SEEC FORM 30

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



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COVER PAGE

1.NAME OF COMMITTEE						2. TYP	E OF COMMITTEE	
Tim for Connecticut 2018*						_ =	Candidate Committee Exploratory Committee	
3. TREASURER NAME								
First		I	MI	Last			Suffix	
Loretta			J	Chory				
4. TREASURER ADDRESS								
Street Address		City			State	- 1	Zip Code	
26 Dale Rd		Truml	bull		СТ	0	06611	
5. ELECTION DATE	6. OFFICE SOUGHT (Con	mplete oi	nly if Candidate	Committee)		7. DISTRI	ICT NUMBER (if applicable	
11/06/2018	Undetermined							
8. CANDIDATE NAME (Complete only if C	Cand <u>idate or Exploratory Cc</u>	ommittee	e)					
First			MI	Last			Suffix	
Timothy			М	Herbst				
9. TYPE OF REPORT								
Termination Report for Candidate	and Exploratory Com	mittee	es (Non Sta	ndard) - Original				
10. PERIOD COVERED								
	Beginning Date			Ending Date				
	04/01/2017	thru	u	06/30/2017				
11. CERTIFICATION								
I hereby certify and state, on this Itemized Campaig accurate and complete.	•			of the information set forthe period covered is true,	1			
Electronic Filing	Loretta Chory			07/	05/2017 6:	:34:00PM		
SIGNATURE	PRINT NAME OF THE	E SIGNF	ĒR	_	E CERTIFIED			
A Person who is found to have knowing	ngly and willfully violate	ad any	nrovisions of	the campaign finance status	tos facos a siv	il penalty (of up	
to \$25,000, unless a fine of a larger a			-	· -			, ap	

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	PRT			
Tim for Connecticut 2018*	Termination Report for Candidate and Explo Standard) - Original	oratory Committees (Non			
	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	\$49,832.95				
14. Contributions received from Individuals (Section A and B)	\$24,761.00	\$108,205.00			
15. Receipts from Other Committees (Sections C1 and C2)	\$2.25	\$2.25			
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00			
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00			
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$24,763.25	\$108,207.25			
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$74,596.20	\$108,207.25			
20. Expenses Paid by Committee (Section N)	\$74,596.20	\$108,207.25			
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$0.00	\$0.00			
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)	\$408.10	\$1,101.88			
24. In-Kind Contributions Received (Section K)	\$1,100.00	\$1,587.67			
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)	\$1,127.46	\$1,927.46			
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				

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I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Tim for Connecticut 2018*			Termination Report for Candidate and Exploratory Committees (Non Standard) - Original			
A. Total Contributions from Small Contributors-Received this Period	od O	NLY		For Nonpartic \$0.00	ipating Cand	idates ONLY
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Carter		Daniel			E	0995
Residential Street Address	City				State	Zip Code
14 Katrina Cir		Bethel			СТ	06801
Principal Occupation		Name of Employer				
Consultant			McBride			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a lol dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions	1	
an event reported in Section J1? Yes Cash Personal Check						
X No	04/	01/2017		\$25.00		\$25.00
in yes, list Event #						
ist Name First					MI	Contribution ID #
Coughlin		Brian				0996
Residential Street Address	City				State	Zip Code
49 Beach Ln		North Haven			СТ	06473
Principal Occupation		Name of Employer				
Mortgage Consultant		Welcor	ne Home	Mortgage		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lol dependent child of	-	se, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	a lobbyist:	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions	1	
an event reported in Section J1? Yes X No Cash Personal Check	l					
If yes, list Event # Money Order X Credit/Debit Card	04/	01/2017		\$100.00		\$100.00
Last Name	First				MI	Contribution ID #
Farruggio		Joseph				0997
Residential Street Address	City				State	Zip Code
8 Caldron Dr	,	Trumbull			СТ	06611
Principal Occupation		Name of Employer	:			
Global Account Mgr, GE			eNow			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lol	-	Vac	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of a lobbyist?				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions	1	
an event reported in section 31?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	01/2017	\$50.00			\$50.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Gan		DeeDee			0998			
Residential Street Address	City			State	Zip Code			
9359 Parkgate Dr		Germantown		TN	38139			
Principal Occupation		Name of Employ	er					
П			y county government					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Cash Personal Check Credit/Debit Card Cash Credit/Debit Card Cash C	04/0	01/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Hickcox	First	Leigh		Н	0999			
Residential Street Address	City	Leigii		State	Zip Code			
56 Lorma Ave		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er	_				
Technical support		Self-H	lickcox Consulting					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of)	dependent child o	of a lobbyist? Yes X No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/0	01/2017	\$200.00		\$100.00			
<u> </u>								
Last Name	First			MI	Contribution ID #			
marino Residential Street Address	City	salvatore		State	1000			
470 S Wellwood Ave	City	Lindenhurst		NY	Zip Code 11757			
Principal Occupation		Name of Employe	er	141	11/3/			
Investigator			y Wide Group					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
Yes No)	dependent child of	a a roody ist.					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # Cash Credit/Debit Card County No Money Order X Credit/Debit Card	04/0	01/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Song		Jim			1002			
Residential Street Address	City			State	Zip Code			
20 Watchtower Ln		Old Greenwic	h	CT	06870			
Principal Occupation		Name of Employe	er					
retired		retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes list Event # Cash Personal Check No	04/0	01/2017	\$100.00		\$75.00			

L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original					oratory			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Pizzola		Frank			1001			
Residential Street Address	City			State	Zip Code			
2 Old Quarry Rd		Woodbridge		СТ	06525			
Principal Occupation		Name of Employ	er					
retired		retire	d					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent chird (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	04/	03/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	0.,	00, 201,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Wasowski		John			1004			
Residential Street Address	City			State	Zip Code			
17 Meadowview Dr		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er		•			
Sr. Account Exec.		Promo	Strategies					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	03/2017	\$50.00		\$50.00			
Last Name	First	5.1		MI	Contribution ID #			
Storms Residential Street Address	G:1	Robert		G	1003			
253 Mayfield Dr	City	Trumbull		State CT	Zip Code 06611			
Principal Occupation		Name of Employ	or	CI	00011			
Owner			uilding Solutions					
			obbyist spouse or	Amou	ant of Contribution			
Yes 🔼 No)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	04/2017	\$100.00		\$100.00			
				L				
Last Name	First			MI	Contribution ID #			
paoletti Residential Street Address	City	joy		m State	Zip Code			
6486 Main St	City	Trumbull		CT	06611			
Principal Occupation		Name of Employ	er	<u> </u>	1 00011			
retired		retire						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	05/2017	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original					oratory			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Corsello		Charles, Jr		Р	1022			
Residential Street Address	City			State	Zip Code			
31 Unity Dr		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er	•	•			
Director of Marketing		Clean	Slate Tax					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	04/	06/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	04/	00/2017	\$30.00		\$30.00			
Last Name	First			MI	Contribution ID #			
Miko	1 1130	Dennis		1411	1005			
Residential Street Address	City	Dennis		State	Zip Code			
9 Kenwood Ln	City	Trumbull		CT	06611			
Principal Occupation		Name of Employ	er	Ci	00011			
retired		retire						
			11 14	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash X Personal Check	04/	06/2017	\$100.00		\$100.00			
If yes, list Event #			·					
Last Name	First			MI	Contribution ID #			
Kochiss		John		L	1006			
Residential Street Address	City			State	Zip Code			
88 Eager Rd		Franklin		СТ	06254			
Principal Occupation	-	Name of Employ	er	-	•			
retired		none						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	04/	06/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Henry	11130	Barbara		1411	1007			
Residential Street Address	City	Darbara		State	Zip Code			
74 Mallory Rd	City	Roxbury		CT	06783			
Principal Occupation	<u> </u>	Name of Employ	er	<u>.</u>	1 00.00			
First Selectman			of Roxbury					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
	υ	dependent child of	or a robbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	04/	06/2017	\$50.00		\$50.00			

L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original					oratory			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Lockwood		Donald		М	1008			
Residential Street Address	City			State	Zip Code			
7 Hawthorne Ln		Niantic		СТ	06357			
Principal Occupation retired		Name of Employ retire						
			11 :	Amou	unt of Contribution			
Yes X No)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	06/2017	\$100.00		\$100.00			
L AV	г				Louis D#			
Last Name Reid	First	Douglas		MI M	Contribution ID #			
Residential Street Address	City	Douglas		State	Zip Code			
258 Murlberry Hill Rd		Fairfield		CT	06824			
Principal Occupation		Name of Employ	er					
retired		retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	04/	06/2017	±100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	04/	06/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mills		Josephine		Е	1010			
Residential Street Address	City			State	Zip Code			
50 Wendover Rd		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
Office Management			Avon, LLC					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Regresonal Check								
X No	04/	06/2017	\$100.00		\$100.00			
in yes, list Event # I Money Order I Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Angell		Judy		С	1011			
Residential Street Address	City	Turrentrull		State	Zip Code			
354 Shelton Rd Principal Occupation		Trumbull Name of Employ	or	СТ	06611			
retired		retire						
			-11	Amou	unt of Contribution			
)	dependent child of	-					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	06/2017	\$100.00		\$100.00			

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original					oratory			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Esposito		Anthony		А	1014			
Residential Street Address	City			State	Zip Code			
125 Putnam Ave Apt 626		Hamden		СТ	06517			
Principal Occupation		Name of Employ	er					
retired		none						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	04/	07/2017	\$10.00		\$10.00			
If yes, list Event #	0-1/	07/2017	\$10.00		¥10.00			
Last Name	First			MI	Contribution ID #			
Malfettone		John		J	1020			
Residential Street Address	City			State	Zip Code			
1405 W Henderson St # 2W		Chicago		IL	60657			
Principal Occupation	•	Name of Employ	er					
Strategy		KPMG	i					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	07/2017	\$50.00		\$50.00			
				l				
Last Name	First	Theredous		MI	Contribution ID #			
Johnson Residential Street Address	City	Theodore		H State	Zip Code			
310 Seabury Dr	City	Bloomfield		CT	06002			
Principal Occupation		Name of Employ	er	<u> </u>	00002			
retired		retire						
			obbyist, spouse, or	Amou	int of Contribution			
Yes 🔼 No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	07/2017	\$100.00		\$100.00			
				l				
Last Name	First	G! .		MI	Contribution ID #			
Shu	G:	Charles		G	1019			
Residential Street Address 27 Kachina Way	City	Madison		State CT	Zip Code 06643			
Principal Occupation		Name of Employ	er	Ci	00043			
Sales			ny Hilfigure					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
)	dependent child of	or a roodyrst?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions]				
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	09/2017	\$100.00		\$100.00			

L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original					oratory			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Ward		Michael		С	1024			
Residential Street Address	City			State	Zip Code			
38 Pemberton Dr		Trumbull		СТ	06611			
Principal Occupation		Name of Employ						
retired		retire		A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	10/2017	\$100.00		\$100.00			
ii yes, iist Event #								
Last Name	First			MI	Contribution ID #			
Mastronunzio		Carol			1015			
Residential Street Address	City			State	Zip Code			
40 Lamphere Rd		Waterford		СТ	06385			
Principal Occupation		Name of Employ BROM						
Builder Is contributor a principal of a state contractor or prospective state contractor?			11 1 ·	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Alliot	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash X Personal Check	04/	10/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Langlois		Andrew		Р	1016			
Residential Street Address	City			State	Zip Code			
9 Tower Dr		Weston		СТ	06883			
Principal Occupation		Name of Employ						
retired		retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash X Personal Check	04/	10/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Jenkins		William			1017			
Residential Street Address	City			State	Zip Code			
63 Ridge Rd		Chaplin		СТ	06235			
Principal Occupation		Name of Employ						
N/R			igm Precision					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			555 Tanasana					
X No Cash X Personal Check	04/	10/2017	\$100.00		\$100.00			
If yes, list Event #	1			ı				

Page 10 of 114

I MONETA BY DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (Se	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from	n Ind	lividuals	,					
Last Name	First			MI	Contribution ID #			
DiBlasi		Dina			1018			
Residential Street Address	City			State	Zip Code			
305 Chestnut Ct		Yorktown He	iahts	NY	10598			
Principal Occupation		Name of Employ	3					
Lawyer		1 ,	rthy Fingar					
			abbyist spanse or	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Alliou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Duite	Trecerved	1156.05ate Commount					
X No Cash X Personal Check	04/	10/2017	\$50.00		\$50.00			
If yes, list Event # Money Order Credit/Debit Card	04/.	10/2017	\$30.00		\$30.00			
Lad Name	Pit			LM	Contribution ID#			
Last Name	First			MI	Contribution ID #			
Lo		Gang			1012			
Residential Street Address	City			State	Zip Code			
104A Seaside Ave	L	Milford		СТ	06460			
Principal Occupation		Name of Employ	er					
Senior Consultant		QTT (Consulting, Inc					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No T	04/	11/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Lu		Nandou			1013			
Residential Street Address	City			State	Zip Code			
17 Woodside Dr		Woodbridge		СТ	06525			
Principal Occupation		Name of Employ	er					
scientist		Unile						
			obbyist, spouse, or	Amou	int of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		711100	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Z Cash Personal Check	04/	11/2017	¢100.00		¢100 00			
If yes, list Event # Money Order Credit/Debit Card	04/.	11/2017	\$100.00		\$100.00			
F				I				
Last Name	First			MI	Contribution ID #			
Hu		Jian			1042			
Residential Street Address	City			State	Zip Code			
4925 Collins Ave # 2C	L	Miami Beach		FL	33140			
Principal Occupation		Name of Employ	er					
Health care		Self						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?	1							
If yes, list Event # Cash Credit/Debit Card	04/	13/2017	\$50.00		\$50.00			
11 Joo, 110 Event 11 Credit/Debit Cald								

I, MONETARY RECEIPTS (Section A-I)							
	2 (20	ection A-I)	TYPE OF PEROPE				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Type Of Report for Conflictor and Evaluations.							
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Petracca		Luca			1038		
Residential Street Address	City			State	Zip Code		
5 Laura Ave		Prospect		СТ	06712		
Principal Occupation		Name of Employ	er				
President		Earth	Core Energy Services				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
X No Cash Personal Check	04/	14/2017	\$100.00		\$100.00		
If yes, list Event # Money Order X Credit/Debit Card			,				
Last Name	First			MI	Contribution ID #		
Fuimara		Vincent			1039		
Residential Street Address	City	VIIICCIIC		State	Zip Code		
55 Normandy Rd	City	Trumbull		CT	06611		
Principal Occupation		Name of Employ	ON.	CI	00011		
General contractor			erranean construction				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution		
If yes, indicate which branch or branches of							
government the contract is with: Executive Legislative							
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? Cash Personal Check							
If yes, list Event # Cash Credit/Debit Card	04/	14/2017	\$375.00		\$75.00		
Last Name	First			MI	Contribution ID #		
Fuimara		Vincent			1040		
Residential Street Address	City			State	Zip Code		
55 Normandy Rd		Trumbull		CT	06611		
Principal Occupation		Name of Employ	er				
General contractor		Medit	erranean construction				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution		
	,	dependent child of	a lobbyist:				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	14/2017	\$375.00		\$100.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Fuimara		Vincent			1041		
Residential Street Address	City			State	Zip Code		
55 Normandy Rd		Trumbull		СТ	06611		
Principal Occupation		Name of Employ	er	<u>.</u>	00011		
General contractor			erranean construction				
			obbyist, spouse, or	Amou	nt of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child	Vac	2 111100			
If yes, indicate which branch or branches of average at the contract is with: Executive Legislative			x _{No}				
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions				
an event reported in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check		14/2017	#37F 00		¢100.00		
If yes, list Event # Money Order X Credit/Debit Card	04/	14/2017	\$375.00		\$100.00		

A MONETA DV DE CENTRO (C. d. A D.							
I. MONETARY RECEIPT	S (S	ection A-I)	1				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original							
B. Itemized Contributions from	n Ind	lividuals	(**************************************				
Last Name	First			MI	Contribution ID #		
Garcia		Ramon			1036		
Residential Street Address	City			State	Zip Code		
72 Brookdale Rd		Seymour		СТ	06483		
Principal Occupation		Name of Employ	er		00.00		
Detective		City o					
					ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent enna (<u> </u>				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 71:							
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	04/	15/2017	\$100.00		\$100.00		
it yes, list Event #							
Last Name	First			MI	Contribution ID #		
Zhang		Xiaohong			1037		
Residential Street Address	City			State	Zip Code		
243 Currier Dr		Orange		СТ	06477		
Principal Occupation		Name of Employ	ar	<u> </u>	00477		
		1 7					
retired		retire					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent cinia (<u> </u>				
government the contract is with:			x _{No}				
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
Ŭ No ☐ □	04/	15/2017	\$100.00		\$100.00		
If yes, list Event # Money Order X Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
ceccarelli		frank		m	1034		
Residential Street Address	City	TI GITIK		State	Zip Code		
	City	Duideanaut		CT	06608		
354 Putnam St		Bridgeport		CI	00008		
Principal Occupation		Name of Employ					
Bar Manager		·	n Rich's				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child (of a followist:				
government the contract is with: Executive Legislative			x No				
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes list Event #	04/	16/2017	\$50.00		\$50.00		
If yes, list Event # Money Order X Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Staneski		Pamela			1035		
Residential Street Address	City	Tarreta		State	Zip Code		
	City	Milfoud			_		
35 Point Lookout	Щ.	Milford		СТ	06460		
Principal Occupation		Name of Employ					
legislator		State					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a foodyist?				
government the contract is with:			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions]			
an event reported in Section J1?							
X No Cash Personal Check	04/	16/2017	\$100.00		\$100.00		
If yes, list Event # Money Order X Credit/Debit Card	l í		·	I			

Type Or Commercial	L MONETARY RECEI	IPTS (Se	ection A-I)			
Lace Name Burgund B			,	TYPE OF REPORT		
Lear Name Party ground Party g	Tim for Connecticut 2018*					oratory
Mary Contribution Prior Mary Contribution Prior Mary Contribution Prior Mary M	B. Itemized Contributions	from Inc	lividuals	Committees (Non Standard) -	Original	
Reviewful Standard					MI	Contribution ID #
Residential Stores Auditors Start Target Start Target		1 1130	Revnolds		1411	
Transplace	-	City	,		State	
In continuous aprincing of a state contencius or prospective data cuntencius? Yes No. Annount of Continuation No. No	3 Tanglewood Trl		Darien		СТ	_
to contributor a principal of a state contractor or prospective nature contractor?	Principal Occupation	•	Name of Employ	er		
If Yes, milicate which branch or bounders of lessecuring it with the terroritation associated with an event representation is with: It Yes, milicate which frameh or bounders of lessecuring it with an event representation is with: It yes, first Event #	retired		retire	d		
If yes, interes which branche for branches of control or severe co	Is contributor a principal of a state contractor or prospective state contractor?	No.		Vac	Amou	nt of Contribution
an eventment the contract is with.		_ NO	dependent child of	of a lobbyist?		
Targetine in Section 17? Yes No Cash Money Order Personal Check Money Order Personal Check Money Order	Evacutiva I agislativa	_		X No		
an event reported in Section 17 If yes, list Event #	Vac	Date	Received	Aggregate Contributions		
Lau Name	an event reported in Section 31?					
Tafeliece		rd 04/	17/2017	\$100.00		\$100.00
Tafeliece					l	
Since Address City Stammford City Stammford City O6907		First	Mislassia			
Stampford Stam		City	міспаеіа			
Name of Employee:		City	Stamford			•
Trader				er	Ci	00307
Is contributor a principal of a state contractor or prospective state contractor?						
If yes, indicate which branch or branches of government the contract is writh: Since contribution associated with an event reported in Section 31? Yes Lagislative Legislative Legislative Lagislative Lagislative			_	obbyist, spouse, or	Amou	nt of Contribution
Executive Legislative Le		No	dependent child of	of a lobbyist?		
Is this contribution associated with an event reported in Section J1? If yes, list Event # Personal Check If yes, list Event # Personal C	Evacutiva I agislativa			x No		
Last Name Chen Chen Chen Chen Chen Chen Chen Che	In this contribution associated with	Date	Received	Aggregate Contributions		
Last Name	an event reported in section 71:					
Last Name Chen Chen Chen City Dayton Name of Employer University of Dayton Scontribution associated with an event reported in Section 11? If yes, indicate which branch or branches of government the contract is with: Cash Money Order Accedit/Debit Card First Legislative City Dayton Name of Employer University of Dayton Sacregate Contributions Aggregate Contributions Aggrega	X No I	rd 04/	17/2017	\$100.00		\$100.00
Chen						
Residential Street Address 6816 Penridge Dr Principal Occupation Professor State		First			MI	
South Principal Occupation Professor			Lijian			
Principal Occupation Professor Secontributor a principal of a state contractor or prospective state contractor? Yes X No government the contract is with: Yes X No Secontributor a lobbyist; spouse, or dependent child of a lobbyist? Yes X No Secontributor a lobbyist Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes Xesidential Street Address Yes Xesidential Street		City	Davidan			_
Professor Is contributor a principal of a state contractor or prospective state contractor?			-	or.	ОН	45459
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Yes X No Yes Xes No Yes Xes No Yes Xes No Yes Xes No Yes Xes No Yes Xes No Yes Xes No Yes Xes No Yes Xes No Yes Xes No Yes Xes No Yes Xes No Yes Xes No Yes Xes No Yes Xes No Yes Xes No Yes Xes No Yes Xes Yes Yes Xes Yes Xes Yes Xes Yes Xes Yes Xes Yes Yes Xes Yes Yes Yes Yes Yes Yes Xes Yes Yes			1 ,			
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name DiScala Residential Street Address 80 Maywood Rd Principal Occupation Owner 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: Legislative Legislative Legislative Legislative Date Received Aggregate Contributions Adgregate Contributions Aggregate Contributions First MI Contribution ID # Contribution ID # F 1077 State Zip Code CT 06850 Amount of Contribution all obbyist? Norwalk First Norwalk F 1077 Name of Employer M.F. DiScala & Co Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution dependent child of a lobbyist? Amount of Contribution dependent child of a lobbyist? Norwalk Amount of Contribution dependent child of a lobbyist? Amount of Contribution dependent child of a lobbyist?	T				Amou	nt of Contribution
Is this contribution associated with an event reported in Section J1? Last Name Last Name DiScala Residential Street Address 80 Maywood Rd Principal Occupation owner Security Se	Yes X	No				
Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name DiScala Residential Street Address 80 Maywood Rd Principal Occupation Owner Is contributor a principal of a state contractor or prospective state of the sovernment the contract is with: Residential Street Address Owner Aggregate Contributions And Contribution ID # C	Evacutiva I agislativa			x No		
If yes, list Event # Personal Check	Tadii andribudi na analizadanida	Date	Received	Aggregate Contributions		
If yes, list Event #	an event reported in section 71:					
Last Name DiScala Residential Street Address 80 Maywood Rd Principal Occupation Owner 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: State Contribution F 1077 State Zip Code CT 06850 Name of Employer M.F. DiScala & Co State Contributor a lobbyist, spouse, or dependent child of a lobbyist? State Zip Code CT 06850 State CT 06850	Ŭ No ☐	04/	17/2017	\$25.00		\$25.00
Besidential Street Address Residential Street Ad	ii yes, iist Event #	iu .				
Residential Street Address 80 Maywood Rd Norwalk Name of Employer M.F. DiScala & Co Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Norwalk Norwal	Last Name	First			MI	Contribution ID #
Ro Maywood Rd Principal Occupation Owner Some of Employer Owner M.F. DiScala & Co Is contributor a principal of a state contractor or prospective state contractor? Yes X No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Description of Norwalk Name of Employer M.F. DiScala & Co Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Amount of Contribution Apple Description of Sometime in the contract of the contract is with:			Michael		F	1077
Principal Occupation Owner M.F. DiScala & Co Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of acovernment the contract is with: Executive Legislative Name of Employer M.F. DiScala & Co Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No		City				_
owner M.F.DiScala & Co 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: Legislative M.F.DiScala & Co Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Provided Amount of Contribution Amount of Contribution	,				СТ	06850
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Description Descript						
If yes, indicate which branch or branches of government the contract is with: Legislative Legislative X No dependent child of a lobbyist? X No					Amou	nt of Contribution
government the contract is with: Legislative Legislative Det Provincia and Contributions No	Yes	No		Vac	Amou	in of Contidution
government the contact is with.	Evocutivo I ogialetivo			x _{No}		
is this contribution associated with Method of contribution. Date Received Aggregate Contributions	government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	an event reported in Section J1?			30 0		
If yes, list Event # Vo Cash X Personal Check O4/17/2017 \$375.00 \$375.00	No The second enter	04/	17/2017	\$375.00		\$375.00

I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Roe		Matthew			1027				
Residential Street Address	City			State	Zip Code				
202 Pinewood Trl		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
manager			e Creations						
			obbyict enouge or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Voc	Alliou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with:	Б.	D : 1							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	04/	18/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Ciambriello		Lori			1028				
Residential Street Address	City			State	Zip Code				
76 Teeter Rock Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er		•				
Registered Dental Hygienist		Fairfie	eld County Implants and Peri	odontics					
			obbyist, spouse, or		ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Б.	D : 1							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # Money Order X Credit/Debit Card	04/	18/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Scrofani		Sara			1029				
Residential Street Address	City			State	Zip Code				
27 Newton Ln		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er	•					
Teacher		Trum	bull Board of Education						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	04/	10/2017	\$100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	04/	18/2017	\$100.00		\$100.00				
1									
Last Name	First			MI	Contribution ID #				
Regan		Dan			1030				
Residential Street Address	City			State	Zip Code				
33 Preston Rd .		Trumbull		CT	06611				
Principal Occupation		Name of Employ	er						
Exec		Maxw	ell-Marcus Co						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	04/	18/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	Ι ΄΄	•	,	I	-				

I. MONETARY RECEIPT	'S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		· · · · · · · · · · · · · · · · · · ·	TYPE OF REPORT		
Tim for Connecticut 2018*			Termination Report for Candid		oratory
B. Itemized Contributions from	m Ind	lividuale	Committees (Non Standard) -	Original	
Last Name	First	iiviuuais		MI	Contribution ID #
Altobelli	FIISt	Alicia		IVII	1025
Residential Street Address	City	7 III CIG		State	Zip Code
26 Knorr Rd		Monroe		СТ	06468
Principal Occupation		Name of Employ	er		!
Admin Assistant		Town	of Trumbull		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
If was indicate which branch or branches of	U	dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No					
If yes, list Event #	04/	19/2017	\$100.00		\$100.00
Lad Norma	First			\	Contribution ID #
Last Name Mastroni	FIISt	Margaret		MI D	1026
Residential Street Address	City	Margaret		State	Zip Code
54 Craig Ln		Trumbull		СТ	06611
Principal Occupation	_	Name of Employ	er		1 00011
Admin Assistant		Town	of Trumbull		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
an event reported in Section 71:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	19/2017	\$100.00		\$100.00
	Б: .				C C C D
Last Name	First	Diana		MI	Contribution ID # 1054
Yang Residential Street Address	City	Diana		State	Zip Code
209 Shelter Rock Rd	City	Stamford		CT	06903
Principal Occupation		Name of Employ	er	<u> </u>	00303
CPA		Diana	Yang CPA LLC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
	0	dependent child of	<u> </u>		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
an event reported in Section 71:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	19/2017	\$20.00		\$20.00
				l	la di pu
Last Name Wong	First	Moi		MI	Contribution ID #
Wong Residential Street Address	City	Mei		State	1052 Zip Code
255 Thornton St	City	Hamden		CT	06517
Principal Occupation		Name of Employ	er	<u> </u>	
Softwear Engineer			Mobile		
Is contributor a principal of a state contractor or prospective state contractor?			-11	Amou	ant of Contribution
	0	dependent child of	-		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions]	
If yes, list Event # Cash Personal Check No Cash Personal Check Money Order X Credit/Debit Card	04/2	20/2017	\$50.00		\$50.00

A MONETA DV DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Waizenegger		Steven			1053				
Residential Street Address	City			State	Zip Code				
82 Lorma Ave		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er	<u> </u>	00011				
Soccer Coach			Steven Waizenegger						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child	37	Amou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with on expert separated in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	04/	20/2017	\$100.00		\$100.00				
If yes, list breiter									
Last Name	First			MI	Contribution ID #				
Rotzal		Richard		Н	1049				
Residential Street Address	City			State	Zip Code				
151 Colony Ave		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
Wrench		Nuny							
		· · · · · · · · ·	obbyjet enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	111100	ni or commound				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative	_	<u></u>							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Credit/Debit Card	04/	21/2017	\$100.00		\$100.00				
					_				
Last Name	First			MI	Contribution ID #				
Santilli		Mary			1050				
Residential Street Address	City			State	Zip Code				
106 Hilltop Dr		Trumbull		CT	06611				
Principal Occupation		Name of Employ	er						
Curriculum Leader		Trum	bull Board of Education						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of							
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	riggiegate Contributions						
X No Cash Personal Check	04/	21/2017	¢E0.00		¢50.00				
If yes, list Event # Money Order X Credit/Debit Card	04/.	21/2017	\$50.00		\$50.00				
1					I				
Last Name	First			MI	Contribution ID #				
Santilli		John			1051				
Residential Street Address	City			State	Zip Code				
106 Hilltop Dr		Trumbull		CT	06611				
Principal Occupation		Name of Employ	er						
Partner		Acces	s Market Intelligence						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	04/	21/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	I '	*	1		•				

I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Chan		Gillian			1046				
Residential Street Address	City			State	Zip Code				
173 Signal Hill Rd		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
na		na	-						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	04/	22/2017	\$25.00		¢3E 00				
If yes, list Event # Money Order X Credit/Debit Card	04/.	22/2017	\$25.00		\$25.00				
	-			,,,	a . 1 . 1 m #				
Last Name	First			MI	Contribution ID #				
Andrade		Lucy			1047				
Residential Street Address	City			State	Zip Code				
15 Coral Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Insurance Agent		Barnı	ım Benefits Advisors						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	04/	22/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Abbate		Richard		J	1048				
Residential Street Address	City	raciara		State	Zip Code				
746 Yalesv Ille Rd	City	Cheshire		CT	06410				
Principal Occupation		Name of Employ	on.	Ci	00410				
		retire							
retired Is contributor a principal of a state contractor or prospective state contractor?				A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Amou	nt of Contribution				
If yes, indicate which branch or branches of			X No						
government the contract is with:									
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	04/	22/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Rabin		Lauren			1044				
Residential Street Address	City			State	Zip Code				
56 Glenville St		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
Marketing		Gartn	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
)	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			*						
X No Cash Personal Check	04/	23/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	"	23/201/	\$30.00	l	420.00				

I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT Termination Report for Candid	ate and Evol	oratory.				
Tim for Connecticut 2018*			Committees (Non Standard) -		Diatory				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
oneill		barbara			1045				
Residential Street Address	City			State	Zip Code				
26 Center Dr		Old Greenwic	ch	СТ	06870				
Principal Occupation		Name of Employe	er						
retired		retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	04/	23/2017	\$25.00		\$25.00				
T. AV	г) of	G (3 (B)				
Last Name	First	vissbus		MI	Contribution ID #				
huang Residential Street Address	City	xiaohua		State	1043 Zip Code				
6 Poppy Ln	City	Wallingford		CT	06492				
Principal Occupation		Name of Employe	er	Ci	00432				
Research scientist			I-Myers Squibb Company						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
- -)	dependent child of	<u> </u>						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X No Cash Personal Check	04/	25/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Stripay		Thomas			1071				
Residential Street Address	City			State	Zip Code				
42 Great Hollow Dr		Monroe		СТ	06468				
Principal Occupation		Name of Employ	er						
retired		retire							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Security Executive Legislative		dependent enna e	x No						
government are contacted with	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	26/2017	\$100.00		\$100.00				
Last Name	First	7 Jinh		MI	Contribution ID #				
Stripay Residential Street Address	C:t-	Judith		J	1072 Zip Code				
42 Great Hollow Dr	City	Monroe		State CT	06468				
Principal Occupation		Name of Employ	er	Ci	00400				
retired		retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	of a lobbyist?						
government the contract is with:	D. i	Dagaine 4							
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	26/2017	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018*			Termination Report for Candid		oratory				
Committees (Non Standard) - Original B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
St.George		Louis			1073				
Residential Street Address	City			State	Zip Code				
548 Middletown Ave		North Haven		СТ	06473				
Principal Occupation		Name of Employ	er						
retired		retire	d						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent chird (x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	04/	27/2017	\$50.00		\$50.00				
If yes, list Event #	0 1,7	27/2017	430.00		430.00				
Last Name	First			MI	Contribution ID #				
Santillo		William		А	1074				
Residential Street Address	City			State	Zip Code				
76 Everit St		New Haven		СТ	06511				
Principal Occupation		Name of Employ	er		•				
RE Investor/Devel		Self-E	agle Properties						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with On except reported in Section 112. Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	04/	27/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Reilly	FIISt	Anne		S	1075				
Residential Street Address	City	Aillie		State	Zip Code				
153 Still Meadow Ln	City	Kensington		CT	06037				
Principal Occupation		Name of Employ	er	<u> </u>					
homemaker		none							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	or a roodyrst?						
government the contract is with:			x No						
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 11?									
If yes, list Event # Cash Credit/Debit Card	04/	27/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Vimini	FIISt	Sharon		IVII	1076				
Residential Street Address	City	Sharon		State	Zip Code				
125 Butternut Ln	,	Stratford		CT	06614				
Principal Occupation		Name of Employ	er		,				
retired		retire	d						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No No Personal Check		27/2047	1000.00		+100.00				
If yes, list Event #	04/	27/2017	\$200.00		\$100.00				

I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Haberfeld		David			1070				
Residential Street Address	City			State	Zip Code				
110 Divinity St		Bristol		CT	06010				
Principal Occupation		Name of Employ	er						
Real Estate		Landl	ord Solutions						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # Cash Credit/Debit Card	04/	27/2017	\$100.00		\$100.00				
in you, interest in the control of t									
Last Name	First			MI	Contribution ID #				
Qiu		Jihong			1064				
Residential Street Address	City			State	Zip Code				
250 Gaffe St		New Haven		СТ	06511				
Principal Occupation		Name of Employ	er						
Agent		Bolt I	nsurance Agency	-					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	04/	28/2017	\$50.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Squiccimarri		ALISON			1065				
Residential Street Address	City			State	Zip Code				
15 Echo Hill Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ							
Attorney			Offices of Paul A. LANGE	•					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (*						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check									
If yes, list Event # Money Order X Credit/Debit Card	04/	28/2017	\$25.00		\$25.00				
-									
Last Name	First			MI	Contribution ID #				
Liu		Minghai			1066				
Residential Street Address	City			State	Zip Code				
121 Brookside Rd		Darien		СТ	06820				
Principal Occupation		Name of Employ							
Energy			Americas Gas&Power						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative	Б.	D : 1							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check		20/2017	+20.00		±25.00				
If yes, list Event # Money Order X Credit/Debit Card	04/3	28/2017	\$30.00		\$25.00				

I MONEY DV DECEME	0 (0				·
I. MONETARY RECEIPT	5 (50	ection A-I)	TWDE OF DEPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Tim for Connecticut 2018* Termination Report for Candidat					araton.
Tim for Connecticut 2018*			Committees (Non Standard) -		Diatory
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Pisinski		John		R	1067
Residential Street Address	City			State	Zip Code
15 George St		Trumbull		СТ	06611
Principal Occupation		Name of Employ	er		
MTMC		MTMC			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Security to the security of the security	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes list Event # Cash Personal Check No	04/2	28/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Pappa		Mark		Α	1068
Residential Street Address	City			State	Zip Code
55 Black Birch Rd		Wethersfield		СТ	06109
Principal Occupation		Name of Employ	er		
Investment Advisor Rep			cial Resources Inc.		
			obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			1.00.10		
X No Cash Personal Check	04/	28/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	04/.	20/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Laudonia Laudonia	FIISt	Anthony		T	1069
Residential Street Address	City	Anthony			
	City	Con Coh		State CT	Zip Code 06807
49 Harold St Unit 2		Cos Cob		CI	00807
Principal Occupation		Name of Employ			
Tax Collector			of Greenwich		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Б.	D : 1			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	04/	20/2017	# F0.00		* F0.00
If yes, list Event # Money Order X Credit/Debit Card	04/.	28/2017	\$50.00		\$50.00
				l	
Last Name	First			MI	Contribution ID #
Mazzucco		Dustin			1059
Residential Street Address	City			State	Zip Code
27 Crow's Nest Ln Unit 29G	L	Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Information Technology		HCL			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		аерениені спиа (of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	04/2	29/2017	\$50.00		\$50.00

I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Laracca		Karen			1060				
Residential Street Address	City			State	Zip Code				
91 Stemway Rd		Trumbull		СТ	06611				
Principal Occupation	-	Name of Employ	er	<u> </u>	1 00011				
Education student									
			rsity of Bridgeport	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		асренает сти	<u> </u>						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
Ľ No I□ □	04/	29/2017	\$25.00		\$25.00				
If yes, list Event # Money Order									
Last Name	First			MI	Contribution ID #				
xiao		haiguang			1061				
Residential Street Address	City	. 3 3		State	Zip Code				
12 Barnum Pl		Ridgefield		CT	06877				
			on.	Ci	00877				
Principal Occupation		Name of Employ							
Scientist			ringer Ingelheim						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child o	<u> </u>						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	04/	29/2017	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
	11130	Debra		1411	1062				
Siegrist	C'i	Берга		G					
Residential Street Address	City			State	Zip Code				
148 Pokorny Rd	<u> </u>	Higganum		СТ	06441				
Principal Occupation		Name of Employ	er						
Medical Assistant		Essex	Dermatology						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution				
	5	dependent child of	of a followist:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	04/	29/2017	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card	,								
Last Name	First			MI	Contribution ID #				
	11130			IVII					
Marini		Robert		_	1063				
Residential Street Address	City			State	Zip Code				
47 Glenbrook Rd	L	Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
Construction		RAM	Building Group, LLC						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	04/	29/2017	\$200.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	l ´	•	·	I					

I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DeMatteo		Vincent			1057				
Residential Street Address	City			State	Zip Code				
119 Foster St		New Haven		СТ	06511				
Principal Occupation		Name of Employe	er						
retired		retire		,					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	04/	30/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	0.,		4100.00						
Last Name	First			MI	Contribution ID #				
Croll		Hugh			1058				
Residential Street Address	City			State	Zip Code				
183 Banks Rd		Easton		СТ	06612				
Principal Occupation		Name of Employ	er						
retired		retire	d	_					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}	_					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	04/	20/2017	#200 00		±100.00				
If yes, list Event # Money Order X Credit/Debit Card	04/.	30/2017	\$300.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Roman	1 1130	Lisa		1411	1079				
Residential Street Address	City			State	Zip Code				
71 Palisade Ave	,	Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
teacher		Monro	oe Bd of Ed						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a tobbyist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
x No Cash x Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	05/	01/2017	\$50.00		\$50.00				
Last Name	Eit			\rangle	Contribution ID#				
Garelick	First	Adam		MI M	Contribution ID # 1055				
Residential Street Address	City	Audili		State	Zip Code				
19 Linbrook Rd	City	West Hartfor	d	CT	06107				
Principal Occupation		Name of Employe			00107				
Attorney			of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If we indicate which branch or branches of	,	dependent child of							
government the contract is with: Executive Legislative			x _{No}	_					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes list Event # Cash Credit/Debit Card	05/	02/2017	\$50.00		\$50.00				

I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Scinto		Lenny		G	1056				
Residential Street Address	City	-		State	Zip Code				
26 Zephyr Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
Police			of Trumbull						
			obbyist snouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with.	Б.	D : 1							
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	05/	02/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Alnahlawi		Jay			1083				
Residential Street Address	City			State	Zip Code				
7 Myrtlewood Dr		Milford		СТ	06461				
Principal Occupation		Name of Employ	er						
Station Owner		Ouick	Mart LLC						
			obbyjet enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Б.	D : 1							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Credit/Debit Card	05/	03/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Alnehlawi		Anas			1084				
Residential Street Address	City			State	Zip Code				
192 Robert Treat Dr		Milford		CT	06460				
Principal Occupation		Name of Employ	er						
Station Owner		Quick	Mart LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of							
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	05/	02/2017	\$100.00		±100 00				
If yes, list Event # Money Order X Credit/Debit Card	05/	03/2017	\$100.00		\$100.00				
1					I				
Last Name	First			MI	Contribution ID #				
Bahri		Mazen			1085				
Residential Street Address	City			State	Zip Code				
161 E Main St		Clinton		CT	06413				
Principal Occupation		Name of Employ	er						
Station Owner		Quick	Mart LLC						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
	-	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	05/	03/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I 55/	,	¥200.00		, ,				

A MONETA DV DE CENTRO (C. C. A. D.									
L. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Tinawi		Essam			1103				
Residential Street Address	City			State	Zip Code				
133 Bradford Walk		Farmington		СТ	06032				
Principal Occupation		Name of Employ	er						
Station Owner		1 ,	Mart LLC						
		•	obbyjet enouge or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37	711104	in or commonion				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Mathod of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	05/	03/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	03/2017	Ψ100.00		φ100.00				
Last Name	First			MI	Contribution ID #				
	riist	End:		IVII					
Znbarakji	City	Fadi		Ct-t-	1121				
Residential Street Address	City			State	Zip Code				
18 Alice Pl		Trumbull		СТ	06611				
Principal Occupation		Name of Employ							
Owner			bull Food Mart						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (<u></u>						
government the contract is with:			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	05/0	03/2017	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
DiScala		Donna			1254				
Residential Street Address	City			State	Zip Code				
80 Maywood Rd		Norwalk		СТ	06850				
Principal Occupation		Name of Employ	er						
homemaker		none							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	05/0	03/2017	\$125.00		\$125.00				
If yes, list Event #			Ţ						
Last Name	First			MI	Contribution ID #				
Folino	1 1150	Karyn		K	1088				
Residential Street Address	City	Karyn		State	Zip Code				
	City	Prooklyn			-				
58 Linden Blvd Apt 6F	Щ,	Brooklyn Name of Employ	or.	NY	11226				
Principal Occupation		Name of Employ							
Finance			ays Bank PLC		nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?	1								
If yes, list Event # Cash Credit/Debit Card	05/0	04/2017	\$100.00		\$100.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Savo		Dawn			1099				
Residential Street Address	City			State	Zip Code				
46 Pumpkin Delight Rd		Milford		СТ	06460				
Principal Occupation Asst Director of Finance		Name of Employ	er of Trumbull						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of)	dependent child of							
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	04/2017	\$100.00		\$100.00				
If you, his Event ii									
Last Name	First			MI	Contribution ID #				
Shen	O.	Wende		0	1101				
Residential Street Address	City	Elizabila a		State	Zip Code				
141-26 77th Ave Apt 78A Principal Occupation		Flushing Name of Employ	or	NY	11367				
retired		retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative)	dependent child of	of a lobbyist? Yes X No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	received	riggiogute Contributions						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	05/2017	\$100.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Sabad		Heather			1098				
Residential Street Address	City			State	Zip Code				
92 Four Seasons Ln		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er	-	-				
Sales Management		Indee	d.com						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent emid e	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	05/	05/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Wang		Frank			1105				
Residential Street Address	City			State	Zip Code				
3 Tumblebrook Rd		Woodbridge		СТ	06525				
Principal Occupation		Name of Employ							
scientist			Biosystems						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	ls contributor a l dependent child o	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes list Event # Cash Credit/Debit Card	05/	05/2017	\$50.00		\$50.00				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Tim for Connecticut 2018*			Termination Report for Candid		oratory			
Committees (Non Standard) - Original B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
du		jing			1087			
Residential Street Address	City			State	Zip Code			
29 Innis Ln		Old Greenwid	ch	СТ	06870			
Principal Occupation		Name of Employ	er	-	•			
ІТ		Oracle	е					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with	Date	Received	Aggregate Contributions					
an event reported in Section J1?			86 8					
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	05/2017	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Zablocky		Patricia			1114			
Residential Street Address	City			State	Zip Code			
495 Cases Ln		Cutchogue		NY	11935			
Principal Occupation		Name of Employ						
Project Manager			dHealthcare	1				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna c	·					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	05/2017	\$300.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/	03/2017	Ψ300.00		4100.00			
Last Name	First			MI	Contribution ID #			
Zheng		Junsong			1119			
Residential Street Address	City			State	Zip Code			
141-26 77th Ave Apt 78A		Flushing		NY	11367			
Principal Occupation		Name of Employ	er					
retired		retire	d					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	05/2017	\$100.00		\$75.00			
If yes, list Event # Money Order X Credit/Debit Card		,			•			
Last Name	First			MI	Contribution ID #			
Ye		Liyun			1111			
Residential Street Address	City			State	Zip Code			
40 Graenest Ridge Rd		Wilton		СТ	06897			
Principal Occupation		Name of Employ						
retired		retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			300 John Jan Jil					
X No Cash Personal Check	05/	07/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		·	1		<u> </u>			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018*	ate and Expl	oratory							
Committees (Non Standard) - Original B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Aschkenasy		Abraham			1124				
Residential Street Address	City			State	Zip Code				
174 Sanford Ln	<u> </u>	Stamford		СТ	06905				
Principal Occupation		Name of Employ							
CEO/Advertising Is contributor a principal of a state contractor or prospective state contractor?			Vord Imaging & Publishing obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Voc	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 05072017A No Money Order Credit/Debit Card	05/	07/2017	\$50.00		\$50.00				
				I					
Last Name	First	_		MI	Contribution ID #				
Peterson Residential Street Address	City	Irene		K	Zip Code				
33 Llynwood Dr	City	Bolton		State CT	06043				
Principal Occupation		Name of Employ	er	CI	00043				
retired		retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	07/2017	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Yu	FIISt	Fei		IVII	1112				
Residential Street Address	City	1 C1		State	Zip Code				
79 Country Ln		Bethany		СТ	06524				
Principal Occupation		Name of Employ	er						
IT Manager		FWH							
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	05/	00/2017	¢100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	05/	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
zhang		xinyun			1116				
Residential Street Address	City			State	Zip Code				
12 Dandy Dr		Cos Cob		СТ	06807				
Principal Occupation		Name of Employ	er	-	•				
portfolio manager		elling	ton management						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:	١.	D : 1	x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	05/	08/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	"	00/201/	φ100.00	1	¥100.00				

A MONETA DV DE CENTRO (C. C. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Zhao		Yuan			1117				
Residential Street Address	City			State	Zip Code				
2435 Bedford St Unit 1J		Stamford		СТ	06905				
Principal Occupation	Ь Т	Name of Employ			00303				
		1 '							
Consultant		Merce							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x No						
Table 19 at 10 to	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	05/	08/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	05/\	00/2017	\$30.00		\$30.00				
•									
Last Name	First			MI	Contribution ID #				
Li		Naixi			1091				
Residential Street Address	City			State	Zip Code				
27 Parkfield Rd		Scarsdale		NY	10583				
Principal Occupation		Name of Employ	er	!					
 Physician		Singu	lar Anesthesia services						
			obbyist, spouse, or	1 Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of			<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	05/0	08/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
	11130								
Liao		Dongyu		D	1092				
Residential Street Address	City			State	Zip Code				
141 Spring Water Ln		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Risk manager		Stand	lard Chartered Bank						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of GOVERNMENT THE CONTROL IS NOT THE CONTROL IN THE C			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ŀ					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check		00/0047	4400.00						
If yes, list Event # Money Order X Credit/Debit Card	05/0	08/2017	\$100.00		\$100.00				
					-				
Last Name	First			MI	Contribution ID #				
Liao		Evangeline		Υ	1093				
Residential Street Address	City			State	Zip Code				
141 Spring Water Ln		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	or	L ~ .	1 200.0				
Homemaker			emaker						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions]					
an event reported in Section J1?	1								
X No Cash Personal Check	05/	08/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I ~~,	00,201,	Ψ100.00		T-30.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Tim for Connecticut 2018*			Termination Report for Candid Committees (Non Standard) - (oratory
B. Itemized Contributions from	m Ind	lividuals	Committees (Non Standard) - V	Original	
Last Name	First			MI	Contribution ID #
Lim		Henry			1094
Residential Street Address	City			State	Zip Code
33 Hillcrest Park Rd		Old Greenwic	:h	СТ	06870
Principal Occupation		Name of Employe	er	-	•
retired		retired	d		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child o	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent cinia o	, E		
government the contract is with:		D 1 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	05/0	08/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/0	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lu		Biao			1095
Residential Street Address	City			State	Zip Code
44 Ridge Rd		Weston		СТ	06883
Principal Occupation		Name of Employe	er	•	
Finance		Aspet	uck Capital Management		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or General Advanced Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child o	a loodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with A Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No					
If yes, list Event # No Money Order X Credit/Debit Card	05/0	08/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Chi	That	Yundi		IVII	1086
Residential Street Address	City			State	Zip Code
87 Highland Cir		Berkeley Hei	ghts	NJ	07922
Principal Occupation	<u> </u>	Name of Employe	er		!
Manager		DB LL	С		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or of a labbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child o	a tobbyist:		
government the contract is with:			x _{No}		
Is this contribution associated with A yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No					
If yes, list Event # \times \text{No} \tag{No} \tag{No Money Order} \tag{X} \tag{Credit/Debit Card}	05/0	08/2017	\$100.00		\$100.00
T. O.	Б				G (3 (B)
Last Name	First	Paul		MI A	Contribution ID # 1080
Longo Residential Street Address	City	raui		State	Zip Code
76 Bradley Pl	City	Stamford		CT	06905
Principal Occupation	<u>'</u>	Name of Employe	er	<u> </u>	00303
retired		retired			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	ant of Contribution
	0	dependent child o	•		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions]	
TX Demonstrates					
If yes, list Event # 05072017A No Money Order Credit/Debit Card	05/0	08/2017	\$100.00		\$100.00

A MONTH INVIDENCE OF THE ANALYSIS								
I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Katchko		Robert			1081			
Residential Street Address	City			State	Zip Code			
315 Pepper Ridge Rd	,	Stamford		СТ	06907			
Principal Occupation		Name of Employ	er					
Owner/contractor			o & Sons Construction					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	111104	ni or commound			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Duit	Trecerved	1.15g.1.0gate continuations					
No Sash Personal Check	05/	08/2017	\$100.00		\$100.00			
If yes, list Event # 05072017A	03/	00/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
	riist	Chamban		C				
Garst	City	Stephen			1082			
Residential Street Address	City	G. 6 I		State	Zip Code			
1477 Hope St		Stamford		СТ	06907			
Principal Occupation		Name of Employ						
Sales Promotion Merch			roforma					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		перениент сина с	<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with A yes We work reported in Section 112	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 05072017A	05/	08/2017	\$50.00		\$50.00			
<u> </u>								
Last Name	First			MI	Contribution ID #			
Wang		Fang			1104			
Residential Street Address	City			State	Zip Code			
25 Briardale Pl		Wilton		CT	06897			
Principal Occupation		Name of Employ	er	-	-			
owner		Fang	Wang, Family Doctor LLC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	-					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	08/2017	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Wang		Ke			1107			
Residential Street Address	City			State	Zip Code			
40 Timber Ln		Bethany		СТ	06524			
Principal Occupation		Name of Employ	er					
Software Consultant			rolTech, Inc.					
			abbreigt anguag or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Dota	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Asgregate Contributions					
X No Cash Personal Check	05.4	00/2017	#100 00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	U5/1	08/2017	\$100.00		\$100.00			

A MONTH INVIDENCE OF THE ANALYSIS								
I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Wang		Zhizhen			1108			
Residential Street Address	City			State	Zip Code			
51 Grove St # 213		Stamford		СТ	06901			
Principal Occupation		Name of Employ	er					
retired		retire	d					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
X No Cash Personal Check	05/	08/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Xie		Yukai			1109			
Residential Street Address	City	· ana		State	Zip Code			
25 Briardale Pl		Wilton		CT	06897			
Principal Occupation		Name of Employ	er	<u> </u>	00037			
owner			Xie, Family Doctor LLC					
			obbyist, spouse, or	Amou	int of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	int of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative	-							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	05/	08/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Quan		Xin			1097			
Residential Street Address	City			State	Zip Code			
27 Parkfield Rd		Scarsdale		NY	10583			
Principal Occupation		Name of Employ	er					
Physician		Xin Q	uan Medical					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
	,	dependent child of	of a followist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	08/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Jing		Dian Ying			1089			
Residential Street Address	City			State	Zip Code			
37 Brookville Rd		Glen Head		NY	11545			
Principal Occupation		Name of Employ	er		110.0			
manager			nd Company LLC					
			abbreigt anguag ar	Δmou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Aiilou	in or Commountion			
If yes, indicate which branch or branches of Executive Legislative		- "	X No					
government the contract is with:	Б.	D i d		ŀ				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check		00/2017			+400.00			
If yes, list Event # Money Order X Credit/Debit Card	05/	08/2017	\$100.00		\$100.00			

A MONTH INVIDENCE OF THE ANALYSIS								
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Shen		Songde			1100			
Residential Street Address	City			State	Zip Code			
51 Grove St # 213		Stamford		СТ	06901			
Principal Occupation		Name of Employ	er					
retired		retire	d					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
X No Cash Personal Check	05/	08/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Dunord		Robert		J	1164			
Residential Street Address	City			State	Zip Code			
5 Brae Loch Way		Shelton		CT	06484			
Principal Occupation		Name of Employ	er	<u> </u>	00404			
Exec			nt Funding Corp					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	iit of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative		.						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # Money Order Credit/Debit Card	05/	08/2017	\$100.00		\$100.00			
<u>'</u>				1	1			
Last Name	First			MI	Contribution ID #			
Tao		Nelly			1102			
Residential Street Address	City			State	Zip Code			
8 Piping Brook Ln		Bedford		NY	10506			
Principal Occupation		Name of Employ	er					
retired		retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a followist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	05/	09/2017	\$100.00		\$100.00			
in yes, his Event ii								
Last Name	First			MI	Contribution ID #			
LI		CHARLES			1090			
Residential Street Address	City			State	Zip Code			
28 Gideon Reynolds Rd		Cross River		NY	10518			
Principal Occupation		Name of Employ	er					
CEO		Silver	Connection, LLC					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}]				
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	05/	09/2017	\$100.00		\$100.00			

L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018*			Termination Report for Candid		oratory			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Xu		Kerry			1110			
Residential Street Address	City			State	Zip Code			
20 Watchtower Ln Old Greenwich Ct		Old Greenwid	ch	СТ	06870			
Principal Occupation		Name of Employ	er					
Vice President		Allliar	nceBernstein					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No	05/0	09/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Wang		Henry			1106			
Residential Street Address	City			State	Zip Code			
58 Myrtlewood Dr Milford Ct		Milford		СТ	06461			
Principal Occupation		Name of Employ	er					
Corporate/Treasury		Xylen						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Executive	В.	D : 1						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	00/2017	¢100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/1	09/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Lu		Pinchao			1096			
Residential Street Address	City			State	Zip Code			
230 Beverly Rd		Scarsdale		NY	10583			
Principal Occupation		Name of Employ	er		•			
Finance		Stone	Ridge Asset Management					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	or a roodyrst?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05.	20/2017	±100.00		±100.00			
If yes, list Event # Money Order X Credit/Debit Card	05/0	09/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Zhao		Zhiying			1118			
Residential Street Address	City			State	Zip Code			
28 Langner Ln		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er	-	•			
Vice President		Bank	of America					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No		Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	received	15510gate Contributions					
X No Cash Personal Check	05/0	09/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	l '	*	,	I	•			

A MONETA DV DE CENTRO (C. C. A. D.									
L. MONETARY RECEIPT	S (Se	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Zhu		Qingbing			1120				
Residential Street Address	City			State	Zip Code				
88 N Racebrook Rd		New Haven		СТ	06525				
Principal Occupation		Name of Employ	er	•					
Physician		Yale U	Jniversity						
			obbyjet enouge or	Amou	ınt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
X No Cash Personal Check	05/0	09/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	,								
Last Name	First			MI	Contribution ID #				
Yu		Zhaohui			1113				
Residential Street Address	City	Znaonai		State	Zip Code				
59 Davinci Dr	City	Monmouth Ju	inction	NJ	08852				
Principal Occupation		Name of Employ		IAD	00032				
Financial advisor			Financial Consulting						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:				1					
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	05/0	09/2017	\$100.00		\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Zhang		Chunru			1115				
Residential Street Address	City			State	Zip Code				
59 Davinci Dr		Monmouth Ju	ınction	NJ	08852				
Principal Occupation		Name of Employ	er	-	-				
IT Security Architech		Bristo	l-Myers Squibb						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
X No Cash Personal Check	05/0	09/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•			•				
Last Name	First			MI	Contribution ID #				
Qian		Hongying			1146				
Residential Street Address	City	Hongying		State	Zip Code				
109 Brookside Dr	City	Fairfield		CT	06824				
	Ь	Name of Employ	or	1 01	00024				
Principal Occupation									
Lead System Analyst		Aon F			unt of Contailersi				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative		n · ·		4					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	05/:	10/2017	\$100.00		\$100.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
wu		yichun			1160				
Residential Street Address	City			State	Zip Code				
42 Brookby Rd		Scarsdale		NY	10583				
Principal Occupation		Name of Employ							
Trader			max Capital						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:		1	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	10/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Shen	11130	Xiaojun		1411	1148				
Residential Street Address	City	7		State	Zip Code				
82 Shagbark Dr		New Canaan		СТ	06840				
Principal Occupation		Name of Employe	er	-	•				
Risk Manager		Citade	el						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	,	dependent child o	f a lobbyist?	` 					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			88 18						
If yes, list Event # Cash Personal Check Cash Personal Check Money Order Credit/Debit Card	05/	10/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Zuo	FIISt	shaojun		IVII	1149				
Residential Street Address	City			State	Zip Code				
180 Marvin Ridge Rd		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er	-	-				
Manager		Alba L	onga Concepts LLC						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:		aepenaent enna e	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	10/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Wang		Ying			1150				
Residential Street Address	City			State	Zip Code				
21 Shady Knoll Ln		New Canaan		СТ	06840				
Principal Occupation		Name of Employe	er	-	-				
retired		retire	d						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes list Event # Cash Personal Check No	05/	10/2017	\$100.00		\$100.00				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Luo		Ming			1152			
Residential Street Address	City			State	Zip Code			
53 Seaside Ave Unit 5		Stamford		СТ	06902			
Principal Occupation		Name of Employ						
Audit			dence Service Group					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	10/2017	\$100.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Shih		Han			1155			
Residential Street Address	City			State	Zip Code			
6C Columbus Pl		Stamford		СТ	06907			
Principal Occupation	•	Name of Employ	er	•	•			
Corporate Finance Professional		Purdu	e Pharma					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	10/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
 Huang		Tammy			1157			
Residential Street Address	City			State	Zip Code			
28 Gideon Reynolds Rd		Cross River		NY	10518			
Principal Occupation		Name of Employ	er	-	-			
Pharmaceutical scientist		Reger	neron					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	i a loooyist:					
government the contract is with: Executive Legislative		n : 1						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event #	05/	11/2017	\$100.00		\$100.00			
T. O.	Б			 \	C C C D			
Last Name Zuo	First	Zhen		MI	Contribution ID # 1158			
Residential Street Address	City	ZHEH		State	Zip Code			
10A Cooper Rd	City	Scarsdale		NY	10583			
Principal Occupation		Name of Employ	er		1 10000			
retired		retire						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with:	Dot-	Pagaiyad						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	05/	11/2017	\$100.00		\$100.00			
If yes_list Event # I Money Order X Credit/Debit Card	1			I				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018*	Termination Report for Candid Committees (Non Standard) - (oratory					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hu		Shenghua			1159			
Residential Street Address	City			State	Zip Code			
10A Cooper Rd		Scarsdale		NY	10583			
Principal Occupation		Name of Employ	er	•	•			
retired		retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?					
government the contract is with:	D-4-	D i 4						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	11/2017	¢100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	05/	11/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ning	11130	Kai		1411	1147			
Residential Street Address	City	Kai		State	Zip Code			
113 Bennington Pl	City	New Canaan		CT	06840			
Principal Occupation		Name of Employ	er	<u> </u>	1 000.0			
Finance		GE EF						
			obbyist, spouse, or	Amou	ant of Contribution			
L Yes ∠ No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes. list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	11/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Ye		Lu			1142			
Residential Street Address	City			State	Zip Code			
465 Mansfield Ave		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
Piano Teacher		elf-u `	Ye Piano Teaching					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check					1100.00			
If yes, list Event # No Money Order X Credit/Debit Card	05/	11/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Feng	1 1130	Thomas		Z	1143			
Residential Street Address	City			State	Zip Code			
465 Mansfield Ave	ا ا	Darien		СТ	06820			
Principal Occupation		Name of Employ	er		,I			
Asset management		Graha	ım Capital Management					
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	05/	11/2017	\$100.00		\$100.00			

A MONTH INVENTOR OF A LAND									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018*			Termination Report for Candida Committees (Non Standard) - (oratory				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Barcham		Stewart		W	1138				
Residential Street Address	City			State	Zip Code				
472 Daniels Farm Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
retired		retire							
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc	Alliou	iit of Collification				
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Dute	Received	Aggregate Contributions						
X No Cash Personal Check	05/	11/2017	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card	05/.	11/2017	\$23.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Zhu		Eric			1156				
Residential Street Address	City			State	Zip Code				
120 Riverside Blvd		New York		NY	10069				
Principal Occupation		Name of Employ	er						
Trader		Suntr	ading						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	05/:	12/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	,	, -	,						
Last Name	First			MI	Contribution ID #				
Chu	1 1130	Congyuan		1411	1153				
Residential Street Address	City	Congyuan		State	Zip Code				
	City	Stamford		CT	06905				
1900 Summer St Unit 13				CI	06905				
Principal Occupation		Name of Employ							
Developer		SSNC							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		аеренаен енна (·						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with A second of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	05/:	13/2017	\$25.00		\$25.00				
in yes, and break in the state of the state									
Last Name	First			MI	Contribution ID #				
Zhen		Tao			1151				
Residential Street Address	City			State	Zip Code				
84 Skyview Dr		Stamford		CT	06902				
Principal Occupation		Name of Employ	er						
financial analyst			ignal Research LLC						
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			000 20111104110110						
X No Cash Personal Check	OF /	13/2017	#100.00		¢100 00				
If yes, list Event # Money Order X Credit/Debit Card	U5/.	13/2017	\$100.00		\$100.00				

L MONETARY RECEIPT	A MONTH INVENTOR OF A LAND							
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Nagashima		Hidalgo		L	1161			
Residential Street Address	City			State	Zip Code			
22 W Cambridge St		Valhalla		NY	10595			
Principal Occupation	٠ -	Name of Employ	er		10000			
Superintendent			ia knolls golf course					
			obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of	V	Alliou	int of Contribution			
If yes, indicate which branch or branches of								
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section 112.	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/3	13/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Wang		Xi			1162			
Residential Street Address	City			State	Zip Code			
10 Bowen St		Stamford		СТ	06907			
Principal Occupation	<u> </u>	Name of Employ	er		•			
Self employee		Self e	mployee					
			obbyjet enouge or	Amou	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	I B.	D : 1						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	05/3	13/2017	\$100.00		\$100.00			
		-		I	1			
Last Name	First			MI	Contribution ID #			
Last Name Meyer	First	R Christophe	r	MI	Contribution ID #			
	First	R Christophe	r	MI State				
Meyer		R Christophe Bridgeport	r		1133			
Meyer Residential Street Address		· ·		State	1133 Zip Code			
Meyer Residential Street Address 435 Midland St		Bridgeport Name of Employ		State	1133 Zip Code			
Meyer Residential Street Address 435 Midland St Principal Occupation Attorney	City	Bridgeport Name of Employ City o	er f Bridgeport/Self obbyist, spouse, or	State CT	1133 Zip Code			
Meyer Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor? Yes	City	Bridgeport Name of Employ City o	er If Bridgeport/Self obbyist, spouse, or Yes If a lobbyist?	State CT	1133 Zip Code 06606			
Meyer Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor? Yes X	City	Bridgeport Name of Employ City o	er If Bridgeport/Self obbyist, spouse, or	State CT	1133 Zip Code 06606			
Meyer Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor?	City	Bridgeport Name of Employ City o	er If Bridgeport/Self obbyist, spouse, or Yes If a lobbyist?	State CT	1133 Zip Code 06606			
Meyer Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor?	City	Bridgeport Name of Employ City o Is contributor a l dependent child of	er f Bridgeport/Self obbyist, spouse, or of a lobbyist? X No	State CT	1133 Zip Code 06606			
Meyer Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Personal Check Pe	City	Bridgeport Name of Employ City o Is contributor a l dependent child of	er f Bridgeport/Self obbyist, spouse, or of a lobbyist? X No Aggregate Contributions	State CT	Zip Code 06606 unt of Contribution			
Meyer Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor?	City	Bridgeport Name of Employ City o Is contributor a l dependent child of	er f Bridgeport/Self obbyist, spouse, or of a lobbyist? X No	State CT	1133 Zip Code 06606			
Meyer Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor?	City Date 05/2	Bridgeport Name of Employ City o Is contributor a l dependent child of	er f Bridgeport/Self obbyist, spouse, or of a lobbyist? X No Aggregate Contributions	State CT Amou	Zip Code 06606 unt of Contribution \$100.00			
Meyer Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor?	City	Bridgeport Name of Employ City o Is contributor a l dependent child of Received	er f Bridgeport/Self obbyist, spouse, or of a lobbyist? X No Aggregate Contributions	State CT	Zip Code 06606 ant of Contribution \$100.00 Contribution ID #			
Meyer Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor? Yes X Yes If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Yes If yes, list Event # Method of contribution: Cash Personal Check Money Order X Credit/Debit Card Last Name McGrath	City Date 05/2	Bridgeport Name of Employ City o Is contributor a l dependent child of	er f Bridgeport/Self obbyist, spouse, or of a lobbyist? X No Aggregate Contributions	State CT Amou	1133 Zip Code 06606 Int of Contribution \$100.00 Contribution ID # 1145			
Meyer Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor?	City Date 05/2	Bridgeport Name of Employ City o Is contributor a l dependent child of Received 13/2017 Michael	er f Bridgeport/Self obbyist, spouse, or of a lobbyist? X No Aggregate Contributions	State CT Amou	2 In Code O6606 Int of Contribution \$100.00 Contribution ID # 1145 Zip Code			
Meyer Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor?	City Date 05/2	Bridgeport Name of Employ City o Is contributor a l dependent child of Received 13/2017 Michael Fairfield	er If Bridgeport/Self obbyist, spouse, or If a lobbyist? X No Aggregate Contributions \$100.00	State CT Amou	1133 Zip Code 06606 ant of Contribution \$100.00 Contribution ID # 1145			
Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name McGrath Residential Street Address 554 Reid St Principal Occupation	City Date 05/2	Bridgeport Name of Employ City o Is contributor a l dependent child of Received 13/2017 Michael Fairfield Name of Employ	er If Bridgeport/Self obbyist, spouse, or If a lobbyist? X No Aggregate Contributions \$100.00	State CT Amou	2 In Code O6606 Int of Contribution \$100.00 Contribution ID # 1145 Zip Code			
Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name McGrath Residential Street Address 554 Reid St Principal Occupation Educator	City Date 05/2	Bridgeport Name of Employ City of Is contributor a lidependent child of Received 13/2017 Michael Fairfield Name of Employ Truml	er If Bridgeport/Self obbyist, spouse, or of a lobbyist? X No Aggregate Contributions \$100.00	State CT Amou	1133 Zip Code 06606 ant of Contribution \$100.00 Contribution ID # 1145 Zip Code 06824			
Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name McGrath Residential Street Address 554 Reid St Principal Occupation	City Date 05/:	Bridgeport Name of Employ City of Is contributor a ladependent child of Received 13/2017 Michael Fairfield Name of Employ Trum Is contributor a ladependent a ladependent a ladependent child of the ladependent child	er If Bridgeport/Self obbyist, spouse, or If a lobbyist? X No Aggregate Contributions \$100.00 er pull Public Schools obbyist, spouse, or	State CT Amou	2 In Code O6606 Int of Contribution \$100.00 Contribution ID # 1145 Zip Code			
Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Cash Personal Check If yes, list Event # Last Name McGrath Residential Street Address 554 Reid St Principal Occupation Educator Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Yes Yes Yes Yes Yes Ye	City Date 05/:	Bridgeport Name of Employ City of Is contributor a lidependent child of Received 13/2017 Michael Fairfield Name of Employ Truml	er If Bridgeport/Self obbyist, spouse, or of a lobbyist? X No Aggregate Contributions \$100.00 er bull Public Schools obbyist, spouse, or of a lobbyist? Yes	State CT Amou	1133 Zip Code 06606 ant of Contribution \$100.00 Contribution ID # 1145 Zip Code 06824			
Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor?	City Date 05/:	Bridgeport Name of Employ City of Is contributor a ladependent child of Received 13/2017 Michael Fairfield Name of Employ Trum Is contributor a ladependent a ladependent a ladependent child of the ladependent child	er If Bridgeport/Self obbyist, spouse, or If a lobbyist? X No Aggregate Contributions \$100.00 er pull Public Schools obbyist, spouse, or	State CT Amou	1133 Zip Code 06606 ant of Contribution \$100.00 Contribution ID # 1145 Zip Code 06824			
Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor?	City Date 05/: First City	Bridgeport Name of Employ City of Is contributor a ladependent child of Received 13/2017 Michael Fairfield Name of Employ Trum Is contributor a ladependent a ladependent a ladependent child of the ladependent child	er If Bridgeport/Self obbyist, spouse, or of a lobbyist? X No Aggregate Contributions \$100.00 er bull Public Schools obbyist, spouse, or of a lobbyist? Yes	State CT Amou	1133 Zip Code 06606 ant of Contribution \$100.00 Contribution ID # 1145 Zip Code 06824			
Residential Street Address 435 Midland St Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor?	City Date 05/: First City	Bridgeport Name of Employ City of Is contributor a ladependent child of Island	er f Bridgeport/Self obbyist, spouse, or of a lobbyist? X No Aggregate Contributions \$100.00 er bull Public Schools obbyist, spouse, or of a lobbyist? Yes X No	State CT Amou	1133 Zip Code 06606 ant of Contribution \$100.00 Contribution ID # 1145 Zip Code 06824			

I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Xiao		Sulian			1122			
Residential Street Address	City			State	Zip Code			
230 Beverly Rd		Scarsdale		NY	10583			
Principal Occupation		Name of Employ	er					
retired		retire						
			obbyist, spouse, or	A may	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child	Vac	Alliou	int of Contribution			
If yes, indicate which branch or branches of								
government the contract is with: Executive Legislative								
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
× No □	05/	13/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Wang		Lianya			1123			
Residential Street Address	City	. , .		State	Zip Code			
230 Beverly Rd		Scarsdale		NY	10583			
		ı		INI	10363			
Principal Occupation		Name of Employ						
retired		retire						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child o	<u> </u>					
government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	05/	13/2017	\$100.00		\$100.00			
If yes, list Event #	,		,					
Last Name	First			MI	Contribution ID #			
Gu	1 1130			.***	1154			
	C'i	Haoyu		G				
Residential Street Address	City			State	Zip Code			
103C Highview Ave		Stamford		СТ	06907			
Principal Occupation		Name of Employ	er					
Investment Professional		Apollo	Management					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
	,	dependent child of	of a followist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	05/	14/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	00,		450.00		450.00			
Last Name	First			MI	Contribution ID #			
	FIISt							
Coutinho		Paul		Т	1129			
Residential Street Address	City			State	Zip Code			
118 Birch Dr	L	Cheshire		СТ	06410			
Principal Occupation		Name of Employ	er					
Police Officer		Town	of Trumbull					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent child (·					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	05/	15/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	l í		· ·					

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Forster		Celeste			1135			
Residential Street Address	City			State	Zip Code			
39 Red Fox Ln		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er	<u> </u>	00011			
		N/A	Ci					
Stay at home mom			-Mariet and an area	A	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	15/2017	\$50.00		\$50.00			
it yes, list Event #								
Last Name	First			MI	Contribution ID #			
Gach-Dunn		Lydia			1136			
Residential Street Address	City			State	Zip Code			
15 Brittany Ave		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	on.	Ci	00011			
retired		retire						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash Personal Check	05/	15/2017	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Dineley	1 1100	Johnna		M	1137			
, , , , , , , , , , , , , , , , , , ,	City	Johnna						
Residential Street Address	City			State	Zip Code			
47 Chatham Dr		Trumbull		СТ	06611			
Principal Occupation		Name of Employ						
Hair salon		Self-	JoDavi Salon					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a followist:					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	05/	15/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card			·					
Last Name	First			MI	Contribution ID #			
	1 1150	Donoo		1411				
Huang	a:	Renee		g	1131			
Residential Street Address	City			State	Zip Code			
125 Catullo Dr		Guilford		СТ	06437			
Principal Occupation		Name of Employ	er					
Finance		Agend	cyOnAging					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent ennu (·					
government the contract is with:			x _{No}					
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Personal Check X No	05/	15/2017	\$100.00		\$50.00			
If yes, list Event #	Ī			ı				

A MONTH INVENTOR OF A LAND								
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Drapp, III		John		С	1132			
Residential Street Address	City			State	Zip Code			
41 Jackson Dr		Milford		СТ	06460			
Principal Occupation		Name of Employ	er		00.00			
Attorney			a & Jaumann, LLC					
			obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child	Vac	Alliou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
government the contract is with:	Б.	D : 1						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	05/	15/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Martin, Jr		Raymond		J	1139			
Residential Street Address	City			State	Zip Code			
39 Deerfield Dr		Easton		СТ	06612			
Principal Occupation		Name of Employ	er	•				
Broker		Martii	n Real Estate					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check	٥.	45/2047	+100.00		+400 00			
If yes, list Event # Money Order X Credit/Debit Card	05/	15/2017	\$100.00		\$100.00			
Fa								
Last Name	First			MI	Contribution ID #			
Bowditch		Wendy			1140			
Residential Street Address	City			State	Zip Code			
70 Todds Way		Easton		СТ	06612			
Principal Occupation		Name of Employ	er					
Broker		J M Li	ummis and Co					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
	,	dependent child of	of a followist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
X No Cash Personal Check	05/	15/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Tasi	1 1100	Lisa		V	1141			
Residential Street Address	City	Lisa						
	City	F		State	Zip Code			
70 Weathervane Dr		Easton		СТ	06612			
Principal Occupation		Name of Employ						
Coder Specialist			ision Health					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		acpenaent cinia (or a roodyrst?					
government the contract is with:			x _{No}]				
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	15/2017	\$50.00		\$50.00			
ii yes, iist Event #								

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candi Committees (Non Standard)					oratory			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Mudrick		Carolina			1134			
Residential Street Address	City			State	Zip Code			
110 Tashua Rd	ļ.,	Trumbull		СТ	06611			
Principal Occupation		Name of Employ						
retired Is contributor a principal of a state contractor or prospective state contractor?		retire	obbyist, spouse, or	Amor	ant of Contribution			
Yes X N	о	dependent child of	Vac	7 tinou	in or controution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Value Cash Personal Check Cash Personal Check Cash Cash Personal Check Cash Cash Personal Check Cash Personal Check Cash Personal Check Cash Personal Check Cash Cash Personal Check Per	05/:	16/2017	\$100.00		\$100.00			
Lov	F: /				I c . i . i . i . i . i . i . i . i . i .			
Last Name Mazza	First	Caroline		MI	Contribution ID # 1144			
Residential Street Address	City	Caronne		State	Zip Code			
165 Judson Rd	City	Fairfield		CT	06824			
Principal Occupation	-	Name of Employ	er					
Physical Therapist		Westo	on Bd of Ed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Halaby		Samuel		A	1128			
Residential Street Address	City			State	Zip Code			
29 Tennyson Way		Pittsford		NY	14534			
Principal Occupation		Name of Employ	er	•				
Attorney		retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu e	x No					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	05/:	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Song-Yang		Joanna		W	1130			
Residential Street Address	City			State	Zip Code			
29 Broad Hill Cir		Guilford		СТ	06437			
Principal Occupation		Name of Employ	er					
Lab Tech		Interp	pace Diagnostics					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	16/2017	\$100.00		\$100.00			

A MONTH INVENTOR OF A LAND								
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Salce		Anthony			1126			
Residential Street Address	City			State	Zip Code			
88 Chestnut Hill Rd		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
retired		retire	d					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
x No Cash Personal Check	05/	17/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Meier		Mary Ann			1127			
Residential Street Address	City	,		State	Zip Code			
31 Little Plain Rd		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er	<u> </u>	00011			
Civil Service			of Trumbull					
			obbyjet enouge or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc	7 tinou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with.	Dete	D		-				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # Money Order Credit/Debit Card	05/	17/2017	\$50.00		\$50.00			
•								
Last Name	First			MI	Contribution ID #			
Xing		Jie			1182			
Residential Street Address	City			State	Zip Code			
238 Old Kings Hwy S		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
Software Developer		Point	72 Asset Management					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	i a lobbyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A second of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	05/	17/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Deiso		Gaetana			1170			
Residential Street Address	City			State	Zip Code			
32 Shady Ln		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
Head Athletic Trainer		West	oort BOE					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	05/	18/2017	\$100.00		\$100.00			

A MONETA DV DE CENTRO (C. d. A D.								
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Liu		Xiaobo			1174			
Residential Street Address	City			State	Zip Code			
638 Hope St Unit 6		Stamford		СТ	06907			
Principal Occupation		Name of Employ	er		!			
Risk management		SMBC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
s contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
X No Cash Personal Check	05/	19/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Liu		Yun			1175			
Residential Street Address	City			State	Zip Code			
23 Westbrook Rd		Plantsville		CT	06479			
Principal Occupation		Name of Employ	or	Ci	00473			
Nail artsit		1 '	· Nails&Spa					
			obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	int of Contribution			
If yes, indicate which branch or branches of		•						
government the contract is with: Executive Legislative	-							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	05/	19/2017	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Wang		Ting			1180			
Residential Street Address	City			State	Zip Code			
638 Hope St Unit 6		Stamford		СТ	06907			
Principal Occupation		Name of Employ	er					
Risk management		UBS						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
	,	dependent child of	a lobbyist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	19/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Costantini		Mark			1169			
Residential Street Address	City			State	Zip Code			
43 Crescent Pl		Monroe		СТ	06468			
Principal Occupation		Name of Employ	er		1			
Owner			Enviromental					
			obbriet enouge or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	or contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	D-4	Received		ŀ				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check		40/2017			+400.00			
If yes, list Event # Money Order X Credit/Debit Card	05/	19/2017	\$100.00		\$100.00			

A MONTH INVENTOR OF A LAND									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mitri		Joseph			1177				
Residential Street Address	City			State	Zip Code				
965 Daniels Farm Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
AUTO REPAIR		SELF-	J M SERVICE						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
s contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash Personal Check	05/	20/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Hong		Во			1171				
Residential Street Address	City			State	Zip Code				
47 Limestone Rd	,	Armonk		NY	10504				
Principal Occupation		Name of Employ	er		1000.				
lawyer			Paribas						
			abbyist spanse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	111104	in or commonion				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	05/	20/2017	¢100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	05/.	20/2017	\$100.00		\$100.00				
I and Norma	Firmt			Lva	Contribution ID#				
Last Name	First	B: 1 1		MI	Contribution ID #				
Kascak, Jr	O.	Richard		G	1172				
Residential Street Address	City			State	Zip Code				
669 White Plains Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ							
Attorney			of Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with:	_								
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check									
If yes, list Event # Money Order X Credit/Debit Card	05/.	20/2017	\$100.00		\$100.00				
-									
Last Name	First			MI	Contribution ID #				
Keegan		Therese			1173				
Residential Street Address	City			State	Zip Code				
27 Theodore Rd		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
CPA		Town	of Trumbull						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (x No						
government the contract is with:									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	05/	20/2017	\$100.00		\$100.00				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018*	ate and Expl	oratory						
Committees (Non Standard) - Original B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Montelli		Vito			1163			
Residential Street Address	City			State	Zip Code			
775 Chickadee Ln		Stratford		СТ	06614			
Principal Occupation		Name of Employ	er					
retired		none						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:		D : 1						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	05/	22/2017	¢E0.00		¢50.00			
If yes, list Event # Money Order	05/.	22/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Arendt	1 1150	David			1165			
Residential Street Address	City	541.4		State	Zip Code			
106 Pinewood Trl		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
Optometrist		Yale l	Jniversity					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	05/	22/2017	\$100.00		\$100.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Miller		Gale		А	1166			
Residential Street Address	City			State	Zip Code			
17 Spruce St		Trumbull		СТ	06611			
Principal Occupation retired		Name of Employ none	er					
			obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		111100	ant of Continuation			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Regresonal Check								
X No	05/	22/2017	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Comer		George		Н	1167			
Residential Street Address	City			State	Zip Code			
120 Carnegie Ave		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ						
Bookkeeping			George Comer	۸				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Mathod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	11001100	1.5510gate Contributions					
X No Cash X Personal Check	05/	22/2017	\$100.00		\$100.00			
If yes, list Event #	1	•	,	I	•			

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Tim for Connecticut 2018* Termination Report for Candidate and Exploratory								
Tim for Connecticut 2018*			Committees (Non Standard) -		oratory			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Blank		Aaron			1168			
Residential Street Address	City			State	Zip Code			
18 Whitewood Rd		Newtown		СТ	06470			
Principal Occupation		Name of Employ	er	-	•			
Teacher		Newto	own BOE					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		исрениен сини с	x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			1.00.10					
If yes list Event # Cash Personal Check No Cash Personal Check	05/	23/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
You		Zhongqing			1183			
Residential Street Address	City			State	Zip Code			
47 Limestone Rd		Armonk		NY	10504			
Principal Occupation		Name of Employ						
Engineering			etic Analysis Corp					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Duit	Trobbi vod	riggiogate contributions					
X No Cash Personal Check	05/	23/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		-, -	,					
Last Name	First			MI	Contribution ID #			
Marini		John		Р	1176			
Residential Street Address	City			State	Zip Code			
11 Hawley Dr		Ansonia		CT	06401			
Principal Occupation		Name of Employ	er					
Attorney		BMD						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If was indicate which branch or branches of		dependent ennu (x No					
government the contract is with:	D-4-	Received						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	23/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00,	23, 201,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Paris		Michael			1178			
Residential Street Address	City			State	Zip Code			
100 Reef Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Police Sergeant		Town	of Fairfield					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with:	D.	Daniar d		1				
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	23/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	"		\$100.00		4-30.00			

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A MONTH INVIDENCE OF THE ANALYSIS									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018*			Termination Report for Candid Committees (Non Standard) -		oratory				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pellegrino		Layla		М	1179				
Residential Street Address	City	•		State	Zip Code				
6 Fox Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er	<u>.</u>	00011				
		none	Ci						
stay at home mom			-Mariet and an area	A	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:									
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 71:									
Ľ No I□ □	05/	23/2017	\$100.00		\$100.00				
If yes, list Event # Money Order									
Last Name	First			MI	Contribution ID #				
Whelan		Barbara		J	1181				
Residential Street Address	City			State	Zip Code				
16 Twin Circle Dr .		Trumbull		СТ	06611				
			on.	CI	00011				
Principal Occupation		Name of Employ							
Realtor			vell Banker R. E.	1					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (<u> </u>						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	05/	23/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card					·				
Last Name	First			MI	Contribution ID #				
Qian	1 1150	Xiaomei		.,,,	1214				
Residential Street Address	City	Aldottlei		State	Zip Code				
	City	Communicate			-				
107 Putnam Park		Greenwich		СТ	06830				
Principal Occupation		Name of Employ							
Financial Services		Bank	of America Merrill Lynch						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a followist:						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with an event concreted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 31:									
No Cash Personal Check	05/	24/2017	\$100.00		\$100.00				
If yes, list Event # 05282017A									
Last Name	First			MI	Contribution ID #				
Ghazal		Elie			1239				
Residential Street Address	City	Life		Ctata					
	City	Townshield		State	Zip Code				
485 Edison Rd	L	Trumbull		СТ	06611				
Principal Occupation		Name of Employ							
Business		CEG L		•					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	05/	24/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	l ´		'	1					

I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ebrahim		Ahmed			1240				
Residential Street Address	City			State	Zip Code				
18 Old Stratfield Rd		Fairfield		СТ	06825				
Principal Occupation		Name of Employ	er	<u> </u>					
Professor		1 ,	eld University						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Bute	Trecerved	1156. egate controlled						
X No Cash Personal Check	05/	24/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	05/.	24/2017	\$100.00		\$100.00				
				,,,	a . 1				
Last Name	First	_		MI	Contribution ID #				
Cellini, Sr		Gene		J	1241				
Residential Street Address	City			State	Zip Code				
55 Gatehouse Rd	L	Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
SVP Tax		RailW	orks Corp						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution				
	J	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	05/	24/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		,							
Last Name	First			MI	Contribution ID #				
Gruber		Tammy		L	1242				
Residential Street Address	City	ranniny		State	Zip Code				
23 Little Brook Ln	City	Newtown		CT	06470				
Principal Occupation	<u> </u>	Name of Employ		CI	00470				
		1 ,							
Wellness Consultant			A Wellness Life						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (x No						
government the contract is with: Executive Legislative									
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	05/	24/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Book		Ethan			1243				
Residential Street Address	City			State	Zip Code				
144 Coleman St	L	Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Owner/Operator		Self-N	New England Limousine Servi	ce of Fairfie	eld				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or		nt of Contribution				
	U	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	05/	24/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	I / .	*		I	•				

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
coleman		george			1244				
Residential Street Address	City			State	Zip Code				
369 Sasco Hill Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er	•	!				
retired		retire	d						
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouse or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	05/	25/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•			•				
Last Name	First			MI	Contribution ID #				
Baldwin		James		T	1245				
Residential Street Address	City	Junes		State	Zip Code				
150 Inwood Rd	City	Fairfield		CT	06825				
Principal Occupation		Name of Employ	on.	Ci	00823				
Attorney			, Baldwin & Kaiser						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative				_					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	05/	26/2017	\$100.00		\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Carlson		David			1246				
Residential Street Address	City			State	Zip Code				
11 W Gate Rd		Farmington		СТ	06032				
Principal Occupation		Name of Employ	er	-					
retired		retire	d						
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or	Amou	nt of Contribution				
	0	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
X No Cash Personal Check	05/	26/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Babushkin, DDS		Jeffrey		Α	1247				
Residential Street Address	City			State	Zip Code				
230 Long Meadow Rd		Fairfield		CT	06824				
Principal Occupation		Name of Employ	er	1 <u>~.</u>	10021				
Dentist			effrey Babushkin, DDS						
			obbyist, spouse, or	Amou	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	Vac	711100	commound				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Dot-	Pagaiyad		4					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	05.	26/2017	1100 00		+100.00				
If yes, list Event # Money Order X Credit/Debit Card	05/	26/2017	\$100.00		\$100.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Wang		Jianming			1215				
Residential Street Address	City			State	Zip Code				
38 Laurel Hill Rd		Ridgefield		СТ	06877				
Principal Occupation		Name of Employ	er						
Software Engineer			ployed						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x _{No}						
government the contact is with.	Date	Received	Aggregate Contributions						
Is this contribution associated with an event reported in Section J1?									
If yes, list Event # 05282017A Cash Personal Check No Cash Personal Check Money Order X Credit/Debit Card	05/	26/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Charles	First	Debra		A	1211				
Residential Street Address	City	Debiu		State	Zip Code				
15 Westwood Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
teacher		Monro	oe Bd of Ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 06112017A No Cash No Personal Check No Money Order Credit/Debit Card	05/	26/2017	\$50.00		\$50.00				
	I .			<u> </u>	T				
Last Name	First			MI	Contribution ID #				
Sesto Residential Street Address	City	Victor		State	1212				
57 Gisella Rd	City	Trumbull		CT	Zip Code 06611				
Principal Occupation		Name of Employ	er	<u> </u>	00011				
PE Teacher			bull Public Schools						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
Yes 🔼 N	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section 11:									
If yes, list Event # 06112017A No Cash Money Order Credit/Debit Card	05/	26/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Abuznaid		Shakour			1213				
Residential Street Address	City			State	Zip Code				
28 Walnut Ave		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er	•	•				
Assoc Professor/Dean		Unive	rsity of Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		acpendent child (a loodyist:						
government the contract is with: Executive Legislative Method of partitudes and a second of the se	D.	D i 4							
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	05/	26/2017	\$100.00		\$100.00				
If yes list Event # Money Order Credit/Debit Card	1 33/	_0,201,	Ψ100.00	I	T-30.00				

I. MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	•	,	TYPE OF REPORT					
Tim for Connecticut 2018*			Termination Report for Candid		oratory			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Tan	1 1150	Zhulin			1237			
Residential Street Address	City			State	Zip Code			
670 Moss Farms Rd		Cheshire		СТ	06410			
Principal Occupation	_	Name of Employ	er	•	•			
Scientist		Boehr	inger Ingelheim					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Administration Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	i a loodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	05/	26/2017	¢50.00		¢2E 00			
If yes, list Event # 05282017A Money Order X Credit/Debit Card	05/2	26/2017	\$50.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Xu	1 1150	Yinghua			1238			
Residential Street Address	City			State	Zip Code			
38 Laurel Hill Rd		Ridgefield		СТ	06877			
Principal Occupation	_	Name of Employe	er					
Software Engineer		ION T	rading Group					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Administration Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	Ta lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 05282017A No Money Order X Credit/Debit Card	05/2	26/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
zhang	First	george		IVII	1216			
Residential Street Address	City	george		State	Zip Code			
60 Terrell Farm Pl		Cheshire		CT	06410			
Principal Occupation		Name of Employ	er					
none		none						
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a le	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of	o	dependent child of						
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an exact reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?	l							
If yes, list Event # 05282017A Cash Credit/Debit Card	05/2	27/2017	\$6.00		\$6.00			
Last Name	First			MI	Contribution ID #			
WANG	First	LINGLING		IVII	1217			
Residential Street Address	City	LINGLING		State	Zip Code			
1165 Jarvis St		Cheshire		CT	06410			
Principal Occupation	<u>' </u>	Name of Employ	er					
retired		retire	i					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or following Yes	Amou	unt of Contribution			
Yes X N If yes, indicate which branch or branches of	U	dependent child of	i a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 11? Yes Method of contribution:	Date	Received	Aggregate Contributions					
	I							
If yes, list Event # 05282017A	05/2	27/2017	\$100.00		\$100.00			

I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018*			Termination Report for Candid Committees (Non Standard) -		oratory				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Xu		Lily			1218				
Residential Street Address	City			State	Zip Code				
19 Quail Trl		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
Software engineer		Subw	ay						
			obbyjet enouge or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	05/	27/2017	\$50.00		\$50.00				
If yes, list Event # 05282017A	00,	_,,,	430.00						
Last Name	First			MI	Contribution ID #				
	1 1150			1411	1219				
Peng Residential Street Address	City	Hong		State	Zip Code				
	City	Name Harran			*				
16 Walker Ln		New Haven		СТ	06525				
Principal Occupation		Name of Employ							
Scientist			Jniversity						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (<u></u>						
government the contract is with:			x _{No}						
Is this contribution associated with A yes We would be seen in 12.	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 05282017A No Money Order X Credit/Debit Card	05/	27/2017	\$75.00		\$75.00				
1. yes, sate breath of the control o									
Last Name	First			MI	Contribution ID #				
Michelson		Bradley		М	1248				
Residential Street Address	City			State	Zip Code				
15 Ralsey Rd S		Stamford		CT	06902				
Principal Occupation		Name of Employ	er						
Business dev/landlord /entrepreneur		Ideali	st.org & self employed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	05/3	27/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		,							
Last Name	First			MI	Contribution ID #				
Olenchuk		Igor			1255				
Residential Street Address	City	190.		State	Zip Code				
182 Strobel Rd .	City	Trumbull		CT	06611				
Principal Occupation		Name of Employ	or	Ci	00011				
roofer			t D Scinto INC.						
			obbyict chause or	Amon	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	in or Commountion				
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}						
government the contract is with:	Б.	Di 4							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check		27/2017			+400.00				
If yes, list Event # Money Order X Credit/Debit Card	05/	27/2017	\$200.00		\$100.00				

I MONETARY DECEIPTS (Section A. I)									
I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory									
Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Connors		Lin			1250				
Residential Street Address	City			State	Zip Code				
85 Haverhill Rd		Trumbull		CT	06611				
Principal Occupation		Name of Employ	er						
IT Auditor		Stanle	ey Black and Decker						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	of a fobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 71:									
If yes, list Event # Cash Credit/Debit Card	05/	28/2017	\$50.00		\$50.00				
in yes, hist Event π									
Last Name	First			MI	Contribution ID #				
Wu		Dicheng			1257				
Residential Street Address	City			State	Zip Code				
83 Camp Ave		Darien		CT	06820				
Principal Occupation		Name of Employ	er						
student		none							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
U No ☐ □	05/	28/2017	\$30.00		\$30.00				
If yes, list Event # 05282017A									
Last Name	First			MI	Contribution ID #				
Dong		Xiaoyu			1220				
Residential Street Address	City			State	Zip Code				
16 Highwood Pl		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
Actuary		AmTr	ust						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 31:									
If yes list Event # 05282017A Cash Personal Check No Money Order X Credit/Debit Card	05/	28/2017	\$50.00		\$50.00				
If yes, list Event # 05282017A									
Last Name	First			MI	Contribution ID #				
zheng		xiaofan			1221				
Residential Street Address	City			State	Zip Code				
15 Sudol Ct		Cheshire		СТ	06410				
Principal Occupation		Name of Employ	er						
Scientist		Bristo	l Myers Squibb						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	or a robbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 05282017A Cash Personal Check No Cash Personal Check No No No Noney Order	05/	28/2017	\$100.00		\$100.00				
If yes, list Event # 05282017A	ı		i l	l					

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory								
Committees (Non Standard) - Original B. Itemized Contributions from Individuals								
Last Name	First	111144415		MI	Contribution ID #			
Li List Name	First	Yuanhua		IVII	1222			
Residential Street Address	City			State	Zip Code			
180 Broad St Apt 1414		Stamford		СТ	06901			
Principal Occupation		Name of Employ	er					
Quantitative Researcher		Citade						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an eventual in Section 112.	Date	Received	Aggregate Contributions	1				
an event reported in Section 71:								
If yes, list Event # 05282017A Cash Credit/Debit Card	05/	28/2017	\$50.00		\$50.00			
				 	La . a . a . m #			
Last Name	First	C		MI	Contribution ID #			
Shi Residential Street Address	City	Grac		State	1223 Zip Code			
7 Loren Ln	City	Westport		CT	06880			
Principal Occupation		Name of Employ	er	<u> </u>	00000			
Audit senior manager		Deloit						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A yes We work to prove the providing Section 112.	Date	Received	Aggregate Contributions					
an event reported in Section J1? If yes, list Event # 05282017A O5282017A O5282017A O6381 O6381	05/:	28/2017	\$100.00		\$100.00			
052020177.								
Last Name Tan	First	Wen		MI	Contribution ID # 1224			
Residential Street Address	City	Weii		State	Zip Code			
1263 Brooklawn Ave	City	Fairfield		CT	06825			
Principal Occupation		Name of Employ	er					
VIce President		Everg	rande Health Group					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a followist:					
government the contract is with: Executive Legislative	_		x No					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 05282017A No Solution	05/:	28/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bai	1 1130	Xin		IVII	1225			
Residential Street Address	City			State	Zip Code			
87 Garwood Rd		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er	-	•			
Software Engineer		Facts	et					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # 05282017A Cash Personal Check No Cash Personal Check Money Order Credit/Debit Card	05/	28/2017	\$50.00		\$50.00			

This fire Converting 10 18 19 19 19 19 19 19 19	I, MONETARY RECEIPTS (Section A-I)									
Tame Commerciacient 2018* Second Seco										
This bound Thi										
Part	Committees (Non Standard) - Original									
Raiderial Sect AuX Procession	B. Itemized Contributions from Individuals									
24 Each Kere	Last Name	First			MI	Contribution ID #				
This specified (Companion of American Processing of a state commandor of proposition state commandor of processing of a state commandor of proposition state commandor of processing of a state commandor of processing of a state commandor of proposition state commandor of processing of a state c	Huang		Lei			1226				
Name of Templay Name of Te	Residential Street Address	City			State	Zip Code				
Audit	24 East Ave		New Canaan		CT	06840				
Secondition	Principal Occupation		Name of Employ	er						
Vis.	Audit		Kenna	ametal						
	Is contributor a principal of a state contractor or prospective state contractor?)		Vac	Amou	nt of Contribution				
Secondaria decomination of the communities of the		-	dependent child of	of a fobbyist?						
Second Personal Clock Syze	Evecutive Legislative			X No						
Tayes, list Event # 05282017A	X Vac	Date	Received	Aggregate Contributions						
List Name	an event reported in Section 71:									
Law Name	│	05/	28/2017	\$50.00		\$50.00				
Column	11 yes, interest in Section Section 11 yes, interest in the section 12 yes, in									
Residential Stored Address	Last Name	First			MI	Contribution ID #				
Principal Accountation	Chen		Zhong			1227				
Principal Occupation	Residential Street Address	City			State	Zip Code				
Senior manager	4539 Black Rock Tpke		Fairfield		СТ	06824				
Secontification a principal of a state contractor or prospective state contractor?	Principal Occupation		Name of Employ	er						
Yes	Senior manager		Kong	llp						
If yes, indicate which branch or branches of somewheat or contractors is with: Is the contribution associated with security that is not contributions are event reported in Section 1? Aggregate Contributions are vent reported in Section 1? Yes Method of contributions Section 1 Yes Se	Is contributor a principal of a state contractor or prospective state contractor?	,		Vac	Amou	nt of Contribution				
Executive		,	dependent child of	of a lobbyist?						
An event reported in Section J1?	Evacutiva Lagislativa			x No						
Last Name Residential Sireer Address State Street State Street (Slobal Advisors State	IXI vas	Date	Received	Aggregate Contributions						
Asia Name	an event reported in Section 31?									
Last Name Wang Wang Residential Street Address Analyst Southwhoto a sociated with an event reported in Section 117 Last Name Hu Residential Street Address But Address But Agregate Contribution But Contribution ID # But Contribution But Contribution ID # But Contrib	U No I□ □	05/	28/2017	\$100.00		\$100.00				
Name of Employer Personal Check P	in yes, list Event # U5262017A Withiney Order Credit Deon Card									
Residential Street Address State	Last Name	First			MI	Contribution ID #				
Name of Employ= State S	Wang		Jue			1228				
Principal Occupation Analyst State Street Global Advisors Is contributor a principal of a state contractor or prospective state contractor? Yes X No	Residential Street Address	City			State	Zip Code				
Is contributor a principal of a state contractor or prospective state contractor?	83 Camp Ave		Darien		СТ	06820				
Is contributor a principal of a state contractor or prospective state contractor?	Principal Occupation		Name of Employ	er	-	-				
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # 05282017A	Analyst		State	Street Global Advisors						
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # 05282017A	Is contributor a principal of a state contractor or prospective state contractor?			Vac	Amou	nt of Contribution				
Security Executive Legislative Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contributions Aggregate Contribution Aggrega		,	dependent child of	of a foodyist:						
Is this contribution associated with an event reported in Section J1? If yes, list Event # 05282017A Last Name Hu Residential Street Address 25 Fairfield Ave Principal Occupation Accounting First Personal Check 25 Fairfield Ave Principal Occupation Accounting Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions Personal Check D5/28/2017 Aggregate Contributions MI Contribution ID # 1229 City Darien Name of Employer PWC Is contributor a principal of a state contractor or prospective state contractor? PWC Is contributor a principal of a state contractor or prospective state contractor? PYes X No Between Aggregate Contributions Aggregate Contributions Aggregate Contributions Aggregate Contributions Date Received Aggregate Contributions Aggregate Contributions Amount of Contribution Amount of Contribution associated with an event reported in Section J1? Amount of Contribution Aggregate Contributions Aggregate Contributions Aggregate Contributions	Evacutiva Lagislativa			x No						
Last Name Hu Residential Street Address 25 Fairfield Ave Principal Occupation Accounting Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contracto	Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # 05282017A No Money Order X Credit/Debit Card 05/28/2017 \$100.00 \$100.00 Last Name	an event reported in section 31:									
Last Name Hu Residential Street Address 25 Fairfield Ave Principal Occupation Accounting Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? MI Contribution ID # 1229 State 2	U No I□ □	05/	28/2017	\$100.00		\$100.00				
Hu Residential Street Address 25 Fairfield Ave Principal Occupation Accounting Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: No Personal Check Principal Occupation Personal Check Poarien Obarien Name of Employer Personal Check PWC Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Aggregate Contributions \$1229 Amount of Code Amount of Contribution Amount of Contribution Amount of Contribution State Contributions Personal Check O5/28/2017 \$100.00	in yes, list Event # U5262017A Money Order Land Credit/Deon Card									
Residential Street Address 25 Fairfield Ave Darien City Darien City Darien CT 06820 Name of Employer PWC Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: No Darien Name of Employer PWC Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Amount of Contribution Aggregate Contributions \$100.00	Last Name	First			MI	Contribution ID #				
Principal Occupation Accounting Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Name of Employer PWC Is contributor a lobby ist, spouse, or dependent child of a lobby ist? Is contributor a lobby ist, spouse, or dependent child of a lobby ist? Is this contribution associated with an event reported in Section J1? Personal Check O5/28/2017 \$100.00	Hu		Ying			1229				
Principal Occupation Accounting Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Name of Employer PWC Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Yes X No Amount of Contribution Aggregate Contributions \$\text{\$\text{\$X\$}\$ No}\$ \$\text{\$No\$}\$ \$\text{\$\text{\$No\$}\$}\$ \$\text{\$\text{\$\text{\$No\$}\$}\$ \$\text{\$\text{\$\text{\$\text{\$No\$}\$}\$}\$ \$\text{\$\text{\$\text{\$\text{\$\text{\$No\$}\$}\$}}\$ \$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$No\$}\$}\$}\$}}\$ \$\$\text{\$\text{\$\text{\$\te	Residential Street Address	City			State	Zip Code				
Accounting Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? No Personal Check Personal Check Personal Check Personal Check Personal Check O5/28/2017 \$100.00 \$100.00 PWC	25 Fairfield Ave		Darien		СТ	06820				
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? No Amount of Contribution dependent child of a lobbyist? Yes X No	Principal Occupation		Name of Employ	er						
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Ves If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Image: Aggregate Contribution Image:	Accounting		PWC							
If yes, indicate which branch or branches of government the contract is with: Legislative Legislative Date Received Aggregate Contributions No No Personal Check O5/28/2017 \$100.00	Is contributor a principal of a state contractor or prospective state contractor?			Vac	Amou	nt of Contribution				
Is this contribution associated with an event reported in Section J1? Section J1 Personal Check Personal Check D5/28/2017 \$100.00 \$100.00		,	dependent child of	of a foodyfst?						
Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions Personal Check 05/28/2017 \$100.00 \$100.00	Evacutiva Lagislativa			x No						
No Cash Personal Check 05/28/2017 \$100.00 \$100.00	Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	1					
│ No	an event reported in Section 71:									
	If yes, list Event # 05282017A Cash Credit/Debit Card	05/	28/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory								
Committees (Non Standard) - Original B. Itemized Contributions from Individuals								
		iividuais		LM	Contribution ID #			
Last Name	First	Classilana		MI	Contribution ID #			
Cai	G'i	Charlene		Gr. i	1230			
Residential Street Address	City			State	Zip Code			
511 Meetinghouse Cirlce		Orange		СТ	06477			
Principal Occupation		Name of Employ						
Staff			east Medical Group					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	05.0	20/2017	4400.00					
If yes, list Event # 05282017A No Money Order X Credit/Debit Card	05/2	28/2017	\$100.00		\$100.00			
					ı			
Last Name	First			MI	Contribution ID #			
wang		hong			1231			
Residential Street Address	City			State	Zip Code			
10 Brierwod Dr .		New Haven		СТ	06525			
Principal Occupation		Name of Employ	er					
retired		retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	, 	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
U No I□ □	05/2	28/2017	\$100.00		\$50.00			
If yes, list Event # 05282017A								
Last Name	First			MI	Contribution ID #			
Weick		Alan		J	1232			
Residential Street Address	City			State	Zip Code			
16 Walker Ln		Woodbridge		СТ	06525			
Principal Occupation		Name of Employ	er		•			
Sr. Data Architect		Trave	lers					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31:								
No Cash Personal Check	05/2	28/2017	\$25.00		\$25.00			
If yes, list Event # 05282017A								
Last Name	First			MI	Contribution ID #			
Liu		Xia			1233			
Residential Street Address	City			State	Zip Code			
87 Garwood Rd		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er	I				
Actuary			dHealthcare					
			abbrief analysis on	Amor	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	7111100				
If yes, indicate which branch or branches of average at the contract is with: Executive Legislative			x _{No}					
government the contract is with.	Doto	Received	Aggregate Contributions	ŀ				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	05 /	20/2017	#E0.00		¢E0.00			
If yes, list Event # 05282017A No Money Order X Credit/Debit Card	J U5/	28/2017	\$50.00		\$50.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018*			Termination Report for Candid		oratory			
Committees (Non Standard) - Original B. Itemized Contributions from Individuals								
Last Name	First			МІ	Contribution ID #			
Han		Xiongli			1184			
Residential Street Address	City			State	Zip Code			
153 Curtis Ter		Fairfield		СТ	06825			
Principal Occupation		Name of Employ	er					
Platform Engineer		Teza	Technologies					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in section 31?								
□ No □ □	05/2	28/2017	\$60.00		\$60.00			
If yes, list Event # 05282017A								
Last Name	First			MI	Contribution ID #			
Kwok		Bonnie			1185			
Residential Street Address	City			State	Zip Code			
1612 Post Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er	-	•			
Agent		New \	ork Life					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Cash Personal Check								
If yes, list Event # 05282017A No Money Order Credit/Debit Card	05/2	28/2017	\$50.00		\$50.00			
in yes, list Event # 05282017A Money Order Credit Debit Cald								
Last Name	First			MI	Contribution ID #			
Chen		Maggie			1186			
Residential Street Address	City			State	Zip Code			
134 Hillspoint Rd		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
Stay at Home mom		none						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a followist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A Yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # 05282017A Cash Personal Check No Money Order Credit/Debit Card	05/2	28/2017	\$70.00		\$70.00			
				1	[a . a			
Last Name	First			MI	Contribution ID #			
Huang Residential Street Address	City	Lei		C+-+-	1187			
	City	Turrena harall		State	Zip Code			
19 Quail Trl		Trumbull		СТ	06611			
Principal Occupation		Name of Employ Uniley						
research Manager Is contributor a principal of a state contractor or prospective state contractor?			abbyist spaysa or	Δmou	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amou	an or Commounton			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?	Date		DD- CBare Continuations					
No X Cash Personal Check	05/	28/2017	\$65.00		\$15.00			
If yes, list Event # 05282017A	I ~~/.		Ψ05.00		T-3.00			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ji		Lauren			1188				
Residential Street Address	City			State	Zip Code				
61 Guydan Ln		Fairfield		СТ	06611				
Principal Occupation student		Name of Employ none	er						
			obbyist, spouse, or	Amou	ant of Contribution				
Yes X N	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # 05282017A No Money Order Credit/Debit Card	05/	28/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Liu		Jerry			1189				
Residential Street Address	City	,		State	Zip Code				
1165 Jarvis St		Cheshire		СТ	06410				
Principal Occupation		Name of Employ	er		•				
student		none							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x No						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Dute	received	riggiogue Controutions						
No Service Personal Check	05/	28/2017	\$30.00		\$30.00				
If yes, list Event# 05282017A									
Last Name	First			MI	Contribution ID #				
Liu		Nathan			1190				
Residential Street Address	City			State	Zip Code				
1165 Jarvis St	<u> </u>	Cheshire		СТ	06410				
Principal Occupation student		Name of Employ none	er						
			obbyist, spouse, or	Amor	ant of Contribution				
Yes 🔼 N	0	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?									
If yes, list Event # 05282017A	05/	28/2017	\$30.00		\$30.00				
Last Name	First			MI	Contribution ID #				
Liu	Tiist	Yi		IVII	1191				
Residential Street Address	City			State	Zip Code				
1165 Jarvis St		Cheshire		СТ	06410				
Principal Occupation	•	Name of Employ	er		•				
Engineer		Actblu	ie						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a lobbyist?						
government the contract is with:	D. r	Dagaire-4							
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
No No Personal Check	05/	28/2017	\$30.00		\$30.00				
If yes_list Event # 05282017A Money Order Credit/Debit Card	1			I					

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Tim for Connecticut 2018*			Termination Report for Candid Committees (Non Standard) -		oratory
B. Itemized Contributions from	m Ind	lividuals	Committees (Non Standard)	Original	
Last Name	First			MI	Contribution ID #
Su		Allison			1192
Residential Street Address	City			State	Zip Code
10 Brierwood Dr	L.	Woodbridge		СТ	06525
Principal Occupation		Name of Employe	er		
student		none			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
Is this contribution associated with an event reported in Section J1?					
No No Personal Check	05/2	28/2017	\$30.00		\$30.00
If yes, list Event# 05282017A					
Last Name	First			MI	Contribution ID #
Wei		Xiaoling			1193
Residential Street Address	City			State	Zip Code
36 Fox Hill Rd	Щ,	Woodbridge		СТ	06525
Principal Occupation		Name of Employ			
Researcher		Unilev	11 1	1 4	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child o	obbyist, spouse, or f a lobbyist? Yes	Alliot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the condact is with.	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? X Yes					
□ No □ □ ····· □ ·····	05/2	28/2017	\$100.00		\$100.00
If yes, list Event # 05282017A					
Last Name	First			MI	Contribution ID #
Lin		Qing			1194
Residential Street Address	City			State	Zip Code
66 Boroskey Dr	<u> </u>	Fairfield		СТ	06824
Principal Occupation Investor		Name of Employ			
			obbyist, spouse, or	Amoi	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes N	o	dependent child o		7111100	an or commount
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event concreted in Section 112	Date	Received	Aggregate Contributions	1	
all event reported in Section 31?					
If yes, list Event # 05282017A No Sash Creck Ash Money Order Credit/Debit Card	05/2	28/2017	\$50.00		\$50.00
Type, and Profession Section 2017.					1
Last Name	First			MI	Contribution ID #
Huang	a:	Rachael		g	1195
Residential Street Address	City	Davian		State	Zip Code
25 Edmond St Principal Occupation	Ь	Darien Name of Employe	or	СТ	06820
student		none	51		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
Yes X N	o	dependent child of	f a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 11:					
If yes, list Event # 05282017A No Anney Order Credit/Debit Card	05/2	28/2017	\$25.00		\$25.00

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018* Termination Report for Candid					oratory				
Committees (Non Standard) - Original B. Itemized Contributions from Individuals									
Last Name	First	ii (Iuuui 5		MI	Contribution ID #				
Huang	riist	Richard		IVII	1196				
Residential Street Address	City	Richard		State	Zip Code				
25 Edmond St	City	Darien		CT	06820				
Principal Occupation		Name of Employ	or	<u> </u>	00020				
student		none	Ci						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	nt of Controution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
□ No □ □	05/2	28/2017	\$25.00		\$25.00				
If yes, list Event # 05282017A									
Last Name	First			MI	Contribution ID #				
Ma		JingJing			1197				
Residential Street Address	City			State	Zip Code				
35 Barnum Ter		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er						
Stay at Home mom		none							
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 05282017A No Money Order Credit/Debit Card	05/2	28/2017	\$75.00		\$75.00				
in yes, list Evenit# 05282017A Intolley Order Cledit/Debit Cald									
Last Name	First			MI	Contribution ID #				
Lin		Mike			1198				
Residential Street Address	City			State	Zip Code				
61 Cricket Ln		Fairfield		СТ	06825				
Principal Occupation		Name of Employ	er						
СРА		Self-N	1ike Lin						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a lobbyist:						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 05282017A Cash Personal Check No	05/2	28/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
	FIISt	Oin		IVII	1199				
Zhang Residential Street Address	City	Qin		State	Zip Code				
61 Cricket Ln	City	Fairfield		CT	06825				
			ON.	CI	00023				
Principal Occupation Professor		Name of Employ	er eld University						
			abbriet angues or	Amou	nt of Contribution				
Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No No Personal Check	05/2	28/2017	\$50.00		\$50.00				
If yes, list Event # 05282017A	I			ı					

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018*			Termination Report for Candid		oratory				
Committees (Non Standard) - Original B. Itemized Contributions from Individuals									
Last Name	First	ii v iu u u i s		MI	Contribution ID #				
Qin	FIISt	Andrew		IVII	1200				
Residential Street Address	City	Andrew		State	Zip Code				
25 Fairfield Ave	City	Darien		CT	06820				
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00020				
student		none	Ci						
			obbyist, spouse, or	Amou	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	Zimot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
□ No □ □	05/	28/2017	\$20.00		\$20.00				
If yes, list Event # 05282017A									
Last Name	First			MI	Contribution ID #				
Ye		Serena			1201				
Residential Street Address	City			State	Zip Code				
41 Turkey Hill Rd		Westport		СТ	06880				
Principal Occupation	•	Name of Employ	er	•					
student		none							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
U No ☐ □ ··································	05/	28/2017	\$30.00		\$30.00				
If yes, list Event # 05282017A									
Last Name	First			MI	Contribution ID #				
Chow		Yew Chang			1202				
Residential Street Address	City			State	Zip Code				
125 Dudley Dr		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er	•					
Financial Services		New \	ork Life						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	5	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in section 31:									
If yes, list Event # 05282017A Cash Cash Personal Check No	05/	28/2017	\$100.00		\$100.00				
-	<u> </u>				T				
Last Name	First			MI	Contribution ID #				
Huo		Li			1203				
Residential Street Address	City			State	Zip Code				
125 Dudley Dr		Fairfield		СТ	06824				
Principal Occupation		Name of Employ							
Financial Services			/ork Life						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			30 -0						
No Cash X Personal Check	05/	28/2017	\$100.00		\$100.00				
If yes, list Event # 05282017A	I / .	•	,	I					

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Tim for Connecticut 2018*			Termination Report for Candid		oratory			
Committees (Non Standard) - Original B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hu	FIISt	Jing		IVII	1204			
Residential Street Address	City	Jilig		State	Zip Code			
14 Hermitage Dr	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	Ci	00404			
Senior Scientist		Unile						
			obbyist spouse or	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc	Zimot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
U No □ □ ································	05/	28/2017	\$100.00		\$100.00			
If yes, list Event # 05282017A								
Last Name	First			MI	Contribution ID #			
Chen		Ping			1205			
Residential Street Address	City			State	Zip Code			
489 Ridgeview Rd		Orange		СТ	06477			
Principal Occupation		Name of Employ	er	•				
IT professional		Yale N	New Haven Health					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
U No ☐ □	05/	28/2017	\$50.00		\$50.00			
If yes, list Event # 05282017A								
Last Name	First			MI	Contribution ID #			
Yan		Xiaoqian			1206			
Residential Street Address	City			State	Zip Code			
35 Partrick Rd		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
homemaker		none						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a followist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes, list Event # 06022017A Cash Cash Personal Check No	05/	28/2017	\$100.00		\$100.00			
				1	I			
Last Name	First			MI	Contribution ID #			
Zhang		Wei			1207			
Residential Street Address	City			State	Zip Code			
25 Edmond St		Darien		СТ	06820			
Principal Occupation		Name of Employ						
Auditor			nrony Financial					
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			X No					
government the contract is with:	Doto	Received	Aggregate Contributions	-				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	05/	28/2017	\$50.00		\$50.00			
If yes, list Event # 05282017A Money Order Credit/Debit Card	05/	20/201/	φ30.00		ψ30.00			

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I MONETARY DECEIPTS (Section A. I)									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Tim for Connecticut 2018* Termination Report for Candidate and Explorat									
Tim for Connecticut 2018*			Committees (Non Standard) -		oratory				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Huang		Hai			1208				
Residential Street Address	City			State	Zip Code				
25 Edmond St		Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
Consultant		PWC							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with A yes We wont concreted in Section 112	Date	Received	Aggregate Contributions						
an event reported in Section 71:									
□ No □ □ ·······························	05/2	28/2017	\$50.00		\$50.00				
If yes, list Event # 05282017A									
Last Name	First			MI	Contribution ID #				
Yang		Diana			1209				
Residential Street Address	City			State	Zip Code				
209 Shelter Rock Rd		Stamford		СТ	06903				
Principal Occupation		Name of Employ	er	•					
CPA/Owner		Diana	Yang CPA LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with as expected in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
No Cash X Personal Check	05/2	28/2017	\$70.00		\$50.00				
If yes, list Event # 05282017A									
Last Name	First			MI	Contribution ID #				
Tu		Jay			1210				
Residential Street Address	City	•		State	Zip Code				
6 Elizabeth Ln		Riverside		СТ	06878				
Principal Occupation		Name of Employ	er						
Dev Manager		Thom	pson Reuter						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution				
)	dependent child							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash X Personal Check	05/2	28/2017	\$50.00		\$50.00				
If yes, list Event # 05282017A									
Last Name	First			MI	Contribution ID #				
Wenxin		Judy			1234				
Residential Street Address	City			State	Zip Code				
1585 Boston Post Rd		Milford		СТ	06460				
Principal Occupation		Name of Employ	er						
owner			icheum						
			abbyigt groups or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child	Vac	100					
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
No Cash Personal Check	05/	29/2017	\$50.00		\$50.00				
If yes, list Event # 05282017A Money Order X Credit/Debit Card	05/	Z J Z U I /	\$30.00		φ50.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Tim for Connecticut 2018*			Termination Report for Candid Committees (Non Standard) - (oratory
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Zhou		Yungui			1235
Residential Street Address	City			State	Zip Code
22 Darin Pl	L.,	Milford		СТ	06460
Principal Occupation		Name of Employ			
owner Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	unt of Contribution
Yes X No	0	dependent child of	Voc	Alliot	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	05.0	20/2017	+50.00		+50.00
If yes, list Event # 05282017A No Money Order X Credit/Debit Card	05/2	29/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
wang		jiaxin			1236
Residential Street Address	City			State	Zip Code
137 Hollow Tree Ridge Rd # 1822		Darien		СТ	06820
Principal Occupation		Name of Employ	er	-	-
Product Manager		Tower	rdata	_	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with: Executive Legislative		D 1 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	05/3	29/2017	\$50.00		\$50.00
If yes, list Event # 05282017A	00,1		φ30.00		
Last Name	First			MI	Contribution ID #
Schwartz		Sanford			1256
Residential Street Address	City			State	Zip Code
76 Limerick Rd		Trumbull		СТ	06611
Principal Occupation		Name of Employ			
retired		retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/2	29/2017	\$200.00		\$100.00
Last Name	First			MI	Contribution ID #
Wainwright Residential Street Address	City	Edgar		R State	1258
119 Keeler Rd	City	Bridgewater		CT	Zip Code 06752
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00702
retired		retire			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child of	a loodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
x No Cash Personal Check	05.1	20/2017	#100 00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	05/3	30/2017	\$100.00		\$100.00

A MONETA DV DE CENTRO (C. C. A. D.									
I. MONETARY RECEIPT	S (Se	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sandler		Robin		В	1252				
Residential Street Address	City			State	Zip Code				
15 Hart Ave		Branford		СТ	06405				
Principal Occupation		Name of Employ	er						
Attorney			Bruce sandler, P.C.						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc	111104	nt of continuation				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	05/:	30/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00,	30, 201,	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Soda	1 1150	Julia		R	1253				
Residential Street Address	City	Julia							
	City			State	Zip Code				
33 Coe Ln	L	Derby		СТ	06418				
Principal Occupation		Name of Employ							
undewriting lead			artford						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
Ŭ No ☐	05/3	30/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Romano		Linda-Marie		С	1259				
Residential Street Address	City			State	Zip Code				
304 Hawthorne Ave	ĺ	Derby		СТ	06418				
Principal Occupation		Name of Employ	er						
Educator		VRAE							
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		111104	ni or commound				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	05/	21/2017	±100.00		±100 00				
If yes, list Event # Money Order Credit/Debit Card	05/.	31/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Barnes		Chris			1297				
Residential Street Address	City			State	Zip Code				
15 Deepwood Ln	L	West Hartfor	d	СТ	06107				
Principal Occupation		Name of Employ	er						
Attorney		Reard	on Scanlon Vodola Barnes LL	_P					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (-						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	05/3	31/2017	\$100.00		\$100.00				

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A MONTH INVIDENCE OF THE ANALYSIS									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Hagey, Jr		Harry		R	1298				
Residential Street Address	City	-		State	Zip Code				
7 Tokeneke Trl	,	Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
Finance			mer Trust						
			obbyict enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	111104	in or commonion				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1.00.10						
X No Cash Personal Check	05/	31/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	31/2017	Ψ100.00		φ100.00				
Last Name	First			MI	Contribution ID #				
	riist	Vivuina		IVII					
Tan	City	Xiuying		Ct-t-	1299				
Residential Street Address	City			State	Zip Code				
40 Aspen Cir		Hamden		СТ	06518				
Principal Occupation		Name of Employ							
Teacher			d Heart Academy	1					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	05/	31/2017	\$25.00		\$25.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Timins		Daniel			1300				
Residential Street Address	City			State	Zip Code				
477 Madison Ave		New York		NY	10022				
Principal Occupation		Name of Employ	er						
Attorney		Law C	Offices of Daniel Timins						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	05/	31/2017	\$150.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card		•			·				
Last Name	First			MI	Contribution ID #				
Straniti		Kelly		L	1301				
Residential Street Address	City	Reliy		State	Zip Code				
1 Ponus Ave	City	Norwalk		CT	06850				
			on.	CI	00050				
Principal Occupation		Name of Employ							
paralegal			traniti paralegal services		nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	05/	31/2017	\$50.00		\$50.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Tim for Connecticut 2018*			Termination Report for Candid Committees (Non Standard) -		oratory
B. Itemized Contributions from	n Ind	lividuals	Committees (Non Standard) -	Original	
Last Name	First			MI	Contribution ID #
Faiella		Gino			1296
Residential Street Address	City			State	Zip Code
5 Winhall Ln		Trumbull		СТ	06611
Principal Occupation		Name of Employ	er		!
Facility Director		Newto	own Public Schools		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Tarkin angelikusian ananisadanish — Maskada 6 angelikusian	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash Cresonal Check	06/0	01/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		,			
Last Name	First			MI	Contribution ID #
Malwitz		Nelson			1295
Residential Street Address	City			State	Zip Code
1 Great Heron Ln		Brookfield		СТ	06804
Principal Occupation		Name of Employ	er		
retired		retire			
			obbyjet enouse or	Amou	ınt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Mathed of contribution	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?			86 8		
X No Cash Personal Check	06/	02/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00,	52,2017	Ψ100.00		4100.00
Last Name	First			MI	Contribution ID #
Salamone		Pam			1260
Residential Street Address	City			State	Zip Code
659 Cornwell Ave		Cheshire		CT	06410
Principal Occupation		Name of Employ	er	<u> </u>	00110
Legislative Aide			of CT, Senate Republican		
T			obbyist, spouse, or	Amor	int of Contribution
Yes X No)	dependent child of			
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?			86 8		
No X Cash Personal Check	06/0	02/2017	\$100.00		\$100.00
If yes, list Event # 06022017A			T		
Last Name	First			MI	Contribution ID #
Bowman	1 1150	Ashley			1261
Residential Street Address	City	7.5		State	Zip Code
422 Maple Ave	City	Cheshire		CT	06410
Principal Occupation		Name of Employ	er	<u> </u>	00.10
student		none			
			obbyist, spouse, or	Amor	unt of Contribution
Yes X No)	dependent child of	Vac	711100	
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
No X Cash Personal Check	06/	02/2017	\$100.00		\$100.00
If yes, list Event # 06022017A Money Order Credit/Debit Card	Ι ΄΄΄	-,,,	Ψ100.00	1	T-30.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Tim for Connecticut 2018*	Termination Report for Candid Committees (Non Standard) - (oratory						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DeStefanis		Alessandra			1262				
Residential Street Address	City			State	Zip Code				
386 Sterling Pl		Hamden		СТ	06517				
Principal Occupation		Name of Employ	er						
unemployed		none							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash Personal Check	06/	02/2017	\$25.00		\$25.00				
If yes, list Event # 06022017A									
Last Name	First			MI	Contribution ID #				
Roy		Kimberley			1263				
Residential Street Address	City			State	Zip Code				
1718 Mt Vernon Rd		Southington		СТ	06489				
Principal Occupation		Name of Employ							
RN		VA, C							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Bute	received	Aggregate Contributions						
No Cash Personal Check	06/	02/2017	\$100.00		\$100.00				
If yes, list Event # 06022017A			7						
Last Name	First			MI	Contribution ID #				
Roy		Matthew			1264				
Residential Street Address	City			State	Zip Code				
1718 Mt Vernon Rd		Southington		СТ	06489				
Principal Occupation		Name of Employ	er						
Plumber			Rock Plumbing & Heating						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Duit	10001100	1.88.08ate controlations						
No Cash Personal Check	06/	02/2017	\$100.00		\$100.00				
If yes, list Event # 06022017A									
Last Name	First			MI	Contribution ID #				
Bowman		John			1265				
Residential Street Address	City			State	Zip Code				
1575 Waterbury Rd		Cheshire		СТ	06410				
Principal Occupation		Name of Employ							
Energy Manager			chcock Co, Inc						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?	Date		op-ogate continuations						
No State of the December of the No. I was a second of the No. I was a	06/	02/2017	\$100.00		\$100.00				
If yes, list Event # 06022017A	I			I					

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	ection A-1)	TYPE OF REPORT					
Tim for Connecticut 2018* Termination Report for Candidate and Explor								
			Committees (Non Standard) -	Original				
B. Itemized Contributions from	n Inc	lividuals						
Last Name	First			MI	Contribution ID #			
Bowman		Shaun			1266			
Residential Street Address	City			State	Zip Code			
1375 Notch Rd		Cheshire		СТ	06410			
Principal Occupation		Name of Employ	er					
Plumber		FF Hit	chcock Co, Inc					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # 06022017A Cash Credit/Debit Card	06/	02/2017	\$100.00		\$100.00			
in yes, list Event # 00022017A								
Last Name	First			MI	Contribution ID #			
Barry		Alexandria			1267			
Residential Street Address	City			State	Zip Code			
721 Cook Hill Rd		Cheshire		СТ	06410			
Principal Occupation		Name of Employ	er	-	•			
student		none						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
U No ☐ □ ··································	06/	02/2017	\$100.00		\$100.00			
If yes, list Event # 06022017A								
Last Name	First			MI	Contribution ID #			
McCool		Joe			1268			
Residential Street Address	City			State	Zip Code			
81 Pratt St		Bristol		СТ	06010			
Principal Occupation		Name of Employ	er	•				
Carpenter/Plumber		JMC E	Builders/NE Custom Barns					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
U No I □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	06/	02/2017	\$100.00		\$100.00			
If yes, list Event # 06022017A								
Last Name	First			MI	Contribution ID #			
DiCaprio		Karen			1269			
Residential Street Address	City			State	Zip Code			
1112 Westwoods Rd		Hamden		СТ	06518			
Principal Occupation		Name of Employ	er		!			
unemployed		none						
			obbyist, spouse, or	Amou	int of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
No Cash X Personal Check	06/	02/2017	\$100.00		\$100.00			
If yes, list Event # 06022017A	I 55/	- ,	¥200.00					

I. MONETARY RECEIPT	C (C	notion A D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT		
Tim for Connecticut 2018*			Termination Report for Candid	late and Expl	oratory
			Committees (Non Standard) -	Original	·
B. Itemized Contributions from	_	lividuals		1	<u> </u>
Last Name	First			MI	Contribution ID #
Zhang		Tianhong			1279
Residential Street Address	City			State	Zip Code
304 County Rd		Madison		СТ	06443
Principal Occupation		Name of Employ	er		
Chemist			rix Services		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
X Parsonal Charles					
If yes, list Event # 06022017A No Money Order Credit/Debit Card	06/0	02/2017	\$100.00		\$100.00
If yes, list Event# 00022017# Withinty Order					
Last Name	First			MI	Contribution ID #
Schott		Paul		L	1280
Residential Street Address	City			State	Zip Code
104 Chestnut Hill Rd		Trumbull		СТ	06611
Principal Occupation		Name of Employ	er		•
Manager		Sperr	y Rain		
Is contributor a principal of a state contractor or prospective state contractor?		-	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with.	Date	Received	Aggregate Contributions	•	
an event reported in Section J1?					
No Cash X Personal Check	06/	02/2017	\$50.00		\$50.00
If yes, list Event # 06022017A	00/	02/2017	¥30.00		450.00
Last Name	First			MI	Contribution ID #
	riist	Adam		IVII	1281
Grippo Residential Street Address	City	Auaiii		State	
	City	Ch him-			Zip Code
1068 Avon Blvd		Cheshire		СТ	06410
Principal Occupation		Name of Employ			
Accountant		State			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of			x _{No}		
government the contract is with:					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 06022017A Cash Cash Personal Check October Cash Personal Check	06/0	02/2017	\$100.00		\$100.00
					I
Last Name	First			MI	Contribution ID #
Adinolfi		Alfred		С	1282
Residential Street Address	City			State	Zip Code
234 Sorghum Mill Dr		Cheshire		СТ	06410
Principal Occupation		Name of Employ	er		
retired		retire	d		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
— X P 1011	l				
If yes, list Event # 06022017A Cash Personal Check No Cash Personal Check Money Order Credit/Debit Card	06/0	02/2017	\$100.00		\$100.00
11 yes, his Event # 00022017A Withey Order L Cledit/Debit Cald					

I, MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT							
Tim for Connecticut 2018*			Termination Report for Candid	late and Expl	oratory					
B. Itemized Contributions from	T	Ľ: J1-	Committees (Non Standard) -	Original						
		iividuais		ı	T					
Last Name	First	David		MI	Contribution ID #					
Pelletier	G'i	David		G	1283					
Residential Street Address 132 Country Club Rd	City	Cheshire		State CT	Zip Code 06410					
Principal Occupation		Name of Employ	00410							
CPA			itz & Meyerjack PC							
			obbyist, spouse, or	Amou	ınt of Contribution					
Yes X No)	dependent child of	Vac							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with	Date	Received	Aggregate Contributions	1						
X Parsonal Chark	reported in Section 11:									
If yes, list Event # 06022017A No Money Order Credit/Debit Card	06/0	02/2017	\$100.00		\$100.00					
If you, his broken and the broken can be be be been can be been can be be becaused an expectable because the beautiful to be because the beautiful to be because the beautiful to be be because the beautiful to be be because the beautiful to be be because the beautiful to be because the beautiful to be be because the beautiful to be becau				<u> </u>						
Last Name	First			MI	Contribution ID #					
Minore-Carbone		Rosemary			1284					
Residential Street Address	City			State	Zip Code					
447 Radmere Rd		Cheshire		СТ	06410					
Principal Occupation		Name of Employ								
Registered nurse	UNHH Is contributor a lobbyist, spouse, or Amount of Contrib									
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	int of Contribution					
If yes, indicate which branch or branches of Executive Legislative			x _{No}							
government the contract is with.	Date	Received	Aggregate Contributions							
an event reported in Section J1?	Duite	10001100	riggregate contributions							
No Cash X Personal Check	06/0	02/2017	\$100.00		\$100.00					
If yes, list Event # 06022017A	,	, .								
Last Name	First			MI	Contribution ID #					
Veleber		David			1285					
Residential Street Address	City			State	Zip Code					
402 Hayledge Ct		Cheshire		СТ	06410					
Principal Occupation		Name of Employ	er	-	-					
Attorney		CATIO								
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution					
If yes, indicate which branch or branches of		dependent child of	of a followist:							
government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions							
No Cash X Personal Check	06.11	02/2017	¢100.00		¢100.00					
If yes, list Event # 06022017A Money Order Credit/Debit Card	06/0	02/2017	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
Aldo	1 1130	Andrew		F	1286					
Residential Street Address	City	7110101		State	Zip Code					
45 Pinebrook Ct		Cheshire		CT	06410					
Principal Occupation	-	Name of Employ	er							
Sales Producer		CpM 1	ins. Services, LLC							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution					
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?							
government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with	Date	Received	Aggregate Contributions							
an event reported in Section 31:										
If yes, list Event # 06022017A Cash Credit/Debit Card	06/0	02/2017	\$100.00		\$100.00					

L MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(TYPE OF REPORT							
Tim for Connecticut 2018*			Termination Report for Candid Committees (Non Standard) -		oratory					
B. Itemized Contributions from	n Inc	lividuals	Committees (Non Standard)	Original						
Last Name	First			MI	Contribution ID #					
Barry		Casey			1287					
Residential Street Address	City			State	Zip Code					
721 Cook Hill Rd		Cheshire		СТ	06410					
Principal Occupation	Name of Employer									
student		none								
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution					
If yes, indicate which branch or branches of		dependent child of								
government the contract is with: Executive Legislative		p : 1								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions							
No Cash X Personal Check	06/	02/2017	\$100.00		\$100.00					
If yes, list Event # 06022017A Money Order Credit/Debit Card	06/	02/2017	\$100.00	\$100.00						
Last Name	MI	Contribution ID #								
Rowe, Sr	First	Robert		S	1272					
Residential Street Address	City	ROBERT		State	Zip Code					
7 Grove St		Deep River		CT	06417					
Principal Occupation		Name of Employ	er	<u> </u>	00.17					
President		C&S								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution					
)	dependent child of	of a lobbyist?							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No							
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section 31?										
If yes, list Event # 06022017A Cash Credit/Debit Card	06/	02/2017	\$100.00		\$100.00					
300220177.										
Last Name	First			MI	Contribution ID #					
Rowe, Sr		Susan			1273					
Residential Street Address	City			State	Zip Code					
7 Grove St		Deep River		СТ	06417					
Principal Occupation	Name of Employer									
homemaker Is contributor a principal of a state contractor or prospective state contractor?		none	obbyist spouse or	A may	nt of Contribution					
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	iit of Contribution					
If yes, indicate which branch or branches of Executive Legislative			x _{No}							
government the contract is with:	Date	Received	Aggregate Contributions							
an event reported in Section J1?										
No Cash X Personal Check	06/	02/2017	\$100.00		\$100.00					
If yes, list Event # 06022017A										
Last Name	First			MI	Contribution ID #					
Delbuono		Brittany			1274					
Residential Street Address	City			State	Zip Code					
40 Sherman Ter		North Haven		СТ	06473					
Principal Occupation		Name of Employ	er							
Office		Trans	Waste, Inc							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution					
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?							
government the contract is with:			x _{No}							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions							
No Cash X Personal Check		02/2017	+100.00		±100.00					
If yes, list Event # 06022017A No Money Order Credit/Debit Card	J U6/	02/2017	\$100.00		\$100.00					

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I. MONETARY RECEIPT	S (S	action A D					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT				
Tim for Connecticut 2018*			Termination Report for Candid	ate and Explo	oratory		
	T 1		Committees (Non Standard) -	Original			
B. Itemized Contributions from	_	iividuais					
Last Name	First	_		MI _	Contribution ID #		
Strollo		Sean		В	1275		
Residential Street Address	City			State	Zip Code		
1525 Highland Ave		Cheshire		СТ	06410		
Principal Occupation		Name of Employ					
towing			o Bros & Sons Inc				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child (_				
government the contract is with:			x _{No}				
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31:							
If yes, list Event # 06022017A Cash Credit/Debit Card	06/0	02/2017	\$100.00		\$100.00		
<u> </u>							
Last Name	First			MI	Contribution ID #		
Bowman		Matthew		J	1276		
Residential Street Address	City			State	Zip Code		
422 Maple Ave		Cheshire		СТ	06410		
Principal Occupation		Name of Employ	er				
retired		retire	d				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
No Cash X Personal Check	06/0	02/2017	\$100.00		\$100.00		
If yes, list Event # 06022017A			Ţ				
Last Name	First			MI	Contribution ID #		
Barry		John		J	1277		
Residential Street Address	City	30		State	Zip Code		
721 Cook Hill Rd	City	Cheshire		CT	06410		
Principal Occupation			or	<u> </u>	00410		
Waste Transporter	Name of Employer TransWaste, Inc						
·			obbyist, spouse, or	Amou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	Doto	Received					
an event reported in Section J1?	Date	Received	Aggregate Contributions				
No Cash X Personal Check	06.11	02/2017	¢100.00		¢100.00		
If yes, list Event # 06022017A	06/1	02/2017	\$100.00		\$100.00		
					a		
Last Name	First	Cl		MI	Contribution ID #		
Barry		Christine		J	1278		
Residential Street Address	City	a		State	Zip Code		
721 Cook Hill Rd	L	Cheshire		СТ	06410		
Principal Occupation		Name of Employ					
Nurse			ry's Hospital				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with A yes Yes	Date	Received	Aggregate Contributions				
an event reported in Section 31:							
If yes, list Event # 06022017A Cash Credit/Debit Card	06/0	03/2017	\$100.00		\$100.00		

I. MONETARY RECEIPT	S (S	action A D						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Tim for Connecticut 2018*			Termination Report for Candid		oratory			
B. Itemized Contributions from	n Ind	lividuals	Committees (Non Standard) -	Original				
Last Name	First	ii viuuuis		MI	Contribution ID #			
Davidson	riist	George		IVII	1290			
Residential Street Address	City	George		State	Zip Code			
131 Victoria Dr	City	Cheshire		CT	06410			
Principal Occupation		Name of Employ	or	Ci	00410			
Owner			ipal Truck Parts, Inc					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	V					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
│	06/0	03/2017	\$100.00		\$100.00			
If yes, list Event # 06022017A								
Last Name	First			MI	Contribution ID #			
Davidson		Mary			1291			
Residential Street Address	City			State	Zip Code			
131 Victoria Dr		Cheshire		CT	06410			
Principal Occupation		Name of Employ	er					
Comptroller		Munic	ipal Truck Parts, Inc					
Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or Yes Yes							
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with:			x No					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31?								
U No I□ □	06/0	03/2017	\$100.00		\$100.00			
If yes, list Event # 06022017A								
Last Name	First			MI	Contribution ID #			
Monaco		Domenic		С	1270			
Residential Street Address	City			State	Zip Code			
76 Westfield Dr		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
Sales		Premi	er Graphics					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If we sindicate which branch or branches of	,	dependent child of	a lobbyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A second of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/0	03/2017	\$375.00		\$275.00			
Last Name	First	C 11:		MI	Contribution ID #			
Deveglia Residential Street Address	City	Cynthia		K	1271			
	City	Hamadan		State	Zip Code			
310 Russo Dr		Hamden		СТ	06492			
Principal Occupation		Name of Employ						
Office Manager Is contributor a principal of a state contractor or prospective state contractor?			Waste, Inc obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	Vac	e, or Yes Amount of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			35 5					
No Cash X Personal Check	06/0	03/2017	\$100.00		\$100.00			
If yes, list Event # 06022017A	l É		*					

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT							
Tim for Connecticut 2018*			Termination Report for Candid Committees (Non Standard) -		oratory					
B. Itemized Contributions from	m Ind	lividuals								
Last Name	First			MI	Contribution ID #					
Meng		Ruibin			1292					
Residential Street Address	City			State	Zip Code					
9 Patriots Farm Pl		Armonk		NY	10504					
Principal Occupation		Name of Employ	er							
retired		retire								
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution					
If yes, indicate which branch or branches of Executive Legislative		dependent cinia o	x No							
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions							
an event reported in Section J1?	Date	Received	Aggregate Contributions							
X No Cash Personal Check	06/	04/2017	\$100.00		\$100.00					
If yes, list Event # Money Order X Credit/Debit Card	00/	0 1/ 2017	Ψ100.00							
Last Name	First			MI	Contribution ID #					
Huang		Jiling			1293					
Residential Street Address	City			State	Zip Code					
373 Main St		New Canaan		СТ	06840					
Principal Occupation		Name of Employ	er							
Teacher		CLSC								
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a le	ant of Contribution							
If yes, indicate which branch or branches of		dependent child of	<u></u>							
government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions							
Cash Personal Check										
If yes, list Event # Money Order X Credit/Debit Card	06/	05/2017	\$50.00		\$50.00					
Last Name	First			MI	Contribution ID #					
Lomazzo	FIISt	Arline		IVII	1294					
Residential Street Address	City	Aimic		State	Zip Code					
14 Shady Brook Ln	,	Old Greenwic	ch	CT	06870					
Principal Occupation		Name of Employ		00070						
retired		retire	d							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution					
If yes, indicate which branch or branches of	0	dependent child of								
government the contract is with:			x _{No}							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions							
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	06/	05/2017	\$25.00		\$25.00					
	L .									
Last Name	First	A1: :		MI	Contribution ID #					
Giacobbe Residential Street Address	City	Alicia		State	1288 Zip Code					
12 Gorham Pl	City	Trumbull		CT	06611					
Principal Occupation		Name of Employe	er	<u> </u>	00011					
stylist			Hair Salon							
Is contributor a principal of a state contractor or prospective state contractor?			obbriet enouge or	Amou	ant of Contribution					
Yes X No	0	dependent child of	Vac							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions							
— X p 1611										
If yes list Event # Cash Cash Credit/Debit Card	06/	05/2017	\$100.00		\$100.00					

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								Page /9 01 114	
		TARY RECEIPT	CS (S	ection A-I)	1				
NAME OF COMMITTEE (Provide Complete Name as I	Registered	d with Commission)				REPORT			
Tim for Connecticut 2018*					Termination Re Committees (N	•		ploratory	
В. І	temized	Contributions fro	m Inc	lividuals	COMMITTEE (14	on otandara)	Original		
Last Name			First				MI	Contribution ID #	
Giacobbe			11130	Julie			IVII	1289	
Residential Street Address			City	Julie			State	Zip Code	
90 Arden Rd			City	Trumbull			CT	06611	
			1				Ci	00011	
Principal Occupation				Name of Employe					
ParaProfessional	0				oull Board of Edu	ication			
Is contributor a principal of a state contractor or prospective state contractor	?	Yes x	No	Is contributor a lo dependent child of		Yes	An	nount of Contribution	
If yes, indicate which branch or branches of Executive		Legislative		dependent enna o	i u loboyist:	x _{No}			
government the contract is with: Is this contribution associated with Method of	f contribution	n:	Date	Received	Aggregate Contribu	itions	1		
an event reported in Section J1?					66 6				
x No Cash		X Personal Check	06/	05/2017	\$1	.00.00		\$100.00	
If yes, list Event #	ey Order	Credit/Debit Card		,				7-0000	
Total of Section B \$24,761.00									
TOTAL OF ALL CONTRIBUTIONS FROM INDIVID	424.764.00								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVID	JUALS	(Sections A	+ B)	(Total on Line 1	14, Column A of Si	ummary Fage)		Ψ-1/	
I.	MONE	TARY RECEIP	TS (S	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as R	Registered	l with Commission)				TYP.	E OF RE	PORT	
Tim for Connecticut 2018*								Candidate and s (Non Standard) -	
						Original			
C1. Cc	ontribut	ions from Other C	Commi	ittees					
Name of Committee				Name of Treasure	er				
Tim for Connecticut 2018 (candidate)				Loretta Chory					
					,				
Address		1			_	, ,	, [
26 Dale Rd				ribution associated w	rith an	Yes	No	Amount of Contribution	
20 Dale Ru		eve	ent repor	ted in Section J1?					
				If yes, list Event	#				
City	State	Zip Code	Date R	eceived	Aggregate Conti	ributions			
City Trumbull	СТ	06611	06/3	0/2017	1	4-	2.25	\$2.25	
Trumbuii		00011	100/3	0/2017			2.23		
						T . 1 . 60		40.00	
					,	Total of Sect	ion CI	\$2.25	

Total of Section D

									Page 80 of 114		
	I. MONETA	ARY RECE	CIPTS (S	ection .	A-I)						
NAME OF COMMITTEE							TY	PE OF REPORT	Γ		
Tim for Connecticut 2018*							Termination Report for Candidate and Exploratory Committees (Non Standard) - Original				
C	2. Reimbursements or S	Surplus Dist	ributions	from of	ther Con	nmittees	•	,	J		
Name of Committee					Name of T	Γreasurer					
Address							Date Received		Amount of Receipt		
City		State	Zip Code		Payment 7	Гуре					
Reimbursement for si Surplus distribution f							•	committee			
Expenditure #	Description	1			1		1 ,				
							Tot	al of Section C2			
							100	ar or section C2			
	I. MON	NETARY F	RECEIPT	ΓS (Sec	tion A-l	I)					
NAME OF COMMITTEE							TYPE	OF REPORT			
Tim for Connecticut 2018*							1	Report for Candidate (Non Standard) - Or			
	D. Loa	ans Received	l this Peri	od							
Name of Lender				Source o	f Loan:				Date of Receipt		
				Ban	ık	Candidate	Individua	l Other			
Street Address			City	•			State	Zip Code	Is there a cosigner or Guarantor of this loan?		
									Yes No		
Name of Cosigner/Guarantor (if applicable	е)								Amount Received		
Street Address			City				State	Zin Code			

	I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE					TY	PE OF REPO	ORT				
Tim for Connecticut 2018	*						Candidate and es (Non Standard) -				
E. Personal	Funds of the Candidat	e Received this Perio	d (Candidate Comm	ittees ONL							
Date of Receipt	Method of Payment Cash	Personal Cl	neck Credit	/Debit Card			Amount				
					Total of Se	ection E					
I. Monetary Receipts (Section A-I)											
NAME OF COMMITTEE		TY	PE OF REPO	RT							
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original											
G. Interest from Deposits in Authorized Accounts											
Name of Institution				D	ate Received		Amount				
Street Address		City		State	Zip Co	de					
				<u> </u>	Tota	l of Section G					
	I. MC	NETARY RECEI	PTS (Section A-I)								
NAME OF COMMITTEE					ТҮРЕ	OF REPORT					
Tim for Connecticut 2018	*					Report for Can (Non Standard	ndidate and Exploratory I) - Original				
	H. Public Grant	Funds Received from	the Citizens' Election	n Fund	,						
Purpose of Grant:		Grant Cycle:			Date	Received	Amount				
Initial Supplemental	Grant Adjustment /Post Election Deficit	Primary	General Election	Special Elec	tion						
					Total	of Section H					

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE				TYPE OF REPORT						
Tim for Connecticut 2018*	Termination Report for Candidate and Exploratory Committees (Non Standard) - Original									
I. Miscellaneous Monetary Receipts not Considered Contributions										
Name			Date o	f Transaction	Amount Received					
Street Address	City	State		Zip Code						
Description										
				Total of Section I						

	II. EVENT ACTIVITY	(Sections	J1 - J4)						
NAME OF COMMITTEE (Provide Con	mplete Name as Registered with Com	nmission)			TYPE (OF REPO	RT		
Tim for Connecticut 2018*					Termination Repo				
	J1. Event Inform	nation			Original				
Event # Date of Event	Description Meet and Greet Event						n fundraisin	ng event?	
Location: Street Address 97 Harvest Hill Ln				City Stamford		•	State CT	Zip Code 06902	
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section Jawith a House Party an host(s) for food, bever	d complete requ	ired information for			ed	
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	s and		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	eceipts here.)				\$0.00	
Event # Date of Event	Description Luncheon Event					l—	fundraisin	ng event?	
Location: Street Address 923 Post Rd				City Fairfield			State CT	Zip Code 06824	
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section Je with a House Party an host(s) for food, bever	d complete requ	ired information for			ed	
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.						
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	eceipts here.)				\$0.00	
Event # Date of Event	Description Home Fundraiser						ı fundraisin Yes	ng event?	
Location: Street Address 721 Cook Hill Rd				City Cheshire			State CT	Zip Code 06410	
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section Jewith a House Party an host(s) for food, bever	d complete requ	ired information for			ed	
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	s and		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Receipts here.) \$0.0						

II. EVENT ACTIVITY (Sections J1 - J4)												
NAME OF COMMITTEE (Provide	Complete Name as Regi	stered with Com	nmission)					TYPE	OF REP	ORT		
Tim for Connecticut 2018*								Termination Report for Candidate and Exploratory Committees (Non Standard) -				
	J1	. Event Inform	nation					I Ondinal				
Event # Date of Event 06/11/2017 Letter A	Description Cocktail Event								Was this	s a fundra Yes	ising event?	
Location: Street Address 11 Lynnbrook Rd							City Trumbull			State CT	Zip Code 06611	
Was this event hosted at a personal residence? X Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.												
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.												
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) X No \$0.00												
							T	otal of Section J1			\$0.00	
	II.EV	ENT ACTIV	TTY (S	ectio	ns J1	J4)						
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Con	nmission)				TYPE OF REPORT				
Tim for Connecticut 2018*								ermination Report for Committees (Non Sta			Exploratory	
	J3. In-Kind Donat	ions Not Cons	sidered (Contr	ibutions							
Name of the Donor												
Street Address					City					State	Zip Code	
Donation Given by:	Description of Donation										arket Value of Donation	
Individual	Data Bassiya d	Examt #					aaraaat1	o for this or	\dashv			
Business Entity Sole Proprietorship	Date Received	Event#				A	ggregate valu	e for this event				
								Total of Castin	. 12			

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	II.EVENT ACTIVITY (Sect	ions J1 - J4)					
NAME OF COMMITTEE (Provide 0	Complete Name as Registered with Commission)			TYPE OF R	EPOR	Т	
Tim for Connecticut 2018*				Termination Report Exploratory Common Original			
J4. In-Kir	nd Donations Not Considered Contributions Asso	ciated with a H	louse Part	y			
Name of Host			Is this event	supporting more than	one cand	idate?	
Steven Kolenberg			Yes	Y No. If y		olete Itei	mization in
Street Address		City	•			State	Zip Code
97 Harvest Hill Ln		Stamford				CT	06905
Description of Donation snacks, water, soda							arket Value of Donation
Event # 05072017A	Aggregate value of this Event - all hosts \$19.97	Aggregate val	ue of all Events	s - this host/candidate \$19.97	7		\$19.97
Name of Host John Barry			Is this event Yes	IV IN-		olete Itei	mization in
Street Address		City	1			g	7. 0.1
721 Cook Hill Rd		Cheshire				State CT	Zip Code 06410
Description of Donation food, beverages							arket Value of Donation
Event # 06022017A	Aggregate value of this Event - all hosts \$388.13	Aggregate val	ue of all Events	s - this host/candidate \$388.13	3		\$388.13
				Total of Section J4	ı		\$408.10

III. NONMONETARY RECEIPTS (Sections K - L)								
NAME OF COMMITTEE (Provide Complete N	Name as Registered wit	h Commiss	ion)		TYPE OF REP	ORT		
Tim for Connecticut 2018*					Termination Report for Cand Committees (Non Standard)			
	K. In-Kind (Contributi	ons					
Name Chen Hang								
Street Address 111 Spring Water Ln				City New Canaan		State CT	Zip Code 06840	
Is this contribution associated with an event reported in Section J1? If yes, list Event# 05282017A	x Yes No	Description Food	of In-Kind Contribution			·		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	contracto		of a state contractor or prosch branch or branches of stract is with:	spective state	Yes X No Legislative		Tarket Value of this Contribution	
Type of Contributor: x Individual Committee	Sole Propri	etorshin	Date Received 05/28/2017	,	Aggregate contributions \$375.00		\$275.00	
naividual Committee	Sole Hope	ctorsinp	03/20/2017		¥3/3.00			
Name Chen Hong								
Street Address 22 Crawford Rd				City Westport		State CT	Zip Code 06880	
Is this contribution associated with an event reported in Section J1?	X Yes No	Description	of In-Kind Contribution					
If yes, list Event# 05282017A Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	contracto		of a state contractor or prosect branch or branches of thract is with:	spective state	$\begin{array}{c c} & & & & \\ & & & & \\ \hline x & N_0 \\ \\ \text{utive} & & & \\ \hline \end{array}$ Legislative		Tarket Value of this Contribution	
Type of Contributor: x Individual Committee	Sole Propri	etorship	Date Received 05/28/2017	7	Aggregate contributions \$375.00		\$275.00	

Total of Section K

\$1,100.00

	III. NONMONETARY RECEIPTS (Sections K - L)									
NAME OF COMMITTEE (Provide Complete	Name as Registered wit	h Commiss	ion)		TYPE OF REP	ORT				
Tim for Connecticut 2018*					Termination Report for Cand Committees (Non Standard)					
	K. In-Kind (Contributi	ons							
Name Qian Hongying										
Street Address 109 Brookside Dr				City Fairfield		State CT	Zip Code 06824			
Is this contribution associated with an event reported in Section J1?	X Yes No	Description	of In-Kind Contribution	•		•				
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a principal of a state contractor or prospective state contractor o										
Type of Contributor: x Individual Committee	Sole Propri	etorship	Date Received 05/28/2017		Aggregate contributions \$375.00		\$275.00			
Name Zheng Danian										
Street Address 33 Pansy Cir				City Fairfield		State CT	Zip Code 06824			
Is this contribution associated with an event reported in Section J1? If yes, list Event# 05282017A	X Yes No	Description	of In-Kind Contribution			•				
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	contracto		of a state contractor or prosect branch or branches of attract is with:	pective state	Yes x No utive Legislative		farket Value of this Contribution			
Type of Contributor: x Individual Committee	Sole Proprie	etorship	Date Received 05/28/2017		Aggregate contributions \$375.00		\$275.00			

III. Non Monetary Receipts (Sections K - L)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REI						PORT	
1 Hill for Connecticut 2016				Termination Report for Candidate and Exploratory Committees (Non Standard) - Original			
L. Refundable Deposit to Telephone Company							
Last Name of Individual		First Name	MI	Date I	Deposit Made		
Residential Street Address	Ci	ty	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 COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT	,	
Tim for Connecticut 20	018*				port for Candidate and Exploratory		
	001)	Tr Standard)	Cingilia				
Name of Payee Anedot			Date of Payn 04/06/20			yment heck # lebit Card FT	
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884	
Purpose of Expend WEB	Description online donation processing fee					Amount	
which reimbursement is sough		diture # licable)	Event #			\$17.10	
Name of Payee Peoples United Bank Date of Payment 04/06/2017					Method of Payment Check # Debit Card X EFT		
Street Address 850 Main St		City Bridgeport			State CT	Zip Code 06606	
Purpose of Expend BNK	Description NSF bank fee					Amount	
which reimbursement is sough		diture # licable)	Event #			\$15.00	
Name of Payee Anedot			Date of Payn 04/06/20			yment heck # rebit Card FT	
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884	
Purpose of Expend WEB	Description online donation processing fee					Amount	
which reimbursement is soug		diture # licable)	Event #			\$631.97	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ О	F REPORT			
Tim for Connecticut 20	Tim for Connecticut 2018* Termination Repo						
	Committees (No	i Standard) - t	Original				
Name of Payee Post Office, Trumbull		Date of 04/07	Payment /2017	. =	eck #		
Street Address 50 Quality St		City Trumbull		State CT	Zip Code 06611		
Purpose of Expend POST	Description stamps, thank you notes				T Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		\$294.00					
Name of Payee Staples Date of Payment 04/07/2017					Method of Payment Check # X Debit Card EFT		
Street Address 1201 Kings Hwy		City Fairfield		State CT	Zip Code 06432		
Purpose of Expend OVHD	Description scan contract				Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure			ent#		\$4.25		
Name of Payee Westbrook RTC		Date of 04/07	Payment /2017	I =	neck # <u>1037</u> bit Card		
Street Address PO Box 1125		City Westbrook		State CT	Zip Code 06498		
Purpose of Expend CNTRB	Description John Holbrook Awards Dinner				Amount		
which reimbursement is sough		• • • • • • • • • • • • • • • • • • •	ent#		\$45.00		

	IV. EXPENDITURES (Sections N - S))					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O						F REPORT		
Tim for Connecticut 20	018*				oort for Candidate and Exploratory on Standard) - Original			
	on Standard)	- Original						
Name of Payee Fairfield RTC			Date of Payr 04/10/20			ayment Check # 1038 Debit Card		
Street Address PO Box 275		City Fairfield			State CT	Zip Code 06824		
Purpose of Expend CNTRB	Description Lincoln Reagan Dinner	·				Amount		
which reimbursement is sous	□	enditure # applicable)	Event #	ŧ		\$100.00		
Name of Payee Jon Conradi			Date of Payr			ayment Check # Bank8B492N7 Debit Card EFT		
Street Address 360 H St NE Apt 204		City Washington			State DC	Zip Code 20002		
Purpose of Expend CNSLT	Description General campaign consultant					Amount		
which reimbursement is sough	— I	enditure # applicable)	Event #	ŧ		\$2,500.00		
Name of Payee Loretta Chory			Date of Payr 04/10/20			ayment Check # <u>BankZB492N7</u> Debit Card EFT		
Street Address 26 Dale Rd		City Trumbull			State CT	Zip Code 06611		
Purpose of Expend CNSLT	Description Campaign Treasurer					Amount		
which reimbursement is sough		enditure # applicable)	Event #	ŧ		\$750.00		

	IV. EXPENDITURES (So	ections N - S)					
NAME OF COMMITTE	OF REPORT	FREPORT					
Tim for Connecticut 20	018*				ort for Candidate and Exploratory n Standard) - Original		
	N. Expenses Paid By Commi	ttee	ponimitees (i	von Gtandard) -	Original		
Name of Payee Jordanne Anderson			Oate of Payment 04/18/2017		yment Check# <u>BankKB492N7</u> Debit Card FT		
Street Address 80A Glover Ave		City North Quincy		State MA	Zip Code 02171		
Purpose of Expend CNSLT	Description Finance Consultant				Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #		\$2,000.00		
Name of Payee Anedot			Oate of Payment		yment Check # Debit Card UFT		
Street Address PO Box 84314		City Baton Rouge		State LA	Zip Code 70884		
Purpose of Expend WEB	Description online donation processing fee				Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	— I	diture # licable)	Event #		\$63.61		
Name of Payee Naugatuck RTC			Date of Payment 04/19/2017		yment Check# <u>1039</u> Debit Card		
Street Address 229 Church St		City Naugatuck		State CT	Zip Code 06770		
Purpose of Expend CNTRB	Description Spring Luncheon				Amount		
which reimbursement is sough	= 1	diture # licable)	Event #		\$35.00		

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT	F REPORT		
Tim for Connecticut 20	018*				port for Candidate and Exploratory			
	N. Expenses Paid By Comm	ittee		Committee (140	on otaniaara)	Criginal		
Name of Payee Harris Media, LLC			Date of Payr			yment heck # ebit Card FT		
Street Address 2131 Theo Dr		City Austin			State TX	Zip Code 78723		
Purpose of Expend WEB	Description Google search					Amount		
which reimbursement is sough		diture # slicable)	Event #	!		\$496.90		
Name of Payee Harris Media, LLC Date of Payment 04/19/2017					Method of Payment Check # Debit Card X EFT			
Street Address 2131 Theo Dr		City Austin			State TX	Zip Code 78723		
Purpose of Expend WEB	Description Google search, NationBuilder					Amount		
which reimbursement is sough		diture # slicable)	Event #	!		\$1,268.76		
Name of Payee Sharon Vimini			Date of Payr			yment heck# <u>1040</u> ebit Card FT		
Street Address 125 Butternut Ln		City Stratford			State CT	Zip Code 06614		
Purpose of Expend REF	Description Donation refund, ID #0635					Amount		
which reimbursement is soug		diture # slicable)	Event #			\$100.00		

NAME OF COMMITTE	TYPE OF REPORT			
Tim for Connecticut 20	018*			nation Report for Candidate and Exploratory ittees (Non Standard) - Original
	ntees (Non Standard) - Original			
Name of Payee Post Office, Trumbull			Date of Payment 04/21/2017	Method of Payment Check # X Debit Card EFT
Street Address 50 Quality St		City Trumbull		State Zip Code CT 06611
Purpose of Expend POST	Description stamps			Amount
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #	\$98.00
Name of Payee Xiao-hong Zhou	Method of Payment X Check # 1041 Debit Card EFT			
Street Address 27 Kachina Way		City Madison		State Zip Code CT 06443
Purpose of Expend REF	Description Donation refund, ID #0975			Amount
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #	\$100.00
Name of Payee Eliana Thomen			Date of Payment 04/21/2017	Method of Payment X Check # 1042 Debit Card EFT
Street Address 8 Knoll Ln		City Rocky Hill		State Zip Code CT 06067
Purpose of Expend REF	Description Donation refund, ID #0566			Amount
which reimbursement is sough		diture # licable)	Event #	\$100.00

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commi		,	ТҮРЕ О	F REPORT			
Tim for Connecticut 2010					ort for Candidate and Exploratory n Standard) - Original		
N. Expenses Paid By	Committees (Not	ii Stailuaiu) -	Original				
Name of Payee Staples		Date of Payr 04/21/20		. —	neck #		
Street Address 1201 Kings Hwy	City Fairfield	,		State CT	Zip Code 06432		
Purpose of Expend OFFICE Description Ink, paper, misc					Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes $X = X = X = X = X = X = X = X = X = X $	Expenditure # (if applicable)	Event #			\$105.37		
Name of Payee Anedot		Date of Payr 04/26/20			neck #		
Street Address PO Box 84314	City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend WEB Description online donation processing fee	·				Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #			\$31.69		
Name of Payee Staples		Date of Payr 04/28/20		. =	neck #		
Street Address 3 Armstrong Dr	City Shelton			State CT	Zip Code 06484		
Purpose of Expend OFFICE Description Thumbdrives					I Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #	i		\$21.26		

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ С	F REPORT			
Tim for Connecticut 20	018*				port for Candidate and Exploratory			
	N. Expenses Paid By Com	nittee		Dominitees (No	ir otandard) -	Original		
Name of Payee VistaPrint.com			Date of Pays		1 =	neck#		
Street Address 275 Wyman St		City Waltham			State MA	Zip Code 02451		
Purpose of Expend PRNT	Description Business Cards					Amount		
Is this expenditure coordinate which reimbursement is soughtful tyes, assign an Expenditure		\$31.87						
Name of Payee Date of Payment Anedot 05/03/2017					Method of Payment Check # Debit Card X EFT			
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend WEB	Description online donation processing fee					Amount		
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		enditure # pplicable)	Event #	ŧ		\$50.28		
Name of Payee Donna DiScala			Date of Pays		1 —	neck# <u>1043</u> ebit Card		
Street Address 80 Maywood Rd		City Norwalk			State CT	Zip Code 06850		
Purpose of Expend REF	Description Donation refund, ID #1078					Amount		
which reimbursement is soug	— 1 45	enditure # pplicable)	Event #	ŧ		\$25.00		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commissio	n)		ТҮРЕ О	OF REPORT		
Tim for Connecticut 20	018*			Termination Rep Committees (No		date and Exploratory	
	N. Expenses Paid By Co	mmittee		Dominitudes (No	ir otandard) -	Original	
Name of Payee Jon Conradi			Date of Pays 05/10/20			yment heck # <u>BankNBM9QN(</u> ebit Card FT	
Street Address 360 H St NE Apt 204	Apt 204 City Washington				State DC	Zip Code 20002	
Purpose of Expend CNSLT	Description General campaign consultant					Amount	
which reimbursement is sous		Expenditure # (if applicable)	Event #	ŧ		\$2,500.00	
Name of Payee Jordanne Anderson			Date of Pays 05/10/20			yment heck # <u>BankLBM9QNC</u> ebit Card FT	
Street Address 80A Glover Ave		City North Quincy			State MA	Zip Code 02171	
Purpose of Expend CNSLT	Description Finance Consultant					Amount	
which reimbursement is sous		Expenditure # (if applicable)	Event #	ŧ		\$2,000.00	
Name of Payee Loretta Chory			Date of Pays 05/10/20			yment heck# <u>BankUBM9ON(</u> ebit Card FT	
Street Address 26 Dale Rd		City Trumbull			State CT	Zip Code 06611	
Purpose of Expend CNSLT	Description Campaign Treasurer					Amount	
which reimbursement is sour	— — — — — — — — — — — — — — — — — — —	Expenditure # (if applicable)	Event #	<u> </u>		\$750.00	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	E OF REPORT			
Tim for Connecticut 20	018*				Report for Candidate and Exploratory (Non Standard) - Original			
N. Expenses Paid By Committee								
Name of Payee Anedot			Date of Pays 05/10/20		D	yment heck # ebit Card FT		
Street Address PO Box 84314	City Baton Rouge				State LA	Zip Code 70884		
Purpose of Expend WEB	Description online donation processing fee					Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Event # (if applicable)						\$150.16		
Name of Payee Date of Payment Timothy M Herbst 05/11/2017						Method of Payment X Check # 1044 Debit Card EFT		
Street Address 97 Fairview Ave		City Trumbull			State CT	Zip Code 06611		
Purpose of Expend RMB	Description Reimburse candidate expense					Amount		
which reimbursement is sough		penditure # applicable)	Event #	ŧ		\$302.74		
Name of Payee Easton RTC			Date of Pays 05/17/20			yment heck # <u>1045</u> ebit Card FT		
Street Address P.O. Box		City Easton			State CT	Zip Code 06612		
Purpose of Expend CNTRB	Description Annual Lobster Bake					Amount		
which reimbursement is sough	- I 45	penditure #	Event #	ŧ		\$40.00		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT			
Tim for Connecticut 20	018*				eport for Candidate and Exploratory Non Standard) - Original			
	N. Expenses Paid By Commi	ttee	<u>P</u>	ommittees (No	ii otandara) -	Original		
Name of Payee Timothy M Herbst			Date of Paym 05/17/201			yment heck# <u>1046</u> ebit Card		
Street Address 97 Fairview Ave		City Trumbull			State CT	Zip Code 06611		
Purpose of Expend RMB	Description Reimburse candidate expense					Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		\$242.39						
Name of Payee Date of Payment Anedot 05/18/2017						Method of Payment Check # Debit Card X EFT		
Street Address PO Box 84314 Baton Rouge					State LA	Zip Code 70884		
Purpose of Expend WEB	Description online donation processing fee					Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	— I	diture # dicable)	Event #			\$122.34		
Name of Payee Premier Graphics, LLC			Date of Paym 05/19/201		De De	vment heck # <u>1047</u> ebit Card FT		
Street Address 860 Honeyspot Rd		City Stratford			State CT	Zip Code 06615		
Purpose of Expend A-OTH	Description Banner					Amount		
which reimbursement is sough	— I	diture # licable)	Event #		\$287.00			

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	PE OF REPORT			
Tim for Connecticut 20	018*				Report for Candidate and Exploratory (Non Standard) - Original			
N. Expenses Paid By Committee								
Name of Payee Anedot			Date of Paym		ı =	neck# ebit Card		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend WEB	Description online donation processing fee					Amount		
Is this expenditure coordinate which reimbursement is soughtful to the sou	— I	diture # licable)	Event #			\$62.33		
Name of Payee Date of Payment Premier Graphics, LLC 05/26/2017						Method of Payment X Check # 1050 Debit Card EFT		
Street Address City 860 Honeyspot Rd Stratford					State CT	Zip Code 06615		
Purpose of Expend A-OTH	Description Rally signs					Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	— I …i	diture # licable)	Event #			\$128.00		
Name of Payee Premier Graphics, LLC			Date of Paym 05/26/201		1 —	neck# <u>1049</u> ebit Card		
Street Address 860 Honeyspot Rd		City Stratford			State CT	Zip Code 06615		
Purpose of Expend PRNT	Description Donor Certification Forms					Amount		
which reimbursement is soug		diture # dicable)	Event #			\$124.00		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	PE OF REPORT			
Tim for Connecticut 20	018*				Report for Candidate and Exploratory			
	N. Expenses Paid By Comm	ittee	N	Sommittees (No	ii Standard) -	Original		
Name of Payee Allegra Print Design Mark	keting		Date of Payn 05/26/20			yment heck # 1048 ebit Card		
Street Address 1000 Bridgeport Ave		City Shelton			State CT	Zip Code 06484		
Purpose of Expend PRNT	Description scanning Q1 donor forms					Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	\$71.47							
Name of Payee Date of Payment Post Office, Trumbull 05/27/2017						Method of Payment Check # X Debit Card EFT		
Street Address 50 Quality St		City Trumbull			State CT	Zip Code 06611		
Purpose of Expend POST	Description stamps, thank you notes	•				Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # blicable)	Event#			\$98.00		
Name of Payee Anedot			Date of Payn		Method of Payment Check # Debit Card X EFT			
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend WEB	Description online donation processing fee					Amount		
which reimbursement is sough		diture # dicable)	Event #			\$128.27		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commis		etions iv sy		ТҮРЕ О	PE OF REPORT		
Tim for Connecticut 2018	·*					Report for Candidate and Exploratory (Non Standard) - Original		
	N. Expenses Paid By	Commi	ttee		Committees (No	n Standard) -	Original	
Name of Payee REVT Strategies, LLC				Date of Pays 05/31/20			yment heck # <u>1051</u> ebit Card	
Street Address 24 Country Club Dr # 19			City Manchester	•		State NH	Zip Code 03102	
Purpose of Expend	escription st Rental						Amount	
Is this expenditure coordinated which reimbursement is sought? If yes, assign an Expenditure # a		Expend (if appl		Event #	ŧ		\$480.40	
Name of Payee Date of Payment Timothy M Herbst 05/31/2017					Method of Payment X Check # 1052 Debit Card EFT			
Street Address 97 Fairview Ave			City Trumbull			State CT	Zip Code 06611	
Purpose of Expend	escription eimburse candidate expense						Amount	
Is this expenditure coordinated which reimbursement is sought? If yes, assign an Expenditure # a		Expend (if appl		Event #	ŧ		\$489.74	
Name of Payee Loretta Chory				Date of Payr 06/04/20		De De	vment heck # <u>1053</u> ebit Card FT	
Street Address 26 Dale Rd			City Trumbull			State CT	Zip Code 06611	
Purpose of Expend	escription leage reimbursement						Amount	
Is this expenditure coordinated v which reimbursement is sought? If yes, assign an Expenditure # a		Expend (if appl		Event #	ŧ		\$172.48	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT			
Tim for Connecticut 20	018*				Report for Candidate and Exploratory Non Standard) - Original			
	N. Expenses Paid By Commi	ittee		John Millies (140	ii Standard) -	Original		
Name of Payee Timothy M Herbst			Date of Paym			yment heck# <u>1054</u> ebit Card		
Street Address 97 Fairview Ave		City Trumbull			State CT	Zip Code 06611		
Purpose of Expend RMB	Description Reimburse candidate expense					Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		\$92.59						
Name of Payee Date of Payment Jon Conradi 06/05/2017						Method of Payment X Check # 1055 Debit Card EFT		
Street Address 360 H St NE Apt 204		City Washington			State DC	Zip Code 20002		
Purpose of Expend CNSLT	Description General campaign consultant					Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #			\$1,666.67		
Name of Payee Jordanne Anderson			Date of Paym			yment heck # <u>1056</u> ebit Card		
Street Address 80A Glover Ave		City North Quincy			State MA	Zip Code 02171		
Purpose of Expend CNSLT	Description Finance Consultant					Amount		
which reimbursement is sough		diture # licable)	Event #		\$1,333.33			

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered		, , , , , , , , , , , , , , , , , , ,		ТҮРЕ О	E OF REPORT		
Tim for Connecticut 2018*					on Report for Candidate and Exploratory		
N. Expen	ses Paid By Commi	ttee		Committees (No	ii Staildaid) -	Original	
Name of Payee Loretta Chory			Date of Payr		1 =	neck # 1057 bbit Card	
Street Address 26 Dale Rd		City Trumbull			State CT	Zip Code 06611	
Purpose of Expend Description Treasurer fee						I Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Yes Expend	liture # licable)	Event #			\$500.00	
Name of Payee Date of Payment Anedot 06/05/2017					Method of Payment Check # Debit Card X EFT		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884	
Purpose of Expend WEB Description online donation processing fee						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Yes Expend	liture # licable)	Event #			\$42.91	
Name of Payee Tom Daly	·		Date of Payr		ı =	neck # 1059 bbit Card	
Street Address 35 Appletree Ln		City North Haven			State CT	Zip Code 06473	
Purpose of Expend Description Volunteer mileage reimbursement TRVL						I Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		liture # licable)	Event #	i		\$203.84	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	PE OF REPORT		
Tim for Connecticut 20	018*				on Report for Candidate and Exploratory es (Non Standard) - Original		
N. Expenses Paid By Committee							
Name of Payee Stephen Falcigno			Date of Payn			yment heck# <u>1060</u> ebit Card	
Street Address 25 Caroline Rd	City East Haven				State CT	Zip Code 06512	
Purpose of Expend TRVL	Description Mileage reimbursement					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) Event #						\$893.99	
Name of Payee Harris Media, LLC Date of Payment 06/06/2017					Method of Payment Check # Debit Card X EFT		
Street Address City 2131 Theo Dr Austin					State TX	Zip Code 78723	
Purpose of Expend WEB	Description Nation Builder (pass through cost)					Amount	
which reimbursement is sough		diture # licable)	Event #			\$239.00	
Name of Payee Tim for Connecticut 2018	8*		Date of Payn			yment heck # ebit Card FT	
Street Address 26 Dale Rd		City Trumbull			State CT	Zip Code 06611	
Purpose of Expend CNTRB	Description Transfer to candidate committee					Amount	
which reimbursement is soug		diture # licable)	Event #		\$50,000.00		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ ОІ	FREPORT			
Tim for Connecticut 20	018*			Termination Repo	ort for Candidate and Exploratory			
	N. Expenses Paid By Com	mittee		, , ,	,			
Name of Payee Tim for Connecticut 2018	2*		Date of Pays 06/14/20			Payment Check # 1061 Debit Card EFT		
Street Address 26 Dale Rd		City Trumbull			State CT	Zip Code 06611		
Purpose of Expend CNTRB	Description transfer to candidate committee					Amount		
Is this expenditure coordinated with another candidate for Wes Expenditure # (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum						\$2,587.24		
Name of Payee Anedot			Date of Pays 06/29/20		Method of Payment Check # Debit Card X EFT			
Street Address PO Box 84314		City Baton Rouge	ı		State LA	Zip Code 70884		
Purpose of Expend WEB	Description online donation processing fee (donation refunded)					Amount		
Is this expenditure coordinated with another candidate for Wes Expenditure # (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum						\$2.25		
				Total of S	ection N	\$74,596,20		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Re	gistered with Commission)			TYPI	E OF REPORT	
Tim for Connecticut 2	018*					eport for Candidate and mmittees (Non Standard) -	
	O. Expe	nses Paid By Candidate					
Name of Payee (Name of vendor Cheesecake Factory	who candidate paid directly)			Date of Paym 04/18/201		Is Reimbursement Claimed? X Yes No	
Street Address 5065 Main St		City Trumbull	State CT	Zip Co. 0661		Amount	
Purpose of Expenditure (by code) FOOD	Description Food for campaign team (fundr	aising calls)		Event#		\$53.92	
Name of Payee (Name of vendor who candidate paid directly) Water's Edge Date of Payment 05/02/2017					Is Reimbursement Claimed?		
Street Address 1525 Boston Post Rd		City Westbrook	State CT	Zip Co 0649		Amount	
Purpose of Expenditure (by code) FOOD	Description Mtg with Westbrook/Clinton RT(c		Event #		\$151.46	
Name of Payee (Name of vendor Prime 111	who candidate paid directly)			Date of Paym 05/07/201		Is Reimbursement Claimed? X Yes No	
Street Address 51 Monroe Tnpk		City Trumbull	State CT	Zip Co. 0661		Amount	
Purpose of Expenditure (by code) FOOD	Description Mtg with prospective fundraiser	s		Event#		\$97.36	
Name of Payee (Name of vendor Ralph & Rich's	who candidate paid directly)			Date of Paym 05/12/201		Is Reimbursement Claimed?	
Street Address 815 Main St		City Bridgeport	State CT	Zip Co- 06604		Amount	
Purpose of Expenditure (by code)	Description Meeting to discuss fundraisers			Event#		\$66.05	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Re	egistered with Commission)				TYP	E OF REPORT	
Tim for Connecticut 2	018*				E		eport for Candidate and ommittees (Non Standard) -	
	O. Expe	nses Paid By Candidate				iridinai		
Name of Payee (Name of vendor American Airlines.com	who candidate paid directly)			Date of Pa			Is Reimbursement Claimed?	
Street Address		City	State	Zip	Code		Amount	
4255 Amon Carter Blvd		Fort Worth	тх	76	155		_	
Purpose of Expenditure (by code)	Description Roundtrip (NYC/Nashville)			Event #				
TRVL							\$242.39	
					ayment 2017		Is Reimbursement Claimed? X Yes No	
Street Address 1593 Farmington Ave		City Farmington	State CT	- 1	Code		Amount	
Purpose of Expenditure (by code)	Description Post meeting dinner (Avon)			Event #]	
FOOD	rost meeting diffier (Avon)						\$79.00	
Name of Payee (Name of vendor Roma Ristorante	who candidate paid directly)			Date of Payment 05/22/2017			Is Reimbursement Claimed? X Yes No	
Street Address 179 Davis St		City Oakville	State CT	- 1	Code 5779		Amount	
Purpose of Expenditure (by code) FOOD	Description Staff meeting/fundraiser planni	ing		Event #			\$160.80	
Name of Payee (Name of vendor who candidate paid directly) Bloomfield RTC					ayment 2017		Is Reimbursement Claimed? X Yes No	
Street Address PO Box 7142		City Bloomfield	State		Code 6002		Amount	
Purpose of Expenditure (by code)	Description Town Committe annual fundrais	<u>l</u> ser		Event #			\$50.00	
- CATALO							φ.υυ.	

	IV.	EXPENDITURES (Se	ctions N - S)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE					PE OF REPORT		
Exploratory Co					eport for Candida mmittees (Non S		
	O. Expe	nses Paid By Candidate			Original		
Name of Payee (Name of vendor	who candidate paid directly)			Date of Payme 05/24/201		Is Reimbursement	
Street Address MADISON AVE		City Trumbull	State CT	Zip Cod 06611		1	Amount
Purpose of Expenditure (by code)	Description Post meeting dinner (Greenwick	n)	·	Event#			\$50.01
Name of Payee (Name of vendor Testo's Restaurant	who candidate paid directly)			Date of Payme 05/25/201		Is Reimbursement	
Street Address 1775 Madison Ave		City Bridgeport	State CT	Zip Cod 06606		1	Amount
Purpose of Expenditure (by code) FOOD	Description Event planning meeting			Event #			\$83.88
Name of Payee (Name of vendor	who candidate paid directly)			Date of Payme 06/02/201		Is Reimbursement	
Street Address 1721 Highland Ave		City Cheshire	State CT	Zip Cod 06410		1	Amount
Purpose of Expenditure (by code) FOOD	Description Meeting with volunteers, Q2/Q3	3 events		Event #			\$86.00
Name of Payee (Name of vendor who candidate paid directly) Post Office					nt 7	Is Reimbursement	
Street Address 50 Quality St		City Trumbull	State CT	Zip Cod 06611		1	Amount
Purpose of Expenditure (by code) POST	Description Certified Letter Fee			Event#			\$6.59
					Total o	of Section O	\$1,127.46

	IV. EXPENDITUR	ES (Section	ıs N -	S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT			
Tim for Connectical 2010						Termination Report for Candidate and Exploratory Committees (Non Standard) - Original			
	P. Expenses Incurred o	n Committe	e Cred	lit Card					
Name of Issuing Institution Type of Credit Card: Visa Master Card I Other						rd Discove	cover American Express		
Name of Vendor Date of Transaction								saction	
Street Address				City			State	Zip Code	
Purpose of Expenditure (by code)	Description							Amount	
Is this expenditure coordinated with another candidate for Yes Expenditure # (if applicable) No (if applicable)									
If yes, assign an Expenditure # a	nd complete Itemization in Addendum								
Total of Section P							•		
	IV. EXPENDITU	RES (Sect	ions N	V - S)					
NAME OF COMMITTEE ((Provide Complete Name as Registered with	n Commission)			TYPE O	F REPORT		
Tim for Connecticut 2018	3*						rt for Candidate and nittees (Non Standard) -		
	Q. Expenses Incurred By Commi	ittee but Not	t Paid	During this Period		TILIII I			
Name of Creditor							Date Incurre	ed	
Street Address			City				State	Zip Code	
Purpose of Expenditure (by code)	escription							ount Incurred nate or Actual)	
Is this expenditure coordinated with reimbursement is sought?		Yes		Expenditure # (if applicable)	Event #				
If yes, assign an Expenditure # and c	completes Itemization in Addendum Q								
					Tota	l of Section Q			

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT					
Tilli for Connecticut 2016						Termination Report for Committees (Non Stand			Exploratory
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	iyees					
Last Name of Worker/Consultan	nt					te of Payment to Vendor		ayment to Reimburse Committee //orker/Consultant as reported in ection N: Check # Debit Card EFT	
Name of Vendor Paid by Comm NationBuilder.com	nittee Worker/Consultant		_						
Street Address of Vendor 448 S Hill St			City Los Angeles					State CA	Zip Code 90013
Purpose of Expenditure (by code) WEB Description community organizing system, monthly fee									
Is this expenditure coordinated which reimbursement is sought. If yes, assign an Expenditure # a	?	Yes X No Idendum R	Expenditure # (if applicable)			Event #			Amount \$777.00
Last Name of Worker/Consultan	nt .	First Media		MI LLC		of Payment to Vendor	Worl Secti		
Name of Vendor Paid by Committee Worker/Consultant Google.com									
Street Address of Vendor 1600 Amphitheatre Pkwy			·					State CA	Zip Code 94043
Purpose of Expenditure (by code) Misc *	Description Google search								
Is this expenditure coordinated which reimbursement is sought. If yes, assign an Expenditure # a	?	Yes X No Idendum R	Expenditure # (if applicable)			Event#			Amount \$491.76

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT			
Tilli tol Collicului 2010					Termination Report for C Committees (Non Stand			Exploratory	
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	iyees					
Last Name of Worker/Consultan	ıt.					of Payment to Vendor	Wor Sect	ayment to Reimburse Committee Worker/Consultant as reported in section N: Check # Debit Card X EFT	
Name of Vendor Paid by Comm Google.com	nittee Worker/Consultant							EFI	
Street Address of Vendor City 1600 Amphitheatre Pkwy Mountain View						State CA	Zip Code 94043		
Purpose of Expenditure (by code) Misc * Description Google search									
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum R Expenditure # (if applicable)				Event #			Amount \$496.90		
Last Name of Worker/Consultan	ıt					of Payment to Vendor	Wor Sect	Payment to Reimburse Committee Worker/Consultant as reported in section N: Check # Debit Card X EFT	
Name of Vendor Paid by Committee Worker/Consultant NationBuilder.com									
			City Los Angeles					State CA	Zip Code 90013
Purpose of Expenditure (by code) WEB Description community organizing system, monthly fee									
Is this expenditure coordinated with another candidate for Yes Expenditure # which reimbursement is equalit? (if applicable)					Event #			Amount	
which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum R (if applicable) \$239.00						\$239.00			
						Total of Section R			\$2,004.66

IV. EXPENDITURES (Sectuibs N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TY					TYPE OF REPORT		
Tim for Connecticut 2018* Termination Report for Candidate and Exploratory Committees (Non Standard) - Original							
S. Surplus Distribution of Equipment and Furniture							
Name of Recipient							
Street Address City S				Zip Code	Original Purchase Amount of Item		
Description of Item	·				1		
				Total of Section S			
s	ection J4. ADDENDUM						
NAME OF COMMITTEE TYPE OF REPORT					RT		
J4. In - Kind Donations No	t Considered Contribution Assoc	ciated with a House	Party -	Addendum			
Event #							
Name of Candidate							
Section N. ADDENDUM							
NAME OF COMMITTEE			TYPE OF REPORT				
	xpenses Paid By Committee - Ad						
Expenditure #		An	nount of	Expenditure			
Name of Candidate	L	Office So	ought				

Section P. ADDENDUM								
NAME OF COMMITTEE		TYPE OF REPORT						
P. Expenses Incurred on Committee Credit Card - Addendum								
Expenditure #	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 I	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 Condidate	•	Office	Sanda					