michele	MI 1413
Residential Street Address 130 Quanapaug Trl		City Woodbury	State CT Zip Code 06789
Principal Occupation Owner		Name of Employer Salon Michele	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Conway		First John	MI 1414
Residential Street Address 189 Federal Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Manager		Name of Employer 189 Sports Cafe	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Dohan		First Matt	MI 1415
Residential Street Address 33 Mill Plain Rd		City Danbury	State CT Zip Code 06811
Principal Occupation GM		Name of Employer Marketplace	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Lowe		First Alex	MI 1416
Residential Street Address 33 Mill Plain Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Chef		Name of Employer Marketplace	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Egan		First Peg	MI 1417
Residential Street Address 6 Poplar Ln		City New Milford	State CT Zip Code 06776
Principal Occupation Realtor		Name of Employer William Ravis	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Santos		First Mini	MI Contribution ID # 1418
Residential Street Address 4 Margerie View Dr		City Danbury	State Zip Code CT 06811
Principal Occupation Child Care Director		Name of Employer CAAWC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Chieffalo		First Christina	MI Contribution ID # 1419
Residential Street Address 1306 Pinnacle Way		City Danbury	State Zip Code CT 06811
Principal Occupation Government Affairs		Name of Employer Boehringer Ingelheim	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Barber		First Walter	MI Contribution ID # 1420
Residential Street Address 153 Flanders Rd Woodbury		City Woodbury	State Zip Code CT 06789
Principal Occupation Insurance Broker		Name of Employer Chittenden Group	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Swensen		First Caryn	MI Contribution ID # 1421
Residential Street Address 42 Chamers Rd		City Danbury	State Zip Code CT 06811
Principal Occupation Hairdresser/Master Barber		Name of Employer Rocco's Haircutting	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Silver		First Stephen	MI 1422
Residential Street Address 19 Breezy Hill Rd		City Harwinton	State CT Zip Code 06791
Principal Occupation Community Relations		Name of Employer Eversource Energy	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Wibling		First Harold	MI C 1423
Residential Street Address 3 Willow Lake Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Del Mastro		First Ryan	MI 1424
Residential Street Address 3 Hillcrest Dr		City New Milford	State CT Zip Code 06776
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Tagliarini		First James	MI 1425
Residential Street Address 1 Kelly Ct		City Sandy Hook	State CT Zip Code 06482
Principal Occupation Dentist		Name of Employer Quality Dental of Danbury	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Bertram		First Aidan	MI 1426
Residential Street Address 2222 Holyoke Dr		City Boulder	State CO Zip Code 80305
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Bertram		First Isabelle	MI 1427
Residential Street Address 2222 Holyoke Dr		City Boulder	State CO Zip Code 80305
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/02/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Albano		First Rose	MI 1428
Residential Street Address 12 Ashley Ct		City Danbury	State CT Zip Code 06810
Principal Occupation Retired - MVD Supervisor		Name of Employer Retired - MVD Supervisor	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Stimolia		First Sandra	MI T 1429
Residential Street Address 3 Day River Ct		City Redding	State CT Zip Code 06896
Principal Occupation Owner		Name of Employer Sandellas LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name doNascimento		First Sandra	MI B 1430
Residential Street Address 16 Tucker St		City Danbury	State CT Zip Code 06810
Principal Occupation Teacher		Name of Employer Danbury Board of Education	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Stimola		First Michaez	MI J 1431
Residential Street Address 3 Day River Ct		City Redding	State CT Zip Code 06896
Principal Occupation Owner		Name of Employer Sandellas LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Vrenezi		First Berat	MI 1432
Residential Street Address 16 Tucker St		City Danbury	State CT Zip Code 06810
Principal Occupation Owner		Name of Employer Dolce Restaurant & Wine Bar	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Vrenezi		First Bujar	MI J 1433
Residential Street Address 2 Mountain View Ter # 1131		City Danbury	State CT Zip Code 06810
Principal Occupation Manager		Name of Employer Dolce Restaurant & Wine Bar	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Zyskowski		First Zdzislaw	MI	Contribution ID # 1434
Residential Street Address 3 Ormsby Ln		City New Milford	State CT	Zip Code 06776
Principal Occupation Model Maker		Name of Employer Jewelry Designs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$100.00
Last Name Petrone		First Joseph	MI J	Contribution ID # 1435
Residential Street Address 2A Jeanette St Unit 63		City Danbury	State CT	Zip Code 06811
Principal Occupation Manager		Name of Employer New Fairfield Food Center Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$100.00
Last Name Underhill		First Lindsay	MI M	Contribution ID # 1436
Residential Street Address 13 First St		City Danbury	State CT	Zip Code 06810
Principal Occupation Associate		Name of Employer Jewelry Designs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$100.00
Last Name Snyder		First Marisel	MI F	Contribution ID # 1437
Residential Street Address 30 Upper Reservoir Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation Stylist		Name of Employer Adam Broderick Salon & Spa		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Snyder		First Kurt	MI A 1438
Residential Street Address 30 Upper Reservoir Rd		City New Milford	State CT Zip Code 06776
Principal Occupation Manager		Name of Employer Jewelry Desgin	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Cordeiro		First Carey	MI 1439
Residential Street Address 28 David St		City Naugatuck	State CT Zip Code 06770
Principal Occupation Plumbing		Name of Employer Fazzino Plumbing	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Cardeiro		First Tony	MI 1440
Residential Street Address 28 David St		City Naugatuck	State CT Zip Code 06770
Principal Occupation Marketing		Name of Employer Jewelry Designs	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Underhill, Jr.		First Robert	MI Q 1441
Residential Street Address 30 Shamrock Dr		City Brookfield	State CT Zip Code 06804
Principal Occupation Owner		Name of Employer Jewelry Designs	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Underhill, III		First Robert	MI Q 1442
Residential Street Address 5 8th Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Sales		Name of Employer Jewelry Designs	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Underhill		First Karen	MI O 1443
Residential Street Address 30 Shamrock Dr		City Brookfield	State CT Zip Code 06804
Principal Occupation Owner		Name of Employer Jewelry Designs	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Carroll		First June	MI D 1444
Residential Street Address 27 Broad Meadow Rd		City Wallingford	State CT Zip Code 06492
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Rowella		First Frank	MI A 1445
Residential Street Address 57 North St		City Ridgefield	State CT Zip Code 06877
Principal Occupation Financial Advisor		Name of Employer Reynolds & Rowella LLP	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Forster		First Jessica	MI Contribution ID # 1446
Residential Street Address 1773 Farmington Ave		City Unionville	State Zip Code CT 06805
Principal Occupation Veterinarian		Name of Employer Southington Veterinary Associates	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Greve		First Brian	MI Contribution ID # 1447
Residential Street Address 2103 Eaton Ct		City Danbury	State Zip Code CT 06811
Principal Occupation HVAC Sales Engineer		Name of Employer Levco Mechanical	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name O'Leary		First Neil	MI Contribution ID # 1448
Residential Street Address 137 Westridge Dr		City Waterbury	State Zip Code CT 06708
Principal Occupation Mayor		Name of Employer City of Waterbury	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Buhrman		First Richard	MI Contribution ID # 1452
Residential Street Address 11 Charcoal Ridge Rd S		City Danbury	State Zip Code CT 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Mahoney		First Sheila	MI	Contribution ID # 1453
Residential Street Address 35 Barbara Ln		City Woodbury	State CT	Zip Code 06798
Principal Occupation Instructional Aide		Name of Employer Regional School District 14		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Bruschetti		First Joe	MI	Contribution ID # 1454
Residential Street Address 4 Long Mountain Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation Condominium Management		Name of Employer CMS Management Services LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Arnold		First Robert	MI	Contribution ID # 1455
Residential Street Address Box 637		City New Canaan	State CT	Zip Code 06840
Principal Occupation Banker		Name of Employer AmTech Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Powers		First Lee	MI	Contribution ID # 1456
Residential Street Address 253 Central Rd		City Middletown	State CT	Zip Code 06762
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Chaves		First Elizabeth	MI	Contribution ID # 1457
Residential Street Address 54 Maltbie Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Homemaker		Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Powers		First Timothy	MI	Contribution ID # 1458
Residential Street Address 253 Central Rd		City Middlebury	State CT	Zip Code 06762
Principal Occupation Vice President		Name of Employer LF Powers Co. Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Chrurst		First Steven	MI	Contribution ID # 1459
Residential Street Address 107 Saddle Rock Rd		City Stamford	State CT	Zip Code 06902
Principal Occupation President		Name of Employer SGC Advisory Services, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Marcus		First Nancy	MI	Contribution ID # 1449
Residential Street Address 207 Southern Blvd		City Danbury	State CT	Zip Code 06810
Principal Occupation Homemaker		Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Marcus		First Michael	MI 1450
Residential Street Address 207 Southern Blvd		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Chromczak		First Edward	MI 1451
Residential Street Address 19 Fieldstone Ln		City Beacon Falls	State CT Zip Code 06403
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Jackson		First Michael	MI 1460
Residential Street Address 7 Old Long Ridge Rd		City Stamford	State CT Zip Code 06903
Principal Occupation Firefighter		Name of Employer Town of New Canaan	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Farley		First John	MI 1461
Residential Street Address 7 New St		City Danbury	State CT Zip Code 06810
Principal Occupation Manager		Name of Employer Homestead Inn	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Kania		First Susan	MI 1462
Residential Street Address 38 Tammany Trl		City Danbury	State CT Zip Code 06811
Principal Occupation Fundraiser		Name of Employer Western CT Health Network	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/09/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Roscoe		First Robert	MI 1465
Residential Street Address 31 Harvest Ct		City Cheshire	State CT Zip Code 06410
Principal Occupation Business Executive		Name of Employer Thats Great News	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/10/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Falzone		First Nicholas	MI 1463
Residential Street Address 46 Morey Rd New Milford Ct		City New Milford	State CT Zip Code 06776
Principal Occupation Sales		Name of Employer Winter Brothers	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/11/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Halas		First Joe	MI 1464
Residential Street Address 33 Ridge Rd .		City Danbury	State CT Zip Code 06810
Principal Occupation Captain		Name of Employer City of Danbury Fire Dept.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/11/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name McMahon		First Linda	MI	Contribution ID # 1466
Residential Street Address 14 Hurlingham Dr		City Greenwich	State CT	Zip Code 06831
Principal Occupation Administrator		Name of Employer Small Business Administration		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
Last Name Cameron		First Chase	MI	Contribution ID # 1467
Residential Street Address 15 Marsh Rd		City Easton	State CT	Zip Code 06612
Principal Occupation Golf Course Superintendent		Name of Employer Country Club of Waterbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
Last Name Cameron		First Emily	MI	Contribution ID # 1468
Residential Street Address 15 Marsh Rd		City Easton	State CT	Zip Code 06612
Principal Occupation Pharma Rep		Name of Employer Keryx		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
Last Name Hoyt		First Janet	MI	Contribution ID # 1469
Residential Street Address 36 Currituck Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Petroleum Distributor		Name of Employer Norbert E Mitchell Co Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Bierce		First Samantha	MI 1470
Residential Street Address 40 Carlson Dr		City New Hartford	State CT Zip Code 06057
Principal Occupation Senior Customer Service Rep		Name of Employer Union Savings Bank	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name DiBuono		First Daniel	MI 1471
Residential Street Address 102 Tower Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Real Estate Sales Leasing		Name of Employer Tower Realty	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Hanson		First Kim	MI D 1472
Residential Street Address 11 Almargo Ave		City New Fairfield	State CT Zip Code 06812
Principal Occupation Lighting Designer		Name of Employer Kim Hanson	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$50.00	
Last Name Winters		First Clayton	MI R 1473
Residential Street Address 15 Long River Rd		City Sherman	State CT Zip Code 06784
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Finch		First Jill	MI L 1474
Residential Street Address 6 Pepper Pond		City Sherman	State CT Zip Code 06784
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$100.00	
Last Name Blackwell		First Leroy	MI D 1475
Residential Street Address 5 Knollwood Ln		City New Fairfield	State CT Zip Code 06812
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$100.00	
Last Name DeRito		First Douglas	MI 1476
Residential Street Address 96 Gillotti Rd		City New Fairfield	State CT Zip Code 06812
Principal Occupation Principal - Tax Consulting		Name of Employer Ryan LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$100.00	
Last Name Linkletter		First George	MI O 1477
Residential Street Address 98 Route 37 S		City Sherman	State CT Zip Code 06784
Principal Occupation Public Relations		Name of Employer Linkletter Communications	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Morrell		First Jeff	MI 1478
Residential Street Address 143 Shortwoods Rd		City New Fairfield	State CT Zip Code 06812
Principal Occupation Driver/Operator		Name of Employer Town of New Fairfield	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$100.00	
Last Name Chapman		First Blake	MI 1479
Residential Street Address 6 Old Bridge Rd W		City New Fairfield	State CT Zip Code 06812
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$100.00	
Last Name Chapman		First Grace	MI 1480
Residential Street Address 6 Old Bridge Rd W		City New Fairfield	State CT Zip Code 06812
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$100.00	
Last Name Viola		First Peter	MI J 1481
Residential Street Address 3 Ball Ave		City New Fairfield	State CT Zip Code 06812
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Sbordone		First Edward	MI J 1482
Residential Street Address 3 N Star Dr		City New Fairfield	State CT Zip Code 06812
Principal Occupation Finance Director		Name of Employer Town of New Fairfield	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$100.00	
Last Name Cammarota		First Giustina	MI 1483
Residential Street Address 17 Joels Dr		City New Fairfield	State CT Zip Code 06812
Principal Occupation Administrative Assistant		Name of Employer Town of New Fairfield	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$100.00	
Last Name Dohan, Jr.		First Nicholas	MI 1484
Residential Street Address 30 Cloverleaf Dr		City New Fairfield	State CT Zip Code 06812
Principal Occupation Lead Demand Planner		Name of Employer Pitney Bowes	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$100.00	
Last Name Cammarota		First Michael	MI 1485
Residential Street Address 17 Joels Dr		City New Fairfield	State CT Zip Code 06812
Principal Occupation Attorney		Name of Employer Accenture, LLP	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Goldring		First Gary	MI F 1486
Residential Street Address 48 Mill Pond Rd		City Sherman	State CT Zip Code 06784
Principal Occupation Real Estate		Name of Employer Bank Street Group	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$100.00	
Last Name Comer		First James	MI E 1487
Residential Street Address 7 Apple Blossom Ln		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
If yes, list Event # <u>06152017A</u>		Aggregate Contributions \$50.00	
Last Name Janelle		First Laurie	MI 1488
Residential Street Address 2772 Meridien Waterbury Tpke		City Marion	State CT Zip Code 06444
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
Last Name Janelle		First Edward	MI 1489
Residential Street Address 2772 Meridien Waterbury Tpke		City Marion	State CT Zip Code 06444
Principal Occupation Principal		Name of Employer Athens Construction	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Vaz		First Maria	MI Z 1490
Residential Street Address 129 Georgetown Dr		City Watertown	State CT Zip Code 06795
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
Last Name Lebinski		First James	MI 1491
Residential Street Address 187 Hattertown Rd		City Monroe	State CT Zip Code 06468
Principal Occupation Project Manager		Name of Employer Terex	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
Last Name Lebinski		First Darcy	MI A 1492
Residential Street Address 187 Hattertown Rd		City Monroe	State CT Zip Code 06468
Principal Occupation Controller		Name of Employer Monroe Staffing	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
Last Name Monteiro		First Anthony	MI J 1493
Residential Street Address 2 Forest Ridge Rd		City Prospect	State CT Zip Code 06712
Principal Occupation None		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Monteiro		First Frank	MI J 1494
Residential Street Address 2 Forest Ridge Rd		City Prospect	State CT Zip Code 06712
Principal Occupation COO		Name of Employer Montiero Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
Last Name Montiero		First Sandra	MI 1495
Residential Street Address 2 Forest Ridge Rd		City Prospect	State CT Zip Code 06712
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
Last Name Sigovich		First Craig	MI A 1496
Residential Street Address 164 Swendsen Dr		City Monroe	State CT Zip Code 06468
Principal Occupation Executive Recruiter		Name of Employer DHR International	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
Last Name Perrelli		First Jane	MI M 1497
Residential Street Address 416 Bluebird Ln		City Delray Beach	State FL Zip Code 33445
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Murtha		First Harold	MI 1498
Residential Street Address 208 Tuttle Rd		City Woodbury	State CT Zip Code 06798
Principal Occupation Commerical and Industrial Bldg. Operations		Name of Employer Murtha Enterprises Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
Last Name Murtha		First Arminda	MI D 1499
Residential Street Address 208 Tuttle Rd		City Woodbury	State CT Zip Code 06798
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
Last Name Cameron		First Walter	MI J 1500
Residential Street Address 43 Knapp St		City Monroe	State CT Zip Code 06468
Principal Occupation Project Manager		Name of Employer Verdi Construction Bethel	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
Last Name Gugliotti		First Debra	MI 1501
Residential Street Address 36 Sandy Ln		City Wolcott	State CT Zip Code 06716
Principal Occupation Hair Stylist		Name of Employer Hair Revue	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Delano		First Justin	MI 1502
Residential Street Address 458 Hinma Rd		City Watertown	State CT Zip Code 06795
Principal Occupation Cashier		Name of Employer Adams Supermarket	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
Last Name Miranda		First John	MI D 1503
Residential Street Address 124 Knapp St		City Easton	State CT Zip Code 06612
Principal Occupation Realtor		Name of Employer William Raveis Real Estate	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017
If yes, list Event # <u>06162017A</u>		Aggregate Contributions \$100.00	
Last Name Straniti		First Kelly	MI 1505
Residential Street Address 1 Ponus Ave		City Norwalk	State CT Zip Code 06850
Principal Occupation Owner, Paralegal		Name of Employer Self Employed, Straniti Paralegal Services	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/17/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Seaman		First Jon	MI 1506
Residential Street Address 219 Jacob Rd		City Southbury	State CT Zip Code 06488
Principal Occupation Contractor		Name of Employer Seaman Mechanical	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/17/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Pederson		First Michael	MI	Contribution ID # 1507
Residential Street Address 11 Meadowbrook Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Police Officer		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/17/2017	Aggregate Contributions \$100.00
Last Name Zucchini		First Dana	MI	Contribution ID # 1508
Residential Street Address 1305 Cypress Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Business Development		Name of Employer WCHN		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/17/2017	Aggregate Contributions \$50.00
Last Name Estefan		First Thomas	MI	Contribution ID # 1509
Residential Street Address 160 Triangle St		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/17/2017	Aggregate Contributions \$100.00
Last Name Estefan		First Joseph	MI	Contribution ID # 1510
Residential Street Address 1703 Carrington Pt		City Tucker	State GA	Zip Code 30084
Principal Occupation IT Worker		Name of Employer Citi Bank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/17/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name McLachlan		First Alesia	MI	Contribution ID # 1511
Residential Street Address 47 W Wooster St		City Danbury	State CT	Zip Code 06810
Principal Occupation Sales		Name of Employer Bob's Discount Furniture		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/17/2017	Aggregate Contributions \$100.00
Last Name Russo		First Alison	MI	Contribution ID # 1504
Residential Street Address 220 Franklin Street Ext		City Danbury	State CT	Zip Code 06811
Principal Occupation Administrative Assistant		Name of Employer Tamarack Country Club		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/18/2017	Aggregate Contributions \$100.00
Last Name Rosentel		First Judith	MI	Contribution ID # 1515
Residential Street Address 2 Woods Ln		City Newtown	State CT	Zip Code 06470
Principal Occupation Homemaker		Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$100.00
Last Name Jaber		First Grant	MI	Contribution ID # 1516
Residential Street Address 92 Warwick Ave		City Fairfield	State CT	Zip Code 06825
Principal Occupation Real Estate		Name of Employer NA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Jaber		First Danielle	MI 1517
Residential Street Address 92 Warwick Ave		City Fairfield	State CT Zip Code 06825
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Johnson		First Kyle	MI 1518
Residential Street Address 128 Osborne St Apt 507		City Danbury	State CT Zip Code 06810
Principal Occupation General Manager		Name of Employer Service Stars	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Eisen		First Gregory	MI 1519
Residential Street Address 40 S Olmstead Ln		City Ridgefield	State CT Zip Code 06877
Principal Occupation Entrepreneur		Name of Employer Entrepreneur	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Pauta		First Milton	MI 1520
Residential Street Address 13 Division St		City Danbury	State CT Zip Code 06810
Principal Occupation Maintenance		Name of Employer Simeon Village	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Romano		First Michael	MI	Contribution ID # 1521
Residential Street Address 31 Abbott Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$60.00
Last Name Honeyman		First Mike	MI	Contribution ID # 1512
Residential Street Address 260 Deerbrooke Cir		City Southington	State CT	Zip Code 06489
Principal Occupation Chief Operating Officer		Name of Employer TicketNetwork		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$100.00
Last Name Cianfaglione		First Michael	MI	Contribution ID # 1513
Residential Street Address 5 Beach Rd E		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Engineer		Name of Employer JMS Naval Architects		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$100.00
Last Name Drescher		First Jodi	MI	Contribution ID # 1514
Residential Street Address 177 Landon Dr . Cheshire		City Cheshire	State CT	Zip Code 06410
Principal Occupation Sales Manager		Name of Employer Winters Bros		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Herb		First Christian	MI 1525
Residential Street Address 149 Evelyn Dr .		City Naugatuck	State CT Zip Code 06770
Principal Occupation Association Executive		Name of Employer Connecticut Energy Marketers Association	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Chieffalo		First Antonia	MI 1526
Residential Street Address 13 Seeley St		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Bruschetti		First Joseph	MI 1527
Residential Street Address 4 Long Mountain Rd		City New Milford	State CT Zip Code 06776
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Munger		First Stephen	MI 1528
Residential Street Address 16 Knollwood Dr		City Greenwich	State CT Zip Code 06830
Principal Occupation Investment Banker		Name of Employer Morgan Stanley	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name LeRose		First Anna	MI 1529
Residential Street Address 8 Margarie Vw		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Palmares		First Celia	MI 1522
Residential Street Address 32 Farview Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Secretary		Name of Employer Amazon Concrete	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Palmares		First Genilson	MI 1523
Residential Street Address 32 Farview Ave		City Danbury	State CT Zip Code 06810
Principal Occupation President		Name of Employer Amazon Concrete	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Bennett		First Bruce	MI 1524
Residential Street Address 49 Middle River Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Hockey Team Owner		Name of Employer Danbury Titans LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
If yes, list Event #		Aggregate Contributions \$200.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Ramey		First Richard	MI J 1597
Residential Street Address 8 Connecticut Ave		City Danbury	State CT Zip Code 06810
Principal Occupation General Contractor		Name of Employer Ramey Construction Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Park		First Jung-Yong	MI 1574
Residential Street Address 6 Deal Dr		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Park		First Myoung	MI 1575
Residential Street Address 6 Deal Dr		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Brauneisen		First Gregg	MI 1576
Residential Street Address 45 Rolf Dr		City Danbury	State CT Zip Code 06810
Principal Occupation Attorney		Name of Employer Collins Hannafin PC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Fuller		First Oscar	MI 1577
Residential Street Address 32 Carriage House Dr		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name DeCilio		First Daniel	MI 1578
Residential Street Address 160 Timber Ridge Rd		City Stratford	State CT Zip Code 06614
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name McLachlan		First Ian	MI 1530
Residential Street Address 13 Bartkiewicz Rd		City Chester	State CT Zip Code 06412
Principal Occupation Attorney		Name of Employer McElror Deutsch	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Cappiello		First Erminia	MI 1531
Residential Street Address 2 Terrace St		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # 06222017A		Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Cappiello		First Mary	MI G 1532
Residential Street Address 2 Terrace St		City Danbury	State CT Zip Code 06811
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$25.00	
Last Name Cappiello		First Michael	MI J 1533
Residential Street Address 48 Beckerle St		City Danbury	State CT Zip Code 06811
Principal Occupation Teacher		Name of Employer City of Waterbury	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$50.00	
Last Name Yamin		First Rebecca	MI 1534
Residential Street Address 7 Padanaram Rd # 206		City Danbury	State CT Zip Code 06811
Principal Occupation Retail		Name of Employer Burlington	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$50.00	
Last Name Cappiello		First Paula	MI 1535
Residential Street Address 3 Richter Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Antous		First Najlah	MI Contribution ID # 1536
Residential Street Address 20 Fairlawn Ave		City Danbury	State Zip Code CT 06810
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Ackell		First Edward	MI Contribution ID # 1537
Residential Street Address 4 Hitching Post Ln		City Danbury	State Zip Code CT 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Struski		First Ronald	MI Contribution ID # 1538
Residential Street Address 15 Topfield Rd		City Danbury	State Zip Code CT 06811
Principal Occupation Real Estate Appraiser		Name of Employer Robert Noce Association	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Ramey		First Warren	MI Contribution ID # 1539
Residential Street Address 18 Overlook Ter		City Danbury	State Zip Code CT 06811
Principal Occupation Builder		Name of Employer RGR Builders	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Cappiello		First Frank	MI J 1540
Residential Street Address 3 Richter Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Owner		Name of Employer Cappiello Jewelry	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Ashkar		First Ruth	MI A 1541
Residential Street Address 29 Fairmount Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Ashkar		First John	MI N 1542
Residential Street Address 29 Fairmount Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Realtor		Name of Employer Coldwell Banker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Tartlton		First Ellis	MI 1543
Residential Street Address PO Box 2269		City Danbury	State CT Zip Code 06813
Principal Occupation Builder		Name of Employer Kenosia Construction Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Jowdy		First James	MI J 1544
Residential Street Address 4 Overlook Ter		City Danbury	State CT Zip Code 06811
Principal Occupation Businessman/Attorney		Name of Employer Jowdy & Jowdy	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Michael		First Gary	MI 1545
Residential Street Address 52 Deer Hill Ave		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Joseph		First Hanna	MI C 1546
Residential Street Address 16 Centennial Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Maintenance Mechanic		Name of Employer Sandvik Corp.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Salame		First Albert	MI J 1547
Residential Street Address 4 Navaho Dr		City Brookfield	State CT Zip Code 06811
Principal Occupation President		Name of Employer Dandy Foods	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Nassif		First Freda	MI 1548
Residential Street Address 14 Sherry Ln		City Danbury	State CT Zip Code 06811
Principal Occupation Senior Executive		Name of Employer Pziser	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Nassif		First Josephine	MI 1549
Residential Street Address 14 Sherry Ln		City Danbury	State CT Zip Code 06811
Principal Occupation Owner		Name of Employer Danbury Beauty Supply	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Nassif		First Zeina	MI 1550
Residential Street Address 14 Sherry Ln		City Danbury	State CT Zip Code 06811
Principal Occupation Housewife		Name of Employer Housewife	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Skracki		First Michael	MI K 1551
Residential Street Address 179 Clapboard Ridge Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Catholic Priest		Name of Employer St. Ann's Church	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Enright		First Peter	MI J 1552
Residential Street Address 5 Westwood Ter		City Danbury	State CT Zip Code 06811
Principal Occupation President		Name of Employer Barden Corp.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Ramey		First Carole	MI A 1553
Residential Street Address 8 Connecticut Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Jowdy, Jr.		First James	MI J 1554
Residential Street Address 18 Meadowbrook Rd		City Newtown	State CT Zip Code 06470
Principal Occupation Attorney		Name of Employer Jowdy & Jowdy	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Glynn, Jr.		First James	MI M 1555
Residential Street Address 27 Apple Blossom Ln		City Danbury	State CT Zip Code 06811
Principal Occupation Security Guard		Name of Employer Danbury Hospital	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Hardway		First Timothy	MI L 1556
Residential Street Address 1 City Pl Apt 711		City White Plains	State NY Zip Code 10601
Principal Occupation Sales		Name of Employer Rockville Centre GMC, LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Hardway		First Stacey	MI A 1557
Residential Street Address 1 City Pl Apt 711		City White Plains	State NY Zip Code 10601
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Essa		First Edward	MI 1558
Residential Street Address 43 Rolfs Dr		City Danbury	State CT Zip Code 06810
Principal Occupation Security Consultant		Name of Employer Alarm King Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Ghassan		First Najim	MI 1559
Residential Street Address 11 Maplewood Dr		City New Milford	State CT Zip Code 06776
Principal Occupation IT Program Manager		Name of Employer The Hartford	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Doto, III		First Benjamin	MI V 1560
Residential Street Address 17 Ridge Rd		City Danbury	State CT Zip Code 06810
Principal Occupation Engineer		Name of Employer Benjamin V. Doto PE LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Basher		First Norman	MI P 1561
Residential Street Address 125B Clapboard Ridge Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Electrician		Name of Employer PFE Elect Corporation	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Asmar		First Hiam	MI H 1562
Residential Street Address 12 Elmcrest Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Project Specialist		Name of Employer Cantus	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Asmar, Jr.		First William	MI H 1563
Residential Street Address 12 Elmcrest Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Audit Assistant		Name of Employer Deloitte	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Roy, II		First Noel	MI 1564
Residential Street Address 141 Lake Pl		City Danbury	State CT Zip Code 06810
Principal Occupation Collections		Name of Employer CCI	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Howard		First Edward	MI P 1565
Residential Street Address 55 Mill Plain Rd Bldg 34 , Apt. 1		City Danbury	State CT Zip Code 06811
Principal Occupation Barber		Name of Employer Fast Eddy's Barber Shop	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Asmar		First Raymond	MI A 1566
Residential Street Address 1 Fairmount Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Salame		First Elizabeth	MI 1567
Residential Street Address 14 Claremont Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Salame		First Mary Elizabeth	MI 1568
Residential Street Address 14 Claremont Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Business Consultant/Real Estate Broker		Name of Employer Scope Realty Association	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Troccolo		First Carolyn	MI 1569
Residential Street Address 33 Britannia Dr		City Danbury	State CT Zip Code 06811
Principal Occupation President		Name of Employer Custom Care Building Services	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$200.00	
Last Name Troccolo		First Carolyn	MI 1570
Residential Street Address 33 Britannia Dr		City Danbury	State CT Zip Code 06811
Principal Occupation President		Name of Employer Custom Care Building Services	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$200.00	
Last Name Baldaserini		First John	MI J 1571
Residential Street Address 9 Ned's Ln		City Ridgefield	State CT Zip Code 06877
Principal Occupation Real Estate Sales		Name of Employer Coldwell Banker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Palmisano		First Matthew	MI 1572
Residential Street Address 5 Wolfpits Rd , Bethel		City Bethel	State CT Zip Code 06801
Principal Occupation Veterinary Surgeon		Name of Employer VCA VREC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$50.00	
Last Name Roy		First Noel	MI 1573
Residential Street Address 7 Finance Dr		City Danbury	State CT Zip Code 06810
Principal Occupation President/Owner		Name of Employer Credit Center Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Sullivan		First Joanne	MI 1580
Residential Street Address 544 N Grand St		City West Suffield	State CT Zip Code 06093
Principal Occupation Realtor		Name of Employer Chestnut Belk Associates	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Neary		First Lawrence	MI 1579
Residential Street Address 15 Allen Rd		City Bridgewater	State CT Zip Code 06752
Principal Occupation Still retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Cappiello, Jr.		First Frank	MI 1591
Residential Street Address 13 Leopard Dr		City Sandy Hook	State CT Zip Code 06482
Principal Occupation VP Sales		Name of Employer Robert Kaufman Fabrics	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	
Last Name Coughlin		First Sean	MI 1581
Residential Street Address 112 High Ridge Ave		City Ridgefield	State CT Zip Code 06877
Principal Occupation Sales		Name of Employer The Premier Collection	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Doppstadt		First William	MI 1582
Residential Street Address 63 Studio Rd		City Stamford	State CT Zip Code 06903
Principal Occupation Sales Manager		Name of Employer People's United Equipment Finance Corp.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Sheridan		First Helen	MI 1583
Residential Street Address 114 N Lake Shore Dr		City Brookfield	State CT Zip Code 06804
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Siergiej		First Edward	MI 1584
Residential Street Address 62A Forty Acre Mount Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Engineer		Name of Employer Unemployed	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	
Last Name Clay		First Mayra	MI 1585
Residential Street Address 23 Meadow St		City Danbury	State CT Zip Code 06810
Principal Occupation Intake Assistanr		Name of Employer State of Connecticut	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$25.00	
Last Name Anderson		First Hank	MI 1586
Residential Street Address 110 Skymeadow Dr		City Stamford	State CT Zip Code 06903
Principal Occupation Consultant		Name of Employer Stamford Underwriting Managers, LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Nolan		First Kevin	MI 1587
Residential Street Address 111 Gelnaw Ln		City Montvale	State NJ Zip Code 07645
Principal Occupation Manager		Name of Employer Winters Bros. Waste Systems	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Eisen		First Eric	MI 1588
Residential Street Address 25 Bulkley Ave		City Westport	State CT Zip Code 06880
Principal Occupation Management		Name of Employer Lifetouch	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	
Last Name Hollrah		First Deborah	MI 1589
Residential Street Address 19 Beechwood Dr		City Danbury	State CT Zip Code 06810
Principal Occupation Guidance Counselor		Name of Employer City of Danbury	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	
Last Name Hollrah		First Dean	MI 1590
Residential Street Address 19 Beechwood Dr		City Danbury	State CT Zip Code 06810
Principal Occupation Land Surveyor		Name of Employer City of Danbury	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	
Last Name Gomes		First Victor	MI 1598
Residential Street Address 32 Fairview Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Masonry Worker		Name of Employer Amazon Concrete Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Palmares		First Eric	MI 1599
Residential Street Address 32 Fairview Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Masonry Worker		Name of Employer Amazon Concrete Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Palmares		First Emanuela	MI 1600
Residential Street Address 32 Fairview Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Office Manager		Name of Employer Amazon Concrete Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Gulliver		First Susan	MI 1601
Residential Street Address 93 Blue Rock Dr		City Stamford	State CT Zip Code 06903
Principal Occupation Homemaker		Name of Employer Unemployed/Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Frese		First Lisa	MI 1602
Residential Street Address 1 Russell Rd		City North Salem	State NY Zip Code 10560
Principal Occupation Administrator		Name of Employer Ridgefield Public Schools	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Naves		First Paul	MI 1603
Residential Street Address 6 Hilltop Mnr		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	
Last Name Magliocco		First Frank	MI A 1604
Residential Street Address 85 Alberts Hill Rd		City Sandy Hook	State CT Zip Code 06482
Principal Occupation Owner/Manager		Name of Employer Superior Cleaners & Tailors	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$50.00	
Last Name Magliocco		First Patricia	MI 1605
Residential Street Address 85 Alberts Hill Rd		City Sandy Hook	State CT Zip Code 06482
Principal Occupation Dry Cleaning		Name of Employer Superior Cleaners & Tailors	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$50.00	
Last Name Giglio		First David	MI A 1606
Residential Street Address 12 Templeton Rd		City Wallingford	State CT Zip Code 06492
Principal Occupation Teacher		Name of Employer Xavier High School	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Magliocco		First Linda	MI S 1607
Residential Street Address 85 Alberts Hill Rd		City Sandy Hook	State CT Zip Code 06482
Principal Occupation Nurse Practitioner		Name of Employer Valley Childrens Hospital	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$50.00	
Last Name Giegler		First Janice	MI R 1608
Residential Street Address 10 Old Hayrake Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Danbury Town Clerk		Name of Employer City of Danbury	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	
Last Name Kamedulski		First Gregory	MI 1609
Residential Street Address 32 Wildwood Dr		City Wilton	State CT Zip Code 06897
Principal Occupation Real Estate Developer		Name of Employer Greg: Cornell Development LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	
Last Name Lewis		First Justin	MI 1610
Residential Street Address 12 Starr Ln		City Bethel	State CT Zip Code 06801
Principal Occupation Conservator		Name of Employer CT Conservators LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$20.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Parente		First Krista	MI 1611
Residential Street Address 2 Lakeview Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Owner/Manager		Name of Employer Down the Hatch Restaurant	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	
Last Name Parente		First Scott	MI 1612
Residential Street Address 4 Nicolas Ct		City Brookfield	State CT Zip Code 06804
Principal Occupation Owner/Manager		Name of Employer Down the Hatch Restaurant	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	
Last Name Parente		First Kimberly	MI S 1613
Residential Street Address 4 Nicolas Ct		City Brookfield	State CT Zip Code 06804
Principal Occupation Owner/Manager		Name of Employer Down the Hatch Restaurant	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	
Last Name Swan		First Carrie	MI 1614
Residential Street Address 881 Lakeside Rd		City Southbury	State CT Zip Code 06488
Principal Occupation Owner/Contractor		Name of Employer BlawkSwan - Self	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Baker		First Alan	MI D 1592
Residential Street Address 4819 Laxy Wood Ct		City Mt Pleasant	State WI Zip Code 53403
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Nowak		First Robert	MI 1593
Residential Street Address 11 Longo Ln		City Northford	State CT Zip Code 06472
Principal Occupation Engineer		Name of Employer CT DOT	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$10.00	
Last Name Nejame		First Thomas	MI 1594
Residential Street Address 4 Huntington Dr		City Danbury	State CT Zip Code 06811
Principal Occupation President/Owner		Name of Employer Nejame & Sons Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Nejame		First Jackie	MI J 1595
Residential Street Address 4 Huntington Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Asmar		First William	MI A 1596
Residential Street Address 12 Elmcrest Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Auto Sales & Service		Name of Employer Mutual Motors	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Mercede		First Frank	MI 1622
Residential Street Address 631 Long Ridge Rd # 3		City Stamford	State CT Zip Code 06905
Principal Occupation Real Estate		Name of Employer Frank Mercede & Sons, Inc	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Nejame		First Brittany	MI 1623
Residential Street Address 255 Great Plain Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Service - Pools		Name of Employer Nejame & Sons	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	
Last Name Lovello		First Frank	MI 1624
Residential Street Address 8 Middle Ridge Rd		City Stamford	State CT Zip Code 06903
Principal Occupation Owner/Estimator		Name of Employer Magna Construction	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Wright		First Marina	MI 1625
Residential Street Address 11507 Pampass Pass		City Houston	State TX Zip Code 77095
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Wright		First Jeff	MI 1626
Residential Street Address 11507 Pampass Pass		City Houston	State TX Zip Code 77095
Principal Occupation Insurance		Name of Employer Symetra	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Dunn		First Thomas	MI 1627
Residential Street Address 8 Pleasant Street Wolcott Ct .		City Wolcott	State CT Zip Code 06716
Principal Occupation Mayor		Name of Employer Town Of Wolcott	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Cappiello		First Christine	MI 1628
Residential Street Address 31 Old Farm Hill Rd		City Newtown	State CT Zip Code 06470
Principal Occupation Lobbyist		Name of Employer Anthem Blue	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event # <u>06222017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Machado		First Justin	MI	Contribution ID # 1615
Residential Street Address 225 Great Plain Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Rate Analyst		Name of Employer Continuum International		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>06302017A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
Last Name O'Keeffe		First Rick	MI	Contribution ID # 1616
Residential Street Address 97 Overton Farm Rd		City Southbury	State CT	Zip Code 06488
Principal Occupation Owner		Name of Employer R+K Advertising		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>06272017A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
Last Name O'Keeffe		First Janice	MI	Contribution ID # 1617
Residential Street Address 97 Overton Farm Rd		City Southbury	State CT	Zip Code 06488
Principal Occupation Advertising		Name of Employer R+K Advertising		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>06272017A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
Last Name Newman		First Jane	MI	Contribution ID # 1618
Residential Street Address 30 S Lakeshore Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Insurance Agent		Name of Employer Summers Insurance LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>06272017A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Stevens		First Katherine	MI 1619
Residential Street Address 30 S Lakeshore Dr		City Brookfield	State CT Zip Code 06804
Principal Occupation Marketing		Name of Employer Summers Insurance LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	
Last Name O'Leary		First Linda	MI 1620
Residential Street Address 3 Nicoles Ct		City Brookfield	State CT Zip Code 06804
Principal Occupation Retail		Name of Employer Agriventures Retail	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	
Last Name O'Leary		First David	MI 1621
Residential Street Address 3 Nicoles Ct		City Brookfield	State CT Zip Code 06804
Principal Occupation President		Name of Employer Agriventures Retail	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event # <u>06272017A</u>		Aggregate Contributions \$100.00	
Last Name Kapitan		First Richard	MI 1638
Residential Street Address 36 N Benham Rd		City Seymour	State CT Zip Code 06483
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Nipper		First Thomas	MI 1639
Residential Street Address 16 Hayestown Rd Unit 4403		City Danbury	State CT Zip Code 06811
Principal Occupation Medical Doctor		Name of Employer Nipper medical consulting	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Mahoney		First Dennis	MI 1640
Residential Street Address 73 Wynnewood Ln		City Stamford	State CT Zip Code 06903
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Frey		First John	MI 1641
Residential Street Address 2 Copps Hill Rd		City Ridgefield	State CT Zip Code 06877
Principal Occupation Real Estate Broker		Name of Employer Coldwell Banker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Espinol		First Jennifer	MI 1642
Residential Street Address 95 Fairview Dr		City Danbury	State CT Zip Code 06810
Principal Occupation Cashier		Name of Employer C-Town	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Fuller		First Michael	MI J 1643
Residential Street Address 172 Walnut Hill Rd		City Bethel	State CT Zip Code 06801
Principal Occupation Front End Manager		Name of Employer C-Town	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Martinez		First Cesar	MI 1644
Residential Street Address 5 Wilkes Rd		City Danbury	State CT Zip Code 06810
Principal Occupation Delivery		Name of Employer UPS	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name O'Brien		First Patrick	MI 1645
Residential Street Address 5 Humber Hill Rd		City Danbury	State CT Zip Code 06810
Principal Occupation Chief Operating Officer		Name of Employer Premier Brands of America	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Sanchez		First Edwin	MI 1646
Residential Street Address 34 Stony Hill Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation General Manager		Name of Employer C-Town	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Gonzales		First Jose	MI L 1647
Residential Street Address 37 Balmforth Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Manager		Name of Employer C-Town	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Antonelli		First Nino	MI 1648
Residential Street Address 179 Nichols Ave		City Stamford	State CT Zip Code 06905
Principal Occupation Vice President, Business Banking		Name of Employer First Country Bank	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Bruno		First Candice	MI 1649
Residential Street Address 96 Turner Rd		City Stamford	State CT Zip Code 06905
Principal Occupation Manager		Name of Employer Madonia Restaurant	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$50.00	
Last Name Bruno		First Enzo	MI I 1650
Residential Street Address 96 Turner Rd		City Stamford	State CT Zip Code 06905
Principal Occupation Chef		Name of Employer Madonia Restaurant	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Sasser		First Patrick	MI R 1651
Residential Street Address 166 Skyline Ln		City Stamford	State CT Zip Code 06903
Principal Occupation Firefighter		Name of Employer City of Stamford	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Bigley		First Elizabeth	MI A 1652
Residential Street Address 127 W 7th St Fl 2		City Mount Vernon	State NY Zip Code 10550
Principal Occupation Finance Executive		Name of Employer Studio Leasing Productions LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Larobina		First Marie	MI 1653
Residential Street Address 55 Kensington Rd		City Stamford	State CT Zip Code 06905
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Agim		First Ismaili	MI 1654
Residential Street Address 54 Winthrop Woods Rd		City Shelton	State CT Zip Code 06484
Principal Occupation Restauranteur/Owner		Name of Employer Casa Nova	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Giancola		First Dianne	MI 1655
Residential Street Address 14 Westover Ave		City Stamford	State CT Zip Code 06902
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Giancola		First Joe	MI 1656
Residential Street Address 14 Westover Ave		City Stamford	State CT Zip Code 06902
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Kelly		First Scott	MI E 1657
Residential Street Address 24 Fawn Cir		City Trumbull	State CT Zip Code 06611
Principal Occupation Senior VP		Name of Employer Wells Fargo Advisors	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Pirone		First Ciro	MI J 1658
Residential Street Address 17 Brooklawn Ave		City Stamford	State CT Zip Code 06906
Principal Occupation CPA		Name of Employer Totilo & Company LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Fisk		First Richard	MI E 1659
Residential Street Address 38 Deerfield St		City East Haven	State CT Zip Code 06512
Principal Occupation Accountant (Staff)		Name of Employer Totilo & Company LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$15.00	
Last Name Antonelli		First John	MI R 1660
Residential Street Address 114 Thornwood Rd		City Stamford	State CT Zip Code 06903
Principal Occupation UP		Name of Employer The Property Group of CT, Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Totilo		First Michael	MI A 1661
Residential Street Address 23 Rockrimmon Ln		City Stamford	State CT Zip Code 06903
Principal Occupation CPA		Name of Employer Totilo & Company LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Corelli		First Kimberly	MI 1662
Residential Street Address 255 Vine Rd		City Stamford	State CT Zip Code 06905
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Corelli		First Patrick	MI	Contribution ID # 1663
Residential Street Address 139 Ridge Park Ave		City Stamford	State CT	Zip Code 06905
Principal Occupation Event Planner		Name of Employer NOFA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>06292017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
Last Name Gentle		First Judith	MI T	Contribution ID # 1664
Residential Street Address 28 Clorinda Ct .		City Stamford	State CT	Zip Code 06902
Principal Occupation Part Time Seasonal Clerk		Name of Employer City of Stamford Registrar of Voters		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>06292017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
Last Name Corelli		First Lucy	MI	Contribution ID # 1665
Residential Street Address 94 Elaine Dr		City Stamford	State CT	Zip Code 06902
Principal Occupation Registrat		Name of Employer City of Stamford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>06292017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
Last Name Corelli		First Dana	MI	Contribution ID # 1666
Residential Street Address 139 Ridge Park Ave		City Stamford	State CT	Zip Code 06905
Principal Occupation Retail Jewelry Sales		Name of Employer Sidney Thomas Jewelers		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>06292017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Corelli		First Noelle	MI G 1667
Residential Street Address 44 Duke Dr		City Stamford	State CT Zip Code 06905
Principal Occupation Paralegal		Name of Employer JT Huffman LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Bivona		First Theresa	MI P 1668
Residential Street Address 190 Clay Hull Rd		City Stamford	State CT Zip Code 06905
Principal Occupation Administrative Assistant		Name of Employer City of Stamford	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Imbrogno		First Oscar	MI E 1669
Residential Street Address 81 Rock Spring Rd		City Stamford	State CT Zip Code 06906
Principal Occupation Maintenance		Name of Employer Shoprite	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Jaramillo		First Gabriel	MI L 1670
Residential Street Address 35 Fairfield Ave		City Norwalk	State CT Zip Code 06854
Principal Occupation Maintenance		Name of Employer Shoprite	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Somma		First Natalie	MI 1671
Residential Street Address 68 Stetson Pl		City Danbury	State CT Zip Code 06811
Principal Occupation Marketing Administrative Assistant		Name of Employer Success Unlimited	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Dinivo		First Amy	MI 1672
Residential Street Address 190 Prudence Dr		City Stamford	State CT Zip Code 06407
Principal Occupation AD		Name of Employer Stamford Hospital	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Noto		First Frank	MI 1673
Residential Street Address 1123 Shippin Ave		City Stamford	State CT Zip Code 06902
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Bevis		First Justin	MI 1674
Residential Street Address 48 Wayne Rd		City Monroe	State CT Zip Code 06468
Principal Occupation Sales		Name of Employer Eversoure Energy	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Handler		First Susan	MI 1675
Residential Street Address 79 Quarry Rd		City Stamford	State CT Zip Code 06903
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Handler		First Robert	MI 1676
Residential Street Address 79 Quarry Rd		City Stamford	State CT Zip Code 06903
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Vensel		First Bethany	MI 1677
Residential Street Address 48 Wayne Rd		City Monroe	State CT Zip Code 06468
Principal Occupation Unemployed		Name of Employer Unemployed	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Milone		First Maria	MI R 1678
Residential Street Address 179 Winesap Rd		City Stamford	State CT Zip Code 06903
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Milone		First Ted	MI 1679
Residential Street Address 179 Winesap Rd		City Stamford	State CT Zip Code 06903
Principal Occupation Sr. Account Executive		Name of Employer Eversource Energy	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Noto		First Phyllis	MI 1680
Residential Street Address 1123 Shippan Ave		City Stamford	State CT Zip Code 06902
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Chiappetta		First Domenico	MI 1681
Residential Street Address 14 Suburban Dr		City Norwalk	State CT Zip Code 06851
Principal Occupation Manager		Name of Employer DMC Electrical Services	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Di Nino		First Benito	MI 1682
Residential Street Address 85 Euclid Ave		City Stamford	State CT Zip Code 06902
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Di Nino		First Enrico	MI 1683
Residential Street Address 170 St Charles Ave		City Stamford	State CT Zip Code 06907
Principal Occupation Maintenance Supervisor		Name of Employer Self-Maintenance	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Viola		First Mark	MI D 1684
Residential Street Address 31 Overlook Dr		City New Milford	State CT Zip Code 06776
Principal Occupation Construction/Owner		Name of Employer MVP Contracting LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Dinino		First Giuliano	MI 1685
Residential Street Address 190 Prudence Dr		City Stamford	State CT Zip Code 06907
Principal Occupation Accountant		Name of Employer Clipper Group	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Snelling		First Linda	MI 1708
Residential Street Address 1022 Mason HI N		City Starksboro	State VT Zip Code 05487
Principal Occupation Maru, Ltd		Name of Employer Business Owner	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Snelling		First Mark	MI 1709
Residential Street Address 1022 Mason HI N		City Starksboro	State VT Zip Code 05487
Principal Occupation Maru, Ltd		Name of Employer Business Owner	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Nolan		First Robin	MI 1710
Residential Street Address 111 Gelnew Ln		City Montvale	State NJ Zip Code 07645
Principal Occupation Jd Audio And Video		Name of Employer Manager	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Chelso		First Brenda	MI 1711
Residential Street Address 125 Tower Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Zeigler, Jr.		First David	MI 1712
Residential Street Address 660 Fenn Rd		City Thomaston	State CT Zip Code 06787
Principal Occupation Winter Bros		Name of Employer Fleet Maintenance Manager/Mechanic	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Mizera		First Casimir	MI 1629
Residential Street Address 185 Boston Ave .		City Stratford	State CT Zip Code 06614
Principal Occupation Non-Applicable		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Hansen		First Marie	MI 1630
Residential Street Address 36 Wondy Way		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Nejame		First Greg	MI 1631
Residential Street Address 12 Astoria Dr		City New Fairfield	State CT Zip Code 06812
Principal Occupation Pool Builder/Construction		Name of Employer Nejame and Sons, Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	
Last Name Nejame		First Sheila	MI 1632
Residential Street Address 12 Astoria Dr		City New Fairfield	State CT Zip Code 06812
Principal Occupation Homemaker		Name of Employer Unemployed	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name NeJame		First Karin	MI	Contribution ID # 1633
Residential Street Address 22 High View Terrace Bethel Ct		City Bethel	State CT	Zip Code 06801
Principal Occupation Attorney		Name of Employer SDN		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
Last Name Hoydick		First Paul	MI	Contribution ID # 1634
Residential Street Address 55 Castle Dr		City Stratford	State CT	Zip Code 06614
Principal Occupation Facilities Director		Name of Employer Stratford Housing Authority LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
Last Name Papay		First Laszlo	MI	Contribution ID # 1635
Residential Street Address 19 Pleasant Valley Ln		City Westport	State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$25.00
Last Name NeJame		First Thomas	MI	Contribution ID # 1636
Residential Street Address 38 Jeanette Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Salesman		Name of Employer NeJame & Sons		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Fine		First Scott	MI	Contribution ID # 1637
Residential Street Address 314 Legare Ct		City Jupiter	State FL	Zip Code 33458
Principal Occupation CEO		Name of Employer Ctd Holdings		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
Last Name Gerhardt		First Paul	MI	Contribution ID # 1713
Residential Street Address 20 Moody Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Teacher		Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Gerhardt		First Veronica	MI	Contribution ID # 1714
Residential Street Address 20 Moody Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Homemaker		Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$125.00
If yes, list Event #		\$100.00		
Last Name Azarian		First Gregory	MI	Contribution ID # 1715
Residential Street Address 111 Sport Hill Rd		City Easton	State CT	Zip Code 06612
Principal Occupation CooperSurgical		Name of Employer Northeast Regional Manager		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Yazbak		First Alfred	MI	Contribution ID # 1716
Residential Street Address 170 Midland St .		City Bridgeport	State CT	Zip Code 06605
Principal Occupation Owner		Name of Employer Aqua-For LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Haddad		First Arthur	MI	Contribution ID # 1717
Residential Street Address 2 Juniper Ridge Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Doubleday		First Jennifer	MI	Contribution ID # 1718
Residential Street Address 3 Pounder Horn Hill Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Senior, AP Controls		Name of Employer Cartus		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Knapp		First Kaye	MI	Contribution ID # 1719
Residential Street Address 1 Valley Stream Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Knapp		First Lisa	MI L 1720
Residential Street Address 1 Valley Stream Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Bid Analyst		Name of Employer WB Mason	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Diaz		First Francisco	MI 1721
Residential Street Address 261-83 Avenue		City Floral Park	State NY Zip Code 11004
Principal Occupation Manager		Name of Employer C-Town Queens	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Sanchez		First Edwin	MI 1722
Residential Street Address 34 Stony Hill Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Manager		Name of Employer Kensington - Ferndale C-Town	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$200.00	
If yes, list Event #		\$100.00	
Last Name Sanchez		First Lizbel	MI 1723
Residential Street Address 34 Stony Hill Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Manager/Bookkeeper		Name of Employer C-Town	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Martinez		First Bianelys	MI	Contribution ID # 1724
Residential Street Address 5 Wilkes Rd		City Floral Park	State NY	Zip Code 11004
Principal Occupation Secretary		Name of Employer C-Town		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Diaz		First Frankie	MI	Contribution ID # 1725
Residential Street Address 261-83 Avenue		City Floral Park	State NY	Zip Code 11004
Principal Occupation General Manager		Name of Employer C-Town		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Diaz		First Isabel	MI	Contribution ID # 1726
Residential Street Address 261-83 Avenue		City Floral Park	State NY	Zip Code 11004
Principal Occupation Cashier		Name of Employer C-Town		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Ford		First Edward	MI	Contribution ID # 1727
Residential Street Address 2104 Eaton Ct		City Danbury	State CT	Zip Code 06811
Principal Occupation Merck & Co.		Name of Employer Sales		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Azud		First Robert	MI Contribution ID # 1728
Residential Street Address 201 Stadley Rough Rd		City Danbury	State Zip Code CT 06811
Principal Occupation Elizabeth Azud Insurance		Name of Employer Self-Employed	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Mastrogiovanni		First William	MI Contribution ID # 1729
Residential Street Address 30 Meadow Rd		City Burlington	State Zip Code CT 06013
Principal Occupation Self- MastroLaw, LLC		Name of Employer Attorney	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Beylouni		First Kristin	MI Contribution ID # 1730
Residential Street Address 75 Old Stagecoach Rd		City Ridgefield	State Zip Code CT 06877
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Beylouni		First Darren	MI Contribution ID # 1731
Residential Street Address 75 Old Stagecoach Rd		City Ridgefield	State Zip Code CT 06877
Principal Occupation Colonial Ford		Name of Employer Auto dealer	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Paladino		First Mark	MI 1732
Residential Street Address 13 Moody Ln		City Danbury	State CT Zip Code 06811
Principal Occupation colonial ford		Name of Employer retail automobile	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name McBee		First Pamela	MI 1733
Residential Street Address 1 E Hayestown Rd # 15		City Danbury	State CT Zip Code 06811
Principal Occupation Jennings Oil and Propane Company		Name of Employer Administrative assistant	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Jennings		First Robert	MI 1734
Residential Street Address 1 E Hayestown Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Jennings Oil Company		Name of Employer Energy Dealer	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Jennings		First Alane	MI 1735
Residential Street Address 176 Franklin Street Ext .		City Danbury	State CT Zip Code 06811
Principal Occupation Jennings Oil Co.		Name of Employer Customer Service	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Washer		First Austin	MI	Contribution ID # 1736
Residential Street Address 476 NW 69th Pl		City Ankeny	State IA	Zip Code 50023
Principal Occupation Air Force Recruiter		Name of Employer United States Air Force		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Atkins		First Myrl	MI	Contribution ID # 1737
Residential Street Address 112 J Ave		City Nevada	State IA	Zip Code 50201
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Atkins		First Virginia	MI	Contribution ID # 1738
Residential Street Address 112 J Ave		City Nevada	State IA	Zip Code 50201
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Harding		First Kelly	MI	Contribution ID # 1739
Residential Street Address 21 Brookfield Mdws		City Brookfield	State CT	Zip Code 06804
Principal Occupation Bethel Board of Education		Name of Employer Teacher		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Loughran		First Laura	MI 1740
Residential Street Address PO Box 426 6 bloomer road		City North Salem	State NY Zip Code 10560
Principal Occupation Unemployed		Name of Employer Unemployed	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$50.00	
Last Name Alvarez		First Juan	MI 1741
Residential Street Address 206 Tower Rd		City Middlebury	State CT Zip Code 06762
Principal Occupation Winters Brothers		Name of Employer Truck driver	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Dufner		First Susan	MI 1742
Residential Street Address 18 Ole Musket Ln		City Danbury	State CT Zip Code 06810
Principal Occupation WCMG		Name of Employer Medical Administrator	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Demuth		First Scott	MI 1743
Residential Street Address 52 Washington Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Contractor		Name of Employer Demuth Builders	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Bodner		First Andrew	MI 1744
Residential Street Address 18 Ivy Hill Rd		City Ridgefield	State CT Zip Code 06877
Principal Occupation Financial Advisor		Name of Employer Andrew Bodner Agt.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	
Last Name Bodner		First Nina	MI 1745
Residential Street Address 18 Ivy Hill Rd		City Ridgefield	State CT Zip Code 06877
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	
Last Name Kaplanis		First Donna	MI 1746
Residential Street Address 20 Marc Rd		City Danbury	State CT Zip Code 06810
Principal Occupation VP - Corporate Controller		Name of Employer Wester CT Health Network	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	
Last Name Kaplanis		First Nicholas	MI 1747
Residential Street Address 20 Marc Rd		City Danbury	State CT Zip Code 06810
Principal Occupation Director of Recreation		Name of Employer City of Danbury	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Sandra		First Dorr	MI 1748
Residential Street Address 10 Wheeler Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Payroll Specialist		Name of Employer Town of New Fairfield	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	
Last Name Paige		First Kevin	MI 1749
Residential Street Address 10 Wheeler Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Owner		Name of Employer Hat City Ale House	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	
Last Name Carr		First Erik	MI 1750
Residential Street Address 3 Midway Dr		City Bethel	State CT Zip Code 06801
Principal Occupation Maintenance		Name of Employer City Center Danbury	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	
Last Name Lendaro		First Alan	MI J 1751
Residential Street Address 52 Washington Ave		City Danbury	State CT Zip Code 06810
Principal Occupation Sr. Data Operations Expert		Name of Employer GE Capital	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Samaha		First Maurice	MI 1752
Residential Street Address 114A Chambers Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Owner		Name of Employer Danbury Liquor	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	
Last Name Salvagne		First Perry	MI 1753
Residential Street Address 15 Ezra Rd .		City Danbury	State CT Zip Code 06811
Principal Occupation Insurance Agent		Name of Employer Hodge Insurance Agency, Inc.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Purcaro		First Lori	MI 1754
Residential Street Address 15 Quarter Horse Dr		City Ellington	State CT Zip Code 06029
Principal Occupation Teacher		Name of Employer Town of Ellington Public Schools	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Hill		First John	MI 1755
Residential Street Address 12 Mabel Ave		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Masi		First Alec	MI 1756
Residential Street Address 22 King St		City Danbury	State CT Zip Code 06811
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Cammarano		First Philip	MI 1757
Residential Street Address 12 Timber Springs Rd .		City New Fairfield	State CT Zip Code 06812
Principal Occupation Treasurer, Town of New Fairfield		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name St. Hilaire		First Jonathan	MI 1758
Residential Street Address 29 Ponderosa Blvd .		City East Greenbush	State NY Zip Code 12061
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Prebble		First Alma	MI 1759
Residential Street Address 29 Ponderosa Blvd .		City East Greenbush	State NY Zip Code 12061
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Harris		First David	MI 1760
Residential Street Address 23 Ingleside Ave		City Norwalk	State CT Zip Code 06750
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Scalero		First Fortunata	MI R 1761
Residential Street Address 15 Shadow Ridge Rd		City Stamford	State CT Zip Code 06905
Principal Occupation Secretary		Name of Employer RRR Construction Co LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Eckerlin		First Leisha	MI 1762
Residential Street Address 12 Crestwood Dr		City Avon	State CT Zip Code 06001
Principal Occupation Teacher		Name of Employer Watertown Dept. of Education	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Eckerlin		First Gregory	MI 1763
Residential Street Address 12 Crestwood Dr		City Avon	State CT Zip Code 06001
Principal Occupation Contractor		Name of Employer MMI Construction	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Shaker		First Harry	MI 1764
Residential Street Address 87 Long Meadow Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation CEO		Name of Employer Shaker Painting	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Palanzo		First Dominic	MI 1765
Residential Street Address 54 Herschel Ave		City Waterbury	State CT Zip Code 06708
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Pinkos		First Antoinette	MI 1766
Residential Street Address 31 Simeon Rd		City Bethel	State CT Zip Code 06801
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Cronin		First Richard	MI 1767
Residential Street Address 83 Purcell Dr		City Danbury	State CT Zip Code 06810
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Abrams		First Diane	MI 1768
Residential Street Address 102 Grassy Plain St		City Bethel	State CT Zip Code 06801
Principal Occupation Consultant		Name of Employer Amica	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Chelso		First Gregory	MI 1686
Residential Street Address 2 Main Dr		City Brookfield	State CT Zip Code 06804
Principal Occupation Retired		Name of Employer Office Assistant	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Trombetta		First Lisa	MI 1687
Residential Street Address 291 Chestnut Hill Rd		City Stamford	State CT Zip Code 06903
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Leonard		First William	MI 1688
Residential Street Address 519 River Rd		City Gaylordsville	State CT Zip Code 06755
Principal Occupation Winters Brothers Waste		Name of Employer Manager	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Traynor		First Michael	MI 1689
Residential Street Address 3 Sleepy Hollow Rd		City New Fairfield	State CT Zip Code 06812
Principal Occupation Toto & Company LLC		Name of Employer CPA	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Ismaili		First Artan	MI 1690
Residential Street Address 54 Winthrop Woods Rd		City Shelton	State CT Zip Code 06484
Principal Occupation Pizzeria Mazzo		Name of Employer Owner	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Maldonado		First Eva	MI 1691
Residential Street Address 58 Cambridge Rd		City Stamford	State CT Zip Code 06902
Principal Occupation City Of Stamford		Name of Employer Law Enforcement	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name McAuliffe		First Justin	MI 1692
Residential Street Address 44 Hillendale Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Continuum		Name of Employer Operations Manager	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Randby		First Steven	MI 1693
Residential Street Address 205 Lynam Rd		City Stamford	State CT Zip Code 06903
Principal Occupation The Advocacy Group		Name of Employer Financial Services	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$75.00	
Last Name Ragona		First Andrew	MI 1694
Residential Street Address 11 Maplecrest Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Oral Surgeon	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	
Last Name Palazzo		First Nick	MI 1695
Residential Street Address 30 Briarwood Ln		City Stamford	State CT Zip Code 06903
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$75.00	
Last Name Chelso		First George	MI 1696
Residential Street Address 127 Tower Rd		City Brookfield	State CT Zip Code 06804
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06292017A</u>		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Cucinotta		First Anthony	MI 1697
Residential Street Address 5003 199th St		City Fresh Meadows	State NY Zip Code 11365
Principal Occupation Winters Bros Waste Systems		Name of Employer Accountant	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Sacco		First Salvatore	MI 1698
Residential Street Address 2462 Bell Ct		City Bellmore	State NY Zip Code 11710
Principal Occupation Winters Bros Li		Name of Employer Chief Financial Officer	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Bennett		First Joanne	MI 1699
Residential Street Address 49 Middle River Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$200.00	
If yes, list Event #		\$100.00	
Last Name Kowaleski		First Rick	MI 1700
Residential Street Address 40 Mohawk Rd Westbrook Ct		City Westbrook	State CT Zip Code 06498
Principal Occupation Winters Brothers		Name of Employer Sales	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Welles		First James	MI 1701
Residential Street Address 16 Mariana Farms Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Hau		First Mary Ann	MI 1702
Residential Street Address 20 Lake Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Retired Teacher		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$50.00	
Last Name Ciatto		First Tanya	MI 1703
Residential Street Address 40 Burnham Rd		City New Milford	State CT Zip Code 06776
Principal Occupation Winters Bros Waste Systems, Ct		Name of Employer Sales Coordinator	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Ciaszki Riley		First Nolan	MI 1704
Residential Street Address 1 Hilltop Mnr		City Danbury	State CT Zip Code 06811
Principal Occupation Usa Led Lighting Solutions		Name of Employer Sales Manager	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Cerreta		First Andrea	MI	Contribution ID # 1705
Residential Street Address 91A Clapboard Ridge Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Winters Brothers Waste Systems, LLC		Name of Employer Customer Service		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Hoetjes		First John	MI	Contribution ID # 1706
Residential Street Address 61 Bridgewater Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation Ethan Allen Global INC		Name of Employer Advertising Manager		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$25.00
Last Name Sanders		First Dominic	MI	Contribution ID # 1707
Residential Street Address 75 Deer Hill Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Unemployed		Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Doherty		First William	MI	Contribution ID # 1340
Residential Street Address 42 E Slope Rd		City Bayville	State NY	Zip Code 11709
Principal Occupation Project Manager		Name of Employer Winters Bros. Waste Systems of Long Island		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Winters		First Patrick	MI	Contribution ID # 1341
Residential Street Address 3 Equine Ln		City St James	State NY	Zip Code 11780
Principal Occupation Project Manager		Name of Employer Winters Bros. Waste Systems of Long Island		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Winters		First Sean	MI	Contribution ID # 1342
Residential Street Address 3 Equine Ln		City St James	State NY	Zip Code 11780
Principal Occupation Student		Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Gordon		First Christine	MI	Contribution ID # 1343
Residential Street Address 14 Warner Ln		City Lake Ronkonkoma	State NY	Zip Code 11779
Principal Occupation Account Executive		Name of Employer Winters Bros. Waste Systems of Long Island		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Winters		First Eileen	MI	Contribution ID # 1344
Residential Street Address 10 Stillwater Rd		City St James	State NY	Zip Code 11780
Principal Occupation Homemaker		Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Lampe		First Jimmy	MI R 1345
Residential Street Address 21 Penelope Dr		City East Setauket	State NY Zip Code 11733
Principal Occupation Scale Operator		Name of Employer Winters Bros.	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Winters		First John	MI 1346
Residential Street Address 10 Stillwater Rd		City St James	State NY Zip Code 11780
Principal Occupation Scale Operator		Name of Employer Winters Bros. Recycling	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Winters		First Michele	MI 1347
Residential Street Address 3 Equine Ln		City New York	State NY Zip Code 11780
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Winters		First Joseph	MI 1348
Residential Street Address 3 Equine Ln		City New York	State NY Zip Code 11780
Principal Occupation President & CEO		Name of Employer Winters Bros. Waste Systems of CT	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Patterson		First Jackie	MI 1349
Residential Street Address 116 Astor Ave		City St James	State NY Zip Code 11780
Principal Occupation Hair Stylist		Name of Employer Gloss	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Vitebski		First Tami	MI 1350
Residential Street Address 178 Lincoln Blvd .		City Hauppauge	State NY Zip Code 11788
Principal Occupation Receptionist		Name of Employer Winters Bros. Waste Systems of Long Island	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name O'Rourke		First Marilyn	MI L 1351
Residential Street Address 302 Lennox Dr		City St James	State NY Zip Code 11780
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Patterson		First Jack	MI 1352
Residential Street Address 116 Astor Ave		City St James	State NY Zip Code 11780
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Patterson		First Dan	MI 1353
Residential Street Address 116 Astor Ave		City St James	State NY Zip Code 11780
Principal Occupation Owner		Name of Employer Smithtown Wash and Fold	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Vrba		First Thomas	MI 1354
Residential Street Address 141 Candlewood Mountain Rd		City New Milford	State CT Zip Code 06776
Principal Occupation Purchasing		Name of Employer Imperial	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Roeun		First Leung	MI 1355
Residential Street Address 17 Valley View Dr		City Danbury	State CT Zip Code 06810
Principal Occupation Manufacturing labourer		Name of Employer Belimo	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Prunty		First Jessica	MI 1356
Residential Street Address 4 Marc Rd		City Danbury	State CT Zip Code 06810
Principal Occupation Teacher		Name of Employer Danbury Public Schools	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # 06302017A		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name McGorty		First Mary Ellen	MI	Contribution ID # 1357
Residential Street Address 77 Nichols Hill Rd		City Washington	State CT	Zip Code 06793
Principal Occupation Pharmacist		Name of Employer Sharon Pharmacy		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>06302017A</u>		\$100.00		
Last Name Lombardi		First Gina	MI	Contribution ID # 1358
Residential Street Address 2 Lovley Dr		City Plantsville	State CT	Zip Code 06479
Principal Occupation Marketing Manager		Name of Employer Travelers		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>06302017A</u>		\$100.00		
Last Name Carr		First Renee	MI	Contribution ID # 1359
Residential Street Address 3 Midway Dr		City Bethel	State CT	Zip Code 06801
Principal Occupation Teacher		Name of Employer Hudson Country Montessori		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>06302017A</u>		\$100.00		
Last Name Prunty		First Peter	MI	Contribution ID # 1360
Residential Street Address 4 Marc Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation IT		Name of Employer Crossroads Technology		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event # <u>06302017A</u>		\$100.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Thayer		First David	MI 1361
Residential Street Address 134 Pinney St		City Colebrook	State CT Zip Code 06021
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$25.00	
Last Name Prunty		First Patty	MI 1362
Residential Street Address 4 Marc Rd		City Danbury	State CT Zip Code 06810
Principal Occupation Retail Sales		Name of Employer Kohls	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	
Last Name Prunty		First Kara	MI 1363
Residential Street Address 43 Chambers Rd		City Danbury	State CT Zip Code 06811
Principal Occupation PHEP Coordinator		Name of Employer City of Danbury	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u>06302017A</u>		Aggregate Contributions \$100.00	
Last Name McGorty		First Jay	MI 1364
Residential Street Address 77 Nichols Hill Rd		City Washington	State CT Zip Code 06793
Principal Occupation Insurance Agent		Name of Employer McGorty Agency	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event # <u></u>		Aggregate Contributions \$200.00	
		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Bandecchi		First Patricia	MI 1365
Residential Street Address 5202 Avalon Dr		City Shelton	State CT Zip Code 06484
Principal Occupation Campus Recruiter		Name of Employer RSM US LLP	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Urice		First Joel	MI 1366
Residential Street Address 44 Olympic Dr		City Danbury	State CT Zip Code 06910
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Boughton		First Carter	MI 1367
Residential Street Address 2830 SW Fairmount Blvd		City Portland	State OR Zip Code 97239
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Lampe		First Patricia	MI M 1368
Residential Street Address 21 Penelope Dr		City East Setauket	State NY Zip Code 11783
Principal Occupation CFO		Name of Employer Flight Safety International	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Flower		First William	MI C 1369
Residential Street Address 16 E Slope Rd		City Bayville	State NY Zip Code 11709
Principal Occupation Manager		Name of Employer Winters Bros Waste Systems	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Troiano		First Mark	MI 1370
Residential Street Address 11 Seacrest Dr		City Lloyd Neck	State NY Zip Code 11743
Principal Occupation Salesman		Name of Employer Winters Bros Waste Systems of LI	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Cassery		First Peter	MI M 1371
Residential Street Address 47 Hamilton St		City Amityville	State NY Zip Code 11701
Principal Occupation Consultant		Name of Employer Winters Bros Waste Systems of Long Island	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Flower		First Kim	MI 1372
Residential Street Address 5 Carr Pl		City Bayville	State NY Zip Code 11709
Principal Occupation Teaching Assistant		Name of Employer Locust Valley Central School District	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Fazio		First Patrick	MI	Contribution ID # 1373
Residential Street Address 42 Harvard Ln		City Commack	State NY	Zip Code 11725
Principal Occupation Retired		Name of Employer Retired Police Officer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Falcone		First Agnes	MI	Contribution ID # 1374
Residential Street Address 10 Hill Rd		City St James	State NY	Zip Code 11780
Principal Occupation Controller		Name of Employer Winters Bros Waste Systems of LI, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Isakson		First Glenn	MI	Contribution ID # 1375
Residential Street Address 186 Lake Ave S		City Nesconset	State NY	Zip Code 11767
Principal Occupation Driver		Name of Employer Winters Bros		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Beryl		First Rose	MI	Contribution ID # 1376
Residential Street Address 12 Penelope Dr		City East Setauket	State NY	Zip Code 11780
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Lampe		First Shannon	MI	Contribution ID # 1377
Residential Street Address 21 Penelope Dr		City East Setauket	State NY	Zip Code 11733
Principal Occupation Auditor		Name of Employer PWC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Winters		First James	MI	Contribution ID # 1378
Residential Street Address 10 Stillwater Rd		City St James	State NY	Zip Code 11780
Principal Occupation Painter		Name of Employer Winters Bros		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Winters		First Sean	MI	Contribution ID # 1379
Residential Street Address 10 Stillwater Rd		City St James	State NY	Zip Code 11780
Principal Occupation Vice President		Name of Employer Winters Bros		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Ragueso		First Donna	MI	Contribution ID # 1380
Residential Street Address 24 Osborn Farm Rd		City Weston	State CT	Zip Code 06883
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Ragueso		First Gerald	MI 1381
Residential Street Address 24 Osborn Farm Rd		City Weston	State CT Zip Code 06883
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Masi		First Michelle	MI 1382
Residential Street Address 189 Clapboard Ridge Rd		City Danbury	State CT Zip Code 06811
Principal Occupation City of Danbury		Name of Employer Board of Education	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Fabian		First Heather	MI 1383
Residential Street Address 125 Bagley Rd		City Southbury	State CT Zip Code 06488
Principal Occupation Student		Name of Employer Student	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Arconti		First Robert	MI 1384
Residential Street Address 4 Ridgewood Dr		City Danbury	State CT Zip Code 06811
Principal Occupation Contractor		Name of Employer R.F. Arconti LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Ruddy		First Henry	MI 1385
Residential Street Address 113 Bagley Rd		City Southbury	State CT Zip Code 06488
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Ruddy		First Jeannie	MI 1386
Residential Street Address 113 Bagley Rd		City Southbury	State CT Zip Code 06488
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Masi		First John	MI 1387
Residential Street Address 189 Clapboard Ridge Rd		City Danbury	State CT Zip Code 06811
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Braden		First Robert	MI 1388
Residential Street Address 3 East Ln		City Bethel	State CT Zip Code 06801
Principal Occupation Manufacturing		Name of Employer Danvik	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Braden		First Charlene	MI Contribution ID # 1389
Residential Street Address 3 East Ln		City Bethel	State Zip Code CT 06801
Principal Occupation Operations Mortgage		Name of Employer Newtown Savings Bank	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Vournazos		First Sophia	MI Contribution ID # 1390
Residential Street Address 12 Whitswood Rd		City Newtown	State Zip Code CT 06470
Principal Occupation Administrative - Payroll		Name of Employer Town of Easton	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Vournazos		First Anthony	MI Contribution ID # 1391
Residential Street Address 12 Whitswood Rd		City Newtown	State Zip Code CT 06470
Principal Occupation Lawyer		Name of Employer Law Offices of Anthony Vournazos	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Devino		First Kenneth	MI Contribution ID # 1392
Residential Street Address 33 N Forty Rd		City Woodbury	State Zip Code CT 06798
Principal Occupation Real Estate		Name of Employer Industrial Development Group LLC	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
B. Itemized Contributions from Individuals			
Last Name Rodgers		First William	MI 1393
Residential Street Address 208 Hattertown Rd		City Newtown	State CT Zip Code 06470
Principal Occupation Attorney		Name of Employer Sugarbrook Lawn Center	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Laird		First Tillie	MI P 1394
Residential Street Address 305 Sabbaday Ln		City Washington Depot	State CT Zip Code 06794
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Sorrentino		First Michael	MI 1395
Residential Street Address 48 Indian Cave Rd		City Ridgefield	State CT Zip Code 06877
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Wagner		First Ann	MI 1396
Residential Street Address 90 Transylvania Rd		City Roxbury	State CT Zip Code 06783
Principal Occupation Retired		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
If yes, list Event #		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Connecticut Comeback Committee		July 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Wagner		First Lawrence	MI	Contribution ID # 1397
Residential Street Address 90 Transylvania Rd		City Roxbury	State CT	Zip Code 06783
Principal Occupation Consultant		Name of Employer L. Wagner & Associates Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Dean		First Martha	MI A	Contribution ID # 1398
Residential Street Address 144 Reverknolls		City Avon	State CT	Zip Code 06001
Principal Occupation Lawyer		Name of Employer Law Offices of Martha A. Dean		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Last Name Bernier		First Paul	MI M	Contribution ID # 1399
Residential Street Address 41 Vista Ave		City Danbury	State CT	Zip Code 06811
Principal Occupation Banker		Name of Employer Newtown Savings Bank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
Total of Section B				\$70,990.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)				\$70,990.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer			
Address	Is this contribution associated with an event reported in Section J1?	Yes	No	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions
Total of Section C1				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee	Name of Treasurer			
Address	Date Received			Amount of Receipt
City	State	Zip Code	Payment Type	
Expenditure #	Description Reimbursement for shared expense Surplus distribution from exploratory committee			
Total of Section C2				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

D. Loans Received this Period

Name of Lender	Source of Loan:	Date of Receipt		
Street Address	City	Bank	Candidate	Individual
				Other
Name of Cosigner/Guarantor (if applicable)				Is there a cosigner or Guarantor of this loan?
Street Address	City	State	Zip Code	Yes No
				Amount Received
				Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment	Amount		
	Cash	Personal Check	Credit/Debit Card	
				Total of Section E

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount	
Street Address	City	State	Zip Code
			Total of Section G

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial	Grant Adjustment		
Supplemental/Post Election Deficit	Primary	General Election	Special Election
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name Sears		Date of Transaction 06/26/2017	Amount Received
Street Address 23 Backus Ave	City Danbury	State CT	Zip Code 06810
Description Return of Telephone Equipment			
			\$21.26
Total of Section I		\$21.26	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
J1. Event Information			
Event # Date of Event 04/02/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 1 Kennedy Ave		City Danbury	State CT Zip Code 06810
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$0.00	
Event # Date of Event 04/06/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 120 Catmount Rd		City Fairfield	State CT Zip Code 06824
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$0.00	
Event # Date of Event 04/20/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 21 North St		City Danbury	State CT Zip Code 06810
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$0.00	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT			
Connecticut Comeback Committee		July 10 Filing - Original			
J1. Event Information					
Event #	Description	Was this a fundraising event?			
Date of Event 05/04/2017	Letter A Meet and Greet Event	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Location: Street Address 131 Tower Rd		City Brookfield	State CT	Zip Code 06804	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		<input checked="" type="checkbox"/> No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		<input checked="" type="checkbox"/> No			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
				<input checked="" type="checkbox"/> No	\$0.00
Event #	Description	Was this a fundraising event?			
Date of Event 05/10/2017	Letter A Meet and Greet Event	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Location: Street Address 106 Ella Grasso Tpke		City Windsor Locks	State CT	Zip Code 06096	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		<input checked="" type="checkbox"/> No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		<input checked="" type="checkbox"/> No			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
				<input checked="" type="checkbox"/> No	\$0.00
Event #	Description	Was this a fundraising event?			
Date of Event 05/16/2017	Letter A Meet and Greet Event	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Location: Street Address 505 Main St		City Monroe	State CT	Zip Code 06468	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		<input checked="" type="checkbox"/> No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		<input checked="" type="checkbox"/> No			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
				<input checked="" type="checkbox"/> No	\$0.00

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
J1. Event Information			
Event # Date of Event 05/17/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 4 Stony Hill Rd		City Bethel	State CT Zip Code 06801
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$0.00	
Event # Date of Event 05/25/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 85 Memorial Rd		City West Hartford	State CT Zip Code 06107
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$0.00	
Event # Date of Event 06/15/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 225 State Route 37		City New Fairfield	State CT Zip Code 06812
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$0.00	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
J1. Event Information			
Event #	Description	Was this a fundraising event?	
Date of Event 06/16/2017	Letter A Meet and Greet Event	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Location: Street Address 169 Hattertown Rd		City Monroe	State CT Zip Code 06468
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$0.00	
Event #	Description	Was this a fundraising event?	
Date of Event 06/22/2017	Letter A Meet and Greet Event	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Location: Street Address 22 West St		City Danbury	State CT Zip Code 06810
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$0.00	
Event #	Description	Was this a fundraising event?	
Date of Event 06/27/2017	Letter A Meet and Greet Event	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Location: Street Address 92 Candlewood Lake Rd		City Brookfield	State CT Zip Code 06804
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$0.00	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
J1. Event Information			
Event #	Description	Was this a fundraising event?	
Date of Event 06/29/2017	Letter A Meet and Greet Event	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Location: Street Address 1297 Long Ridge Rd		City Stamford	State CT Zip Code 06903
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes If yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$0.00	
Event #	Description	Was this a fundraising event?	
Date of Event 06/30/2017	Letter A Meet and Greet Event	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Location: Street Address 4 Marc Rd		City Danbury	State CT Zip Code 06810
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes If yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$0.00	
Total of Section J1			\$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address		City	State Zip Code
Donation Given by: Individual Business Entity Sole Proprietorship	Description of Donation		
	Date Received	Event #	Aggregate value for this event
Total of Section J3			

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host		Is this event supporting more than one candidate? Yes No If yes, complete Itemization in Addendum J4	
Street Address		City	State Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	
Total of Section J4			

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

K. In-Kind Contributions

Name				
Street Address		City	State	Zip Code
Is this contribution associated with an event reported in Section J1? If yes, list Event#	Yes No	Description of In-Kind Contribution		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	Yes No	Fair Market Value of this Contribution
Type of Contributor:	Individual Committee	Date Received	Aggregate contributions	
Total of Section K				

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT			
Connecticut Comeback Committee	July 10 Filing - Original			
L. Refundable Deposit to Telephone Company				
Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section L				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Amazon Inc		Date of Payment 04/10/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address PO Box 81226		City Seattle	State WA Zip Code 98108-1226
Purpose of Expend OFFICE	Description Envelopes		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$79.74
Name of Payee Costco		Date of Payment 04/10/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 200 Federal Rd		City Brookfield	State CT Zip Code 06804
Purpose of Expend POST	Description Stamps		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$21.26
Name of Payee John Kleinhans		Date of Payment 04/10/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>114</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 304 Main St Unit 2A		City Niantic	State CT Zip Code 06357
Purpose of Expend CNSLT	Description Consultant		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$1,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee IDONATE Pro		Date of Payment 04/13/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2033 San Elijo Ave # 203		City Cardiff by the Sea	State CA Zip Code 92007
Purpose of Expend Misc *	Description Fundraising Platform		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # \$125.00
Name of Payee 2 Terrace Place, LLC		Date of Payment 04/15/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>116</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2 Terrace Pl		City Danbury	State CT Zip Code 06810
Purpose of Expend OVHD	Description Rent		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # \$1,000.00
Name of Payee 2 Terrace Place, LLC		Date of Payment 05/02/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>117</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2 Terrace Pl		City Danbury	State CT Zip Code 06810
Purpose of Expend OVHD	Description Rent		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # \$1,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Lindsay Jacobs		Date of Payment 05/02/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>115</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 302 W 87th St Apt 64		City New York	State NY Zip Code 10024
Purpose of Expend CNSLT	Description Consultant		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$6,000.00
Name of Payee DiGrazia Vineyards		Date of Payment 05/04/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 131 Tower Rd		City Brookfield	State CT Zip Code 06804
Purpose of Expend FNDR *	Description Venue		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			05042017A
Name of Payee Staples		Date of Payment 05/09/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 67 Newtown Rd		City Danbury	State CT Zip Code 06810
Purpose of Expend OFFICE	Description Labels		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$36.99

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee John Kleinhans		Date of Payment 05/09/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>119</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 304 Main St Unit 2A		City Niantic	State CT Zip Code 06357
Purpose of Expend CNSLT	Description Consultant		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$1,500.00
Name of Payee Buffalo Wild Wings		Date of Payment 05/11/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 703 Poquonock Ave		City Windsor	State CT Zip Code 06095
Purpose of Expend FOOD	Description FOOD		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$104.96
Name of Payee Skyline Restaurant		Date of Payment 05/11/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 106 Ella Grasso Tpke		City Windsor Locks	State CT Zip Code 06096
Purpose of Expend FOOD	Description FOOD		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$218.00
05102017A			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Costco		Date of Payment 05/16/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 200 Federal Rd		City Brookfield	State CT Zip Code 06804
Purpose of Expend FOOD	Description FOOD		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$23.47
Name of Payee Roberto's Restaurant		Date of Payment 05/16/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 505 Main St		City Monroe	State CT Zip Code 06468
Purpose of Expend FOOD	Description FOOD		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$240.19
Name of Payee Diversified Printing Solutions		Date of Payment 05/16/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>118</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 128 E Liberty St		City Danbury	State CT Zip Code 06810
Purpose of Expend PRNT	Description Printing		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$475.92

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee BJ Wholesale		Date of Payment 05/21/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 106 Federal Rd		City Brookfield	State CT Zip Code 06804
Purpose of Expend OFFICE	Description Ink/STAMPS		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # \$249.72
Name of Payee Staples		Date of Payment 05/22/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 67 Newtown Rd		City Danbury	State CT Zip Code 06810
Purpose of Expend POST	Description STAMPS		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # \$196.00
Name of Payee Image Works, LLC		Date of Payment 05/25/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>120</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 7 Keynote Dr		City Vernon	State CT Zip Code 06066
Purpose of Expend A-WEB	Description Web Design		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # \$2,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Amazon Inc		Date of Payment 05/31/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address PO Box 81226		City Seattle	State WA Zip Code 98108-1226
Purpose of Expend OFFICE	Description Envelopes		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$79.74
Name of Payee Lindsay Jacobs		Date of Payment 06/01/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>121</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 302 W 87th St Apt 64		City New York	State NY Zip Code 10024
Purpose of Expend CNSLT	Description Consultant		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$6,000.00
Name of Payee Quality Communications		Date of Payment 06/01/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>123</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address PO Box 633		City Hartford	State CT Zip Code 06142
Purpose of Expend Misc *	Description Mail List		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$2,127.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee 2 Terrace Place, LLC		Date of Payment 06/01/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>122</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2 Terrace Pl		City Danbury	State CT Zip Code 06810
Purpose of Expend OVHD	Description Rent	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$1,000.00
Name of Payee Costco		Date of Payment 06/02/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 200 Federal Rd		City Brookfield	State CT Zip Code 06804
Purpose of Expend POST	Description Stamps	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$443.13
Name of Payee John Kleinhans		Date of Payment 06/06/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>124</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 304 Main St Unit 2A		City Niantic	State CT Zip Code 06357
Purpose of Expend CNSLT	Description Consultant	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$1,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Costco		Date of Payment 06/07/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 200 Federal Rd		City Brookfield	State CT Zip Code 06804
Purpose of Expend OFFICE	Description Envelopes		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$10.62
Name of Payee IDONATE Pro		Date of Payment 06/13/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2033 San Elijo Ave # 203		City Cardiff by the Sea	State CA Zip Code 92007
Purpose of Expend Misc *	Description Fundraising Platform		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$125.00
Name of Payee Costco		Date of Payment 06/15/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 200 Federal Rd		City Brookfield	State CT Zip Code 06804
Purpose of Expend FOOD	Description FOOD		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$121.36
06152017A			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Costco		Date of Payment 06/15/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 200 Federal Rd		City Brookfield	State CT Zip Code 06804
Purpose of Expend FOOD	Description FOOD		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # 06152017A
Name of Payee Soho Pizza		Date of Payment 06/17/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 164 White St		City Danbury	State CT Zip Code 06810
Purpose of Expend FOOD	Description FOOD		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event #
Name of Payee Sears		Date of Payment 06/17/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 7 Backus Ave		City Danbury	State CT Zip Code 06810
Purpose of Expend OFFICE	Description Telephone Equipment		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event #
		\$21.26	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Amazon Inc		Date of Payment 06/20/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address PO Box 81226		City Seattle	State WA Zip Code 98108-1226
Purpose of Expend OFFICE	Description Telephone Equipment		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$14.99
Name of Payee Amazon Inc		Date of Payment 06/20/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address PO Box 81226		City Seattle	State WA Zip Code 98108-1226
Purpose of Expend OFFICE	Description Telephone Equipment		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$69.06
Name of Payee Connor Printing		Date of Payment 06/21/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>125</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 226 Leavenworth Road Rte # 110		City Shelton	State CT Zip Code 06484
Purpose of Expend PRNT	Description Printing		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$3,723.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Diversified Printing Solutions		Date of Payment 06/21/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>128</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 128 E Liberty St		City Danbury	State CT Zip Code 06810
Purpose of Expend PRNT	Description Printing	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$141.02
Name of Payee Costco		Date of Payment 06/22/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 200 Federal Rd		City Brookfield	State CT Zip Code 06804
Purpose of Expend FOOD	Description FOOD	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			06222017A
Name of Payee Costco		Date of Payment 06/22/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 200 Federal Rd		City Brookfield	State CT Zip Code 06804
Purpose of Expend FOOD	Description FOOD	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			06222017A
			\$209.46

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Down the Hatch		Date of Payment 06/27/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 292 Candlewood Lake Rd		City Brookfield	State CT Zip Code 06804
Purpose of Expend FOOD	Description FOOD		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # 06272017A
Name of Payee Carvel		Date of Payment 06/29/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1060 Long Ridge Rd		City Stamford	State CT Zip Code 06903
Purpose of Expend FOOD	Description FOOD		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event #
Name of Payee Lindsay Jacobs		Date of Payment 06/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>127</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 302 W 87th St Apt 64		City New York	State NY Zip Code 10024
Purpose of Expend CNSLT	Description Consultant		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event #
		\$6,000.00	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Madonia Restaurant		Date of Payment 06/29/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1297 Long Ridge Rd		City Stamford	State CT Zip Code 06903
Purpose of Expend FOOD	Description FOOD		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # 06292017A
Name of Payee Roger Palanzo		Date of Payment 06/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # 129 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 45 Briarwood Dr		City Danbury	State CT Zip Code 06810
Purpose of Expend RMB	Description Reimbursement		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # \$101.65
Name of Payee Anedot		Date of Payment 06/30/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 450 Laurel St Ste 2105		City Baton Rouge	State LA Zip Code 70801
Purpose of Expend BNK	Description Bank Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # \$1,237.18
			Total of Section N \$39,081.35

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
		July 10 Filing - Original	
O. Expenses Paid By Candidate			
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed? Yes No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Event #
			Amount
			Total of Section O

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Connecticut Comeback Committee		July 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card			
Name of Issuing Institution		Type of Credit Card: Visa Master Card Discover American Express Other	
Name of Vendor			Date of Transaction
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)
If yes, assign an Expenditure # and complete Itemization in Addendum		Event #	
			Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

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

Name of Creditor		Date Incurred	
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		
Amount Incurred (Estimate or Actual)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		Yes	Expenditure # (if applicable)
		No	Event #
Total of Section Q			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Palanzo	First Roger	MI A	Date of Payment to Vendor 05/16/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 129 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Costco				
Street Address of Vendor 200 Federal Rd		City Brookfield		State CT Zip Code 06804
Purpose of Expenditure (by code) FOOD	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount \$101.65
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				\$101.65

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Connecticut Comeback Committee	July 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Total of Section S				

Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM

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

Section Q. ADDENDUM

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

Section R. ADDENDUM

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