SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT
ROWS 2012



Electronic Filing

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Page 1 of 26

COVER PAGE

			, 21111							
1. NAME OF COMMITTEE										
Democratic State Central Committee										
2. TREASURER NAME										
First			MI	Last			Suffix			
Emma			w.	Pierce						
A TREACHDER ADDRESS			<u>l</u>	L						
3. TREASURER ADDRESS		Ι.			<u> </u>	Т				
Street Address		City			State		Zip Code			
543 Church St		New I	Britain		СТ		06051			
4. ELECTION/REFERENDUM DATE	5. OFFICE SOU	GHT (Co	mplete only if C	andidate Committee)		6. DISTRI	CT NUMBER (if applicable)			
5 GANDIDATE NAME (S	1		`							
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)										
First			MI	Last			Suffix			
8. TYPE OF REPORT										
12th Day Preceding General Election - Original										
9. PERIOD COVERED										
В	eginning Date			Ending Date						
o	7/01/2013		thru	10/17/2013						
			ci ii d	, ,						
10 CERTIFICATION										
TO CERTIFICATION										
✓ I hereby certify and state, under	nonalties of false	ctatom	ont that all	of the information set fort	h on this					
Itemized Campaign Finance I	•									
complete.										
Electronic Filing Alyssa Torres				10	/24/2013 1	1:03:22PM	ı			
SIGNATURE PRINT NAME OF THE SIGNER			DA	TE CERTIFIED)					
PENALTY FO	R FALSE STATEM	ENT IS	S PUNISHA	BLE BY FINE NOT TO EX	CEED \$1.000	o, or				
				THAN ONE YEAR, OR BO						

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Democratic State Central Committee	12th Day Preceding General Election - 0	Original
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$72,089.90
12. Balance on hand at the beginning of Reporting Period	\$314.67	
13. Contributions received from Individuals (Section A and B)	\$136,111.05	\$148,611.05
14. Receipts from Other Committees (Sections C1 and C2)	\$53,475.00	\$72,375.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$7,460.42
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3) Municipal and Town Committees Only	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$189,586.05	\$228,446.47
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$189,900.72	\$300,536.37
19. Expenses Paid by Committee (Section P)	\$62,600.60	\$173,236.25
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	\$127,300.12	\$127,300.12
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O) OPTIONAL	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$4,735.72	\$4,735.72
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

	I MONETADY DECEME	G (G	4•	A 1/2)			
	I. MONETARY RECEIPT	<u> </u>	tion A	,			
NAME OF COMMITTEE					YPE OF REPORT 2th Day Preceding Gene	ral Election	Original
Democratic State Central Committee				1	Zur Bay i receding Gene	Tai Licction	- Original
A. Total Contributions from Small					\$111.05		
(See instructions for definition of Small Contributor)				Section A			
	B. Itemized Contributions from I	ndivid	uals				
Last Name			First Na	me			MI
Baker				chard			A
Residential Street Address		City				State	Zip Code
3 Manhattanville Rd Ste 202		Pi	ırchas	e		NY	10577
Principal Occupation			Naı	me of Employer			
CEO				Hudson's Bay Cor	npany		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/she	associate		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective st	Execu		Yes X No		
Method of Contribution	•			Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money O	rder	07/12/2013	\$10,000.00		\$10,000.00
				I	\$10,000.00	<u> </u>	
Last Name			First Na				MI
Ferguson Residential Street Address		City	RIC	chard		State	Zip Code
23 Edgewater Hillside		1	estpor	rt		CT	06880-6101
Principal Occupation		1	<u> </u>	me of Employer			
Broadcast Consultant				Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/she	associate		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective st	Execu		. 165 116		
Method of Contribution	•			Date Received	Aggregate Contributions		
Cash	ebit Card Payroll Deduction	Money O	rder	08/22/2013	\$2,000.00		\$2,000.00
Last Name		ı	First Na	me.	•		MI
Snider				ward			
Residential Street Address		City				State	Zip Code
1825 Aloha Ln		G	ladwyr	ne		PA	19035
Principal Occupation			Naı	me of Employer			
CEO				Spectator			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/she	associate		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	_	Execu	L	Yes X No		
Method of Contribution				Date Received	Aggregate Contributions]	
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money O	rder	08/23/2013	\$10,000.00		\$10,000.00

					Page 4 01 26
	I. MONETARY RECEIPTS	(Section A-K)			
NAME OF COMMITTEE			TYPE OF REPORT		
Democratic State Central Committee			12th Day Preceding Gene	eral Election -	Original
	B. Itemized Contributions from Inc	dividuals	I		
Last Name		First Name			MI
Apfelbaum		Bonnie			G
Residential Street Address		City		State	Zip Code
143 Byram Shore Rd		Greenwich		СТ	06830-6907
Principal Occupation		Name of Employe	er		
Not Employed		N/A			
Vac	f contribution is in excess of \$400 to a candidate cor		Yes X No	Amo	ount of Contribution
of dependent child of a foodyist?	officer of a municipality does contributor or business a contract with said municipality valued at more than				
Vac	s contributor a principal of state contractor or prospe	ective state contractor?	Yes X No		
If you list Event #	f yes, indicate which branch or branches of government the contract is with:	Executive I	Legislative		
Method of Contribution	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date Receive	ed Aggregate Contributions	\dashv	
			riggiogate contributions		
Cash X Personal Check Credit/Debit	Card Payroll Deduction M	10ney Order 08/27/20	\$5,000.00		\$5,000.00
Last Name		First Name			MI
Broad		Eli			
Residential Street Address		City		State	Zip Code
75 Oakmont Dr		Los Angeles	24	CA	90049
Principal Occupation		Name of Employe	er		
Retired		N/A			
V	f contribution is in excess of \$400 to a candidate cor		Yes X No	Amo	ount of Contribution
of dependent child of a loodyist?	officer of a municipality does contributor or business a contract with said municipality valued at more than				
X No				_	
fundraising event listed in Section L1?	s contributor a principal of state contractor or prospe	ective state contractor?	Yes X No		
If you list Event #	f yes, indicate which branch or branches of government the contract is with:	Executive I	Legislative		
Method of Contribution		Date Receive	ed Aggregate Contributions	\dashv	
Cash Rersonal Check Credit/Debit	Card Payroll Deduction M	Ioney Order			
Cash Personal Check Credit/Debit	Card Payroll Deduction M	08/27/20	13 \$8,000.00		\$8,000.00
Last Name		First Name			MI
Toledano		Suzette			
Residential Street Address		City		State	Zip Code
932 Amethyst St		New Orleans		LA	70130
Principal Occupation		Name of Employe	er		
Attorney		Self			
Vac	f contribution is in excess of \$400 to a candidate cor		Yes X No	Amo	ount of Contribution
of dependent child of a loobyist:	officer of a municipality does contributor or business a contract with said municipality valued at more than				
	a contributor a minoinal of -t-ttt	potivo stata sont			
fundraising event listed in Section L1?	s contributor a principal of state contractor or prospe f yes, indicate which branch or branches of	ective state contractor?	Yes X No		
If you list Event # X No 1	government the contract is with:	Executive I	Legislative		
Method of Contribution		Date Receive	ed Aggregate Contributions	\dashv	
Cash X Personal Check Credit/Debit	Card Payroll Deduction M	Ioney Order			
		00/20/20	12 #2 [00 00		42 FOO OO

08/30/2013

\$2,500.00

\$2,500.00

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	I. MONETARY RECEIPT	S (Sect	tion A-K)			
NAME OF COMMITTEE		Ì	, , , , , , , , , , , , , , , , , , ,	TYPE OF REPORT		
Democratic State Central Committee				12th Day Preceding Gene	eral Election	- Original
	B. Itemized Contributions from I	ndividu	ıals	<u> </u>		
Last Name		I	First Name			MI
Evans			R.			В
Residential Street Address		City			State	Zip Code
791 Park Ave # 7B		Ne	ew York		NY	10021
Principal Occupation			Name of Employer			
Banker			Morgan Stanle	У		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of			Yes X No	An	nount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busine a contract with said municipality valued at more th					
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective sta	nte contractor?	Yes X No		
fundraising event listed in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of government the contract is with:		Executive Legisla			
Method of Contribution	8		Date Received	Aggregate Contributions		
l <u> </u>				riggregate contributions		
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Or	o9/04/2013	\$10,000.00		\$10,000.00
Last Name		I	First Name			MI
Sackler			Jonathan			
Residential Street Address		City			State	Zip Code
75 Field Point Cir		Gr	reenwich		СТ	06830-7072
Principal Occupation			Name of Employer			
Director			Purdue Pharm	a		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of			Yes X No	An	nount of Contribution
of dependent child of a foodyist?	officer of a municipality does contributor or busine a contract with said municipality valued at more th					
X No						
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of	spective sta	ate contractor?	Yes X No		
If yes, list Event # X No	government the contract is with:	Ш	Executive Legisla	tive		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/D	ebit Card Payroll Deduction	Money Or	edon.			
Casii Personai Check Credii/D	rayion Deduction	Molley Of	09/09/2013	\$10,000.00		\$10,000.00
Last Name		I	First Name			MI
Corson			Mary		•	
Residential Street Address		City			State	Zip Code
75 Field Point Cir Principal Occupation		Gr	Peenwich Name of Employer		СТ	06830-7072
Homemaker			N/A			
	T.,					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or business.			Yes X No	An	nount of Contribution
x _{No}	a contract with said municipality valued at more th					
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective sta	ate contractor?			
fundraising event listed in Section L1?	If yes, indicate which branch or branches of		. –	Yes X No		
If yes, list Event # X No	government the contract is with:	⊔	Executive Legisla	tive		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Or	rder 00/11/2012	#10.000.00		+10.000.00

09/11/2013

\$10,000.00

\$10,000.00

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	I. MONETARY RECEIPT	S (Section	A-K)			
NAME OF COMMITTEE				TYPE OF REPORT		
Democratic State Central Committee				12th Day Preceding Gene	ral Election	- Original
Democratic State Communication	B. Itemized Contributions from 1	ndividuals	I			
Last Name		First Na	ame			MI
Katz		Le	ewis			
Residential Street Address		City			State	Zip Code
800 S Ocean Blvd # 504		Boca Ra	aton		FL	33432
Principal Occupation		Na	ame of Employer			
Philanthropist			Self			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes X No	Am	ount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busin a contract with said municipality valued at more th		led with nave			
Is this contribution associated with a	Is contributor a principal of state contractor or pro	spective state cont	ractor?	Yes X No		
fundraising event listed in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of government the contract is with:	Exec				
Method of Contribution	go voniment the continue to white		Date Received	Aggregate Contributions	_	
			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Order	09/12/2013	\$10,000.00		\$10,000.00
Last Name		First Na	ame			MI
Snyder		Br	rian			s
Residential Street Address		City			State	Zip Code
555 Madison Ave Ste 1302		New Yo	rk		NY	10022
Principal Occupation		Na	ame of Employer			
Principal			HBJ Investment	rs .		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes X No	Am	ount of Contribution
of dependent child of a loodyist?	officer of a municipality does contributor or busin a contract with said municipality valued at more the		ted with nave			
X No					_	
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of	spective state cont	ractor?	Yes X No		
If yes, list Event # X No	government the contract is with:	Exec	utive Legislativ	ve		
Method of Contribution	Į.		Date Received	Aggregate Contributions	\dashv	
Cash Personal Check Credit/De	🗆					
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Order	09/18/2013	\$10,000.00	\bot	\$5,000.00
Last Name		First Na	ame			MI
Greenberg		Di	avid			Α
Residential Street Address		City			State	Zip Code
491 Thayer Pond Rd		Wilton			СТ	06897-2321
Principal Occupation		Na	ame of Employer			
Attorney			Berkowitz Trage	er & Trager, LLC		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes X No	Am	ount of Contribution
of dependent clind of a foodyist?	officer of a municipality does contributor or busin a contract with said municipality valued at more the		ted with have			
X No					_	
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pro	spective state cont	ractor?	Yes X No		
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:	Exec	utive Legislativ	ve		
Method of Contribution	<u> </u>		Date Received	Aggregate Contributions	\dashv	
	his Cond. Draw W.D. L. C. D.	M				
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Order	100/26/2012	±2 F00 00		±2 F00 00

09/26/2013

\$2,500.00

\$2,500.00

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	I, MONETARY RECEIPTS	S (Sect	tion A	A-K)				
NAME OF COMMITTEE					TYPE OF REPORT			
Democratic State Central Committee					12th Day Preceding Gene	eral Electi	ion - Original	
	B. Itemized Contributions from In	ndividı	uals					
Last Name		1	First Na					MI
McAllister		G:	Bri	an		Gi i	7.0	<u> </u>
Residential Street Address 8 Peter Cooper Rd		City Ne	ew Yor	·k		State NY	Zip Co 1001	
Principal Occupation			_	ne of Employer			1 2002	
Chairman & CEO				McAllister Towin	g			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate confficer of a municipality does contributor or busines a contract with said municipality valued at more that	ess he/she a	associate		Yes X No		Amount of Co	ontribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective sta	Execu	'	Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debi	it Card Payroll Deduction	Money Or	rder	09/26/2013	\$10,000.00		\$10,000	0.00
Last Name		1	First Na	me				MI
Fish			Jol	nn				
Residential Street Address		City				State	Zip Co	
77 Corey Ln		Mi	ilton	no of Employee		MA	0218	6
Principal Occupation			INai	ne of Employer				
Chairman and CEO				Suffolk Construc	tion Company, Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate confficer of a municipality does contributor or busines a contract with said municipality valued at more that	ess he/she a	associate		Yes X No		Amount of Co	ontribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective sta	ate contr	actor?				
fundraising event listed in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of government the contract is with:		Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debi	it Card Payroll Deduction	Money Or	rder	09/30/2013	\$10,000.00		\$10,000	0.00
Last Name		1	First Na	me				MI
Early			Jar	nes				
Residential Street Address		City				State	Zip Co	
38 Hunting Hill Rd		W	oodbri	dge ne of Employer		СТ	0652	5-1929
Principal Occupation Attorney			Nai		Sweeney & Strauss			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate confficer of a municipality does contributor or busines a contract with said municipality valued at more that	ess he/she a	associate		Yes X No		Amount of Co	ontribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective sta	ate contr	actor?	Yes X No	_		
fundraising event listed in Section L1? If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Execu					
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debi	it Card Payroll Deduction	Money Or	rder	10/01/2012	#5.000.00		+5.000	

10/01/2013

\$5,000.00

\$5,000.00

								- 45	50 0 01 20
	I. MONETARY RECEIPTS	S (Sec	tion A	A-K)					
NAME OF COMMITTEE				,	TYPE OF REPORT				
Democratic State Central Committee					12th Day Preceding Gen	eral Ele	ction -	Original	
В.	Itemized Contributions from I	ndivid	uals						
Last Name			First Na						MI
Stern Residential Street Address		City	Da	vid		State	. 1	Zip Coo	J
16 Overlook Rd		,	carsda	le		NY		-	3-3012
Principal Occupation			_	ne of Employer					
Executive				National Basket	ball Association				
or dependent child of a lobbyist? Yes offic	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?							unt of Cor	ntribution
fundraising event listed in Section L1? If you list Event # If you list Event #	ntributor a principal of state contractor or pros s, indicate which branch or branches of ernment the contract is with:	pective st	ate contr		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions				
Cash X Personal Check Credit/Debit Care	d Payroll Deduction	Money O	rder	10/10/2013	\$5,000.00		:	\$5,000.	.00
Last Name			First Na	me					MI
O'Neill			J.			_			В
Residential Street Address		City				State		Zip Coo	
2701 Renaissance Blvd Fl 4 Principal Occupation		K	- -	Prussia ne of Employer		PA		19406	<u> </u>
Real Estate Investor				O'Neill Property	Group				
or dependent child of a lobbyist? Yes offic	ntribution is in excess of \$400 to a candidate c er of a municipality does contributor or busine ntract with said municipality valued at more tha	ss he/she	associate		Yes X No		Amo	unt of Co	ntribution
Is this contribution associated with a fundraising event listed in Section L1? If yes list Event # If yes	ntributor a principal of state contractor or pros s, indicate which branch or branches of rmment the contract is with:	pective st	ate contr		Yes X No				
Method of Contribution	riment the contract is with.			Date Received	Aggregate Contributions				
Cash X Personal Check Credit/Debit Care	d Payroll Deduction	Money O	rder	10/11/2013	\$10,000.00		\$	10,000	.00
Last Name			First Na	me					MI
Messer			Da	vid					Α
Residential Street Address 1 Zaccheus Mead Ln		City	reenwi	ch		State		Zip Coo	de 1-4418
Principal Occupation				ne of Employer		<u> </u>		0005	
CEO				Freepoint Comr	modities LLC				
or dependent child of a lobbyist? Yes offic	ntribution is in excess of \$400 to a candidate c er of a municipality does contributor or busine ntract with said municipality valued at more that	ss he/she	associate		Yes X No		Amo	unt of Co	ntribution
fundraising event listed in Section L1? Yes If yes list Event #	ntributor a principal of state contractor or pros s, indicate which branch or branches of rrument the contract is with:	pective st	Execu		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions				
Cash X Personal Check Credit/Debit Care	d Payroll Deduction	Money O	rder	10/11/2012	#F 000 00				

10/11/2013

\$5,000.00

\$5,000.00

\$136,111.05

NAME OF COMMITTEE	Page 9 of 26										
Princy P		I. MONETARY RECEIPTS (S	Secti	ion A-K)							
Princy P	NAME OF COMMITTEE	Ì		ĺ	TVPE ∩E REP∩RT						
Last Name Mullins First Name Thormas State Zip Code Thormas						al Election -	Original				
Residential Street Address 2 Pearl St Principal Occupation Attorney Self Is contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribution or prospective states contractor? Yes		B. Itemized Contributions from Indiv	vidu	als							
Residential Street Address Cardia Debut Card Payroll Deduction Section L17 State Cardia Debut Card Payroll Deduction Section L17 State Cardia Debut Card Payroll Deduction Payroll Deduction Similar Street Address Cardia Debut Card Payroll Deduction Payroll Debutcion Neme of Employer Section State contribution associated with a section L17 State Cardia Debut Card Payroll Debutcion Payroll Debutcion Similar Contribution associated with a section L17 State Cardia Debut Card Payroll Debutcion Payroll Debutcion Neme of Employer Section State Contribution S		20 20000200 000000 000000 0000000									
Residential Street Address 2 Principal Occupation Attorney Self Is contributor a fobbyist, spous, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive or dependent child of a lobbyist, spous, a contract with said manicipality does contributor or branches of growthmature the contract is with: Tree, indicate which branch or branches of growthmature Name of Employer Yes No	Last Name		Fi	irst Name				MI			
Principal Occupation Attorney Self	Mullins		Thomas								
Attorney Self Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No No	Residential Street Address	Ci	City								
Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a municipality valued at more than \$50007 In this contribution associated with a municipality valued at more than \$50007 In this contribution associated with a municipality valued at more than \$50007 In this contribution associated with a municipality valued at more than \$50007 In this contribution associated with a municipality valued at more than \$50007 In this contribution associated with a municipality valued at more than \$50007 In this contribution associated with a municipality valued at more than \$50007 In this contribution associated with a municipality valued at more than \$50007 In this contribution In this contribution associated with a fundaming event listed in Section 1.17 In this contribution associated with a fundaming event listed in Section 1.17 In this contribution associated with a fundaming event listed in Section 1.17 In this contribution associated with a fundaming event listed in Section 1.17 In this contribution associated with a fundaming event listed in Section 1.17 In this contribution associated with a fundaming event listed in Section 1.17 In this contribution associated with a fundaming event listed in Section 1.17 In this contribution associated with a fundaming event listed in Section 1.17 In this contribution associated with a fundaming event listed in Section 1.17 In this contribution associated with a fundaming event listed in Section 1.17 In this contribution associated with a fundaming event listed in Section 1.17 In this contribution associated with a fundaming event listed in Section 1.17 In this contribution associated with a fundaming event listed in Section 1.17 In this contribution associated with a fundaming event listed in Section 1.17 In this contribution associated with a fundaming event listed in S	2 Pearl St		Far	mington		СТ	06032	2-2219			
If contribution is in excess of \$400 to a candidate committee for a chief executive or dependent child of a lobbyist? Yes X No	Principal Occupation			Name of Employer							
or dependent child of a lobbyist?	Attorney			Self							
fundraising event listed in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of Contribution	or dependent child of a lobbyist?	officer of a municipality does contributor or business he	/she as		Yes X No	Amo	ount of Cor	ntribution			
Cash	Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, indicate which branch or branches of If yes, indicate which yes in yes yes indicate which yes in yes in yes yes in yes yes yes yes yes										
Last Name Little Residential Street Address 1107 5th Ave Principal Occupation retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # MI City New York New York New York Name of Employer retired Name of Employer retired Name of Employer retired Amount of Contribution officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? If yes, list Event # MI Amount of Contribution officer of a municipality does contributor or prospective state contractor? Yes X No If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions Date Received Aggregate Contributions Spound Spou	Method of Contribution			Date Received	Aggregate Contributions						
Residential Street Address 1107 5th Ave City	Cash X Personal Check Credit/De	bit Card Payroll Deduction Mon	ey Ord	er 10/11/2013	\$1,000.00		\$1,000	.00			
Residential Street Address 1107 5th Ave City	Last Name		Fi	irst Name				MI			
Principal Occupation retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Method of Contribution Method of Contribution Method of Contribution Method of Personal Check X Credit/Debit Card Payroll Deduction Name of Employer retired Name of Employer retired Amount of Contribution Yes X No Amount of Contribution Amount of Contribution Date Received Aggregate Contributions \$5,000.00 \$5,000.00											
Principal Occupation retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Method of Contribution Method of Contribution Method of Contribution Personal Check If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Method of Contribution Method of Contribution Date Received Aggregate Contribution \$5,000.00 \$5,000.00	Residential Street Address	Ci	ty			State	Zip Coo	de			
retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Method of Contribution Cash Personal Check Tes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? Is this contribution associated with a fundraising event listed in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of Contribution Date Received Aggregate Contributions Amount of Contribution Yes X No If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions \$\$5,000.00\$	1107 5th Ave		Nev	w York		NY	10128	3			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Method of Contribution Cash Personal Check Credit/Debit Card Payroll Deduction Money Order If contribution of a candidate committee for a chief executive officer of a municipality valued at more than \$5000? Is this contribution associated with a fundraising event listed in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions \$5,000.00	Principal Occupation	<u>. </u>		Name of Employer							
officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Method of Contribution Cash Personal Check X Credit/Debit Card Payroll Deduction Aggregate Contributions \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	retired			retired							
fundraising event listed in Section L1? Yes If yes, indicate which branch or branches of If yes, list Event #	or dependent child of a lobbyist?	officer of a municipality does contributor or business he	/she as		Yes X No	Amo	ount of Cor	ntribution			
Cash Personal Check X Credit/Debit Card Payroll Deduction Money Order 10/16/2013 \$5,000.00 \$5,000.00	fundraising event listed in Section L1?	If yes, indicate which branch or branches of	\Box								
10/16/2013 \$5,000.00 \$5,000.00	Method of Contribution			Date Received	Aggregate Contributions	_					
	Cash Personal Check X Credit/De	bit Card Payroll Deduction Mone	ey Ord	er 10/16/2013	\$5,000.00		\$5,000.	.00			

(Sections A & B)

(Total on Line 14 of Summary Page)

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS

I. MOI	NETAR	Y RECEIPTS	S (Section A-	-K)		
NAME OF COMMITTEE				,	TYPE OF REPORT	
Democratic State Central Committee					12th Day Preceding Ge	neral Election - Original
C1. Contril	outions f	rom Other Con	nmittees			
Name of Committee				Name of Treasurer		
CODPAC, Connecticut Dental PAC				Stephen Morar	1	
Address		Is this contribution as		Yes	x _{No}	
835 W Queen St		fundraising event list				Amount of Contribution
e:	g			<u> </u>		
City Southington	State	Zip Code	Date Received	Aggregate	Contributions \$2,500.00	\$2,500.00
3	СТ	06489-1032	07/01/2013		, ,	
Name of Committee				Name of Treasurer		
99 PAC				Paul W. Summ	ers	
Address		Is this contribution as fundraising event list		Yes	x No	
369 Coe Ave # 114		If yes, list Eve				Amount of Contribution
Circ.	Ct-t-				Contributions	
City East Haven	State	Zip Code	Date Received	Aggregate	Contributions \$100.00	\$100.00
	СТ	06512	08/09/2013			
Name of Committee				Name of Treasurer		
Connecticut State AFL-CIO OPC Account				John W. Olsen		
Address		Is this contribution as fundraising event list		Yes	x No	
56 Town Line Rd		If yes, list Eve				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate	e Contributions	
Rocky Hill				Aggiegate	\$7,500.00	\$7,500.00
	СТ	06067	08/27/2013	Name of Treasurer		
Name of Committee						
Connecticut Laborer's Political League				Charles T. LeC	onche 	
Address		Is this contribution as fundraising event list		Yes	x No	Amount of Contribution
475 Ledyard St		If yes, list Eve	nt#			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate	e Contributions	
Hartford	СТ	06114	09/09/2013		\$2,000.00	\$2,000.00
	Ci	00114	03/03/2013	Name of Treasurer		
Name of Committee Project Democracy				Benjamin M. W	/anagrad	
		1		Benjaniin M. W		1
Address		Is this contribution as fundraising event list		Yes	x No	Amount of Contribution
39 Lilley Rd		If yes, list Eve	ent #			
City	State	Zip Code	Date Received	Aggregate	e Contributions	
West Hartford	СТ	06119	09/11/2013		\$2,000.00	\$2,000.00

I. MO	NETAR	Y RECEIPTS	S (Section A-	-K)			
NAME OF COMMITTEE						TYPE OF REPORT	
Democratic State Central Committee						12th Day Preceding Ger	neral Election - Original
C1. Contril	butions f	rom Other Con	nmittees				
Name of Committee				Name of T	Γreasurer		
Association of Retired Teachers of Connecticut (ARTC PAC)				Mary G	racyalny		
Address		Is this contribution as fundraising event liste			Yes	x No	
68 Loomis St		If yes, list Eve					Amount of Contribution
City	State	Zip Code	Date Received		Aggregate	Contributions	
Manchester	СТ	06042	09/12/2013			\$1,225.00	\$1,225.00
Name of Committee				Name of T	Treasurer		
A & R COPE PAC				Paul Kr	ell		
Address		Is this contribution as		[☐ Yes	x No	
805 Brook St		fundraising event liste If yes, list Eve				Amount of Contribution	
City	State	Zip Code	Date Received	1.	Aggregate	Contributions	
Rocky Hill	СТ	06067	09/18/2013			\$1,925.00	\$1,925.00
Name of Committee				Name of T	Γreasurer		
UA Plumbers & Steamlifters Local 777 P.A.C.			Hubert	J. Barne	es		
Address		Is this contribution as		[Yes	x No	
1250 E Main St		fundraising event liste If yes, list Eve				Amount of Contribution	
City	State	Zip Code	Date Received		Aggregate	Contributions	*2.000.00
Meriden	СТ	06450-4806	09/20/2013			\$2,000.00	\$2,000.00
Name of Committee				Name of T	Гreasurer		
Roofers Political Educational Legislative Fund of				Harold	Davidsoı	n	
Address		Is this contribution as fundraising event liste		[Yes	x No	
15 Bernhard Rd		If yes, list Eve					Amount of Contribution
City	State	Zip Code	Date Received		Aggregate	Contributions	40.000.00
North Haven	СТ	06473-3906	09/20/2013			\$2,000.00	\$2,000.00
Name of Committee				Name of T	Гreasurer		
Connecticut Health Care District 1199 PAC				David 2	Zevin		
Address		Is this contribution as fundraising event liste			Yes	x No	
77 Huyshope Ave	If yes, list Eve					Amount of Contribution	
City	State	Zip Code	Date Received		Aggregate	Contributions	
Hartford	СТ	06106	09/20/2013			\$1,500.00	\$1,500.00

I. MO	NETAR	Y RECEIPTS	S (Section A-	-K)			
NAME OF COMMITTEE						TYPE OF REPORT	
Democratic State Central Committee						12th Day Preceding Ger	neral Election - Original
C1. Contril	butions f	rom Other Con	nmittees				
Name of Committee				Name of Tre	easurer		
CODPAC, Connecticut Dental PAC				Stephen	Moran		
Address		Is this contribution as			Yes	x _{No}	
835 W Queen St		fundraising event liste If yes, list Eve					Amount of Contribution
City	State	Zip Code	Date Received	Aş	ggregate	Contributions	
Southington	СТ	06489-1032	09/23/2013			\$5,000.00	\$5,000.00
Name of Committee				Name of Tre	easurer		
AFT Connecticut Political Action Committee				Edward L	eavy		
Address		Is this contribution as			Yes	x No	
35 Marshall Rd		If yes, list Eve	fundraising event listed in Section L1?				Amount of Contribution
City	State	Zip Code	Date Received	Aş	ggregate	Contributions	
Rocky Hill	СТ	06067-1400	09/24/2013			\$5,000.00	\$5,000.00
Name of Committee	<u> </u>			Name of Tre	easurer		
Connecticut's Children				Michael J	. Caca	ce	
Address		Is this contribution as			Yes	x No	
777 Summer St		fundraising event liste If yes, list Eve				Amount of Contribution	
City	State	Zip Code	Date Received	Aş	ggregate	Contributions	
Stamford	СТ	06901	09/24/2013			\$1,750.00	\$1,750.00
Name of Committee	ı			Name of Tre	easurer		
Third Street PAC				Dean M.	O'Brier	1	
Address		Is this contribution as		<u> </u>	Yes	x No	
54 Federal St		fundraising event liste If yes, list Eve		_	1 103		Amount of Contribution
City	State	Zip Code	Date Received		nareaste i	Contributions	
West Hartford	CT	06110	09/30/2013	I Ag	ggregate	\$500.00	\$500.00
Name of Committee	<u> </u>	00110	09/30/2013	Name of Tre	easurer		
NE Regional Council/Carpenters CT., O.P.C.				John Cun	ıningha	ım	
Address		Is this contribution as			Yes	x No	
PO Box 668 427 Stillson Road		fundraising event liste If yes, list Eve					Amount of Contribution
City	State	Zip Code	Date Received	Λ.	ooregate i	Contributions	
Fairfield	CT	06824-0668	09/30/2013	l Ag	50.08410	\$7,500.00	\$7,500.00

I. MO	NETAR	Y RECEIPTS	S (Section A-	-K)		
NAME OF COMMITTEE					TYPE OF REPORT	
Democratic State Central Committee					12th Day Preceding Ge	neral Election - Original
C1. Contri	butions f	rom Other Con	nmittees			
Name of Committee				Name of Treasurer		
SEIU Local 32BJ Connecticut PAC				Juan R Hernan	dez	
Address		Is this contribution as		Yes	x No	
196 Trumbull St Ste 400		fundraising event list		□ res	140	Amount of Contribution
		If yes, list Eve	ent #			
City Hartford	State	Zip Code	Date Received	Aggregate	Contributions \$1,750.00	\$1,750.00
Hartoru	СТ	06103	09/30/2013		\$1,730.00	
Name of Committee				Name of Treasurer		
Connecticut Opthalmologists Medical Eye Care				William Ehelers	5	
Address		Is this contribution as		Yes	x _{No}	
26 Sally Burr , PO Box 854		fundraising event list				Amount of Contribution
		If yes, list Eve				
City Litchfield	State	Zip Code	Date Received	Aggregate	Contributions \$2,500.00	\$2,500.00
Electricia	СТ	06759-0854	10/01/2013		Ψ2,300.00	
Name of Committee				Name of Treasurer		
Connecticut Chapter 1150				Rocco J. Calo		
Address		Is this contribution as		Yes	x No	
150 Garfield Ave		fundraising event list If yes, list Eve				Amount of Contribution
City Stratford	State	Zip Code	Date Received	Aggregate	Contributions \$2,000.00	\$2,000.00
Station	СТ	06615	10/03/2013		Ψ2,000.00	
Name of Committee				Name of Treasurer		
AFSCME Council 4 PAC				Sal Luciano		
Address		Is this contribution as		Yes	x No	
444 E Main St		fundraising event list If yes, list Eve				Amount of Contribution
		-		1.		
City New Britain	State	Zip Code	Date Received	Aggregate	Contributions \$1,225.00	\$1,225.00
	СТ	06051-2055	10/07/2013		41/223.00	
Name of Committee				Name of Treasurer		
CT State UAW-PAC Council				Julie Kushner		
Address		Is this contribution as fundraising event list		Yes	x No	
111 South Rd		If yes, list Eve				Amount of Contribution
Cit.	C+-+-				Contributi	
City Farmington	State	Zip Code	Date Received	Aggregate	Contributions \$3,500.00	\$3,500.00
	СТ	06032-2520	10/09/2013			
					Fotal of Section C1	\$53,475.00

Amount Received

State

Zip Code

Total of Section D

								Page 14 of 2
I. MONETAR	RY RECEI	PTS (S	Section A	A-K)				
NAME OF COMMITTEE						TY	PE OF REPORT	
Democratic State Central Committee						12th	Day Preceding Gen	eral Election - Original
C2. Reimbursements	s. Payments	. or Sur	plus Dist	ributions	from other	Comm	ittees	
Name of Committee				Name of Tre	easurer			
Address				Date Receiv	ed		Amount of Receipt	
City	State	Zip Code		Paymer	rrsement for share nt for goods and s Distribution			
						To	otal of Section C2	2
I. MONE	TARY RE	CEIPT	ΓS (Sect	ion A-K)				
NAME OF COMMITTEE					,	ТҮРЕ ОІ	F REPORT	
Democratic State Central Committee						12th Day F	Preceding General E	ection - Original
D. Loans	s Received	this Peri	iod					
Name of Lender			Source of Lo	oan:				Date of Receipt
			Bank	Cand	lidate	Individual	Other	
Street Address		City				State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No

City

Name of Cosigner/Guarantor (if applicable)

Street Address

		I. Mo	ONETAF	RY RECEIPTS	(Section A-F	S)			
NAME OF COMMITTE	E					TY	PE OF REPORT		
Democratic State Cent	tral Committee					12t	12th Day Preceding General Election - Original		
E. Ro	eceipts from En	itities other t	han Indivi	iduals or Other C	Committees (R	leferendum (committees ONI	LY)	
Name of Entity									
Street Address						Date Receive	d		Amount Received
City	City State Zip Code Aggregate of Aggregate of State State State Aggregate of State S						ontributions		
Total of Section E									
		I. M	ONETAI	RY RECEIPTS	(Section A-l	()			
NAME OF COMMITTE	3E						TYPE OF RE	EPORT	
Democratic State Cent	tral Committee						12th Day Precedir	ng Genera	al Election - Original
	F. Amount	Transferred	from Affil	liated Business Ti	reasury (Busin	ness Entity (committees ONI	LY)	
Date of Receipt	Is this transaction assevent listed in Section		lraising	Yes No	o If yes, list Eve	ent #		Amount	:
							Total of Section F		
		I.	MONET	ARY RECEIP	ΓS (Section A	A-I)			
NAME OF COMMITTE	EE						TYPE OI		
Democratic State Cen	tral Committee						12th Day Prece	eding Gen	neral Election - Original
G. Amount Transfe	erred from Affi	liated Labor	Union or	Other Organizat	ion Treasury	(Organizatio	n Committees C	ONLY)	
Date of Receipt		Amount							

Total of Section G

Total of Section K

	I. MONE	CTARY RECEIPTS (Sec	tion A-K)				
NAME OF COMMITTEE					TYPE OF	REPOR	Т
Democratic State Central C	Committee				12th Day Prece Original	eding Gei	neral Election -
H. Personal	Funds of the Candidate Re	ceived this Period (Candid	ate Committees	ONLY)			
Date of Receipt	Method of Payment Cash	Personal Check	Credit/Debit C	ard			Amount
				To	otal of Section F	E	
						•	
	I. Mo	onetary Receipts (Section	A-K)				
NAME OF COMMITTEE					TYPE OF	REPOR	Т
Democratic State Central (Democratic State Central Committee						
	J. Interest fro	m Deposits in Authorized A	accounts				
Name of Institution Date Received							Amount
Street Address		City	s	tate	Zip Code		
		<u> </u>	<u>I</u>		Total of Sec	ction J	
	I. M	ONETARY RECEIPTS	(Section A-K)				
NAME OF COMMITTEE					TYPI	E OF RI	EPORT
Democratic State Central (Committee				12th Day F Original	Preceding	General Election -
	K. Miscellane	eous Monetary Receipts not	Considered Co	ntribution	18		
Name				Date of Tran	nsaction		Amount Received
Street Address		City		State	Zip Code		
Description	·				•		

		II. FUNDRAIS	ING EVENT ACT	IVITY (S	Sectio	ons L1 - L4)				
NAME OF COMMITTEE	Į.						TYPE OF R	EPORT		
Democratic State Centr	al Com	mittee					12th Day Pred	eding Gener	ral Electi	on - Original
			L1. Fundraiser F	Event Infor	matic	on				
Fundraising Event # Date of Fundraiser Lette	er	Description								
Location: Street Address	•				Cit	y		State		Zip Code
Subpart 1: (All Committees) Was this fundraising event hosted	l at a perso	nal residence?		Yes No	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.)					
Did this fundraiser include items items donated by an individual of	-) or	Yes		es, go to Section L4 In- ributions and complete re			red	
Was this fundraiser a tag sale, aud puchases from an individual of up		ner sale of donated items with	Yes	(If yes, enter Total Receipts here.)						
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program book or on a Sign and complete required information.)							e in a Pro	ogram		
Subpart 3: (Town Committees ON Did your committee sell food or b within the state with this fundrais	beverage at	a fair or similar mass gatherin	g held	Yes No	(If ye	es, enter Total Receipts	here.)			
						То	tal of Section I	1.1		
		II. FUNDR	AISING EVENT	ACTIVIT	Y (S	ections L1 - L4)				
NAME OF COMMITTEE	Ξ						ТҮРЕ	OF REPO	RT	
Democratic State Centr	ral Com	mittee					12th Day Pred	eding Gener	ral Electi	on - Original
L3. Purchases of	Advert	ising in a Program E	Book or on a Sign <i>(Mu</i>	unicipal Ca	ndida	ate and Town Com	mittees ONL	Y)		
Name of Purchaser							Purchase Made Businese	-	:	Individual
Street Address						City			State	Zip Code
Date Received	Even	t #	Aggregate Purchases for All	l Events	Amou	unt of Program Ad Purchase		Amount of	Sign Purc	hase
							Total of S	ection L3		

	II. FU	U NDR	AISING E	VE	NT ACTIVITY (S	ectio	ns L1 - L4)					
NAME OF COMMITTEE								-	ΓΥΡΕ OF R	EPORT	Γ	
Democratic State Central Comm	ittee								h Day Preced	ding Gen	eral El	ection -
	L4. Iı	n-Kind	Donations 1	Not	Considered Contrib	utions	s	•				
Name of the Donor												
Street Address						City					State	Zip Code
Donation Given by: Business Entity	Description	on of Don	ation			•					Fair	Market Value of Donation
Individual Date Received Event # Aggregate value for this Sole Proprietorship									event			
								Tota	l of Section 1	.4		
								1000	or section :			
	I	II. NO	ONMONET	AR	RY RECEIPTS (Se	ection	ıs M - O)					
NAME OF COMMITTEE									TYPE	OF RE	POR	Γ
Democratic State Central Comm	nittee								2th Day Pred Original	eding G	eneral	Election -
			M. In-Ki	ind (Contributions			1				
Name												
Street Address					City				State		Z	ip Code
Type of Contributor: Committee Individual / Sole Proprietorship	Other	Date R	eceived		Aggregate contributions		Description of In-Kind Co	ntribu	tion			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	executi	ve officer of a mui ted with have a co	nicipa	400 to a candidate committee i lity does contributor or busine with said municipality valued	ss he/she				Fa		et Value of this atribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Yes No	If yes, indic	ate w	al of state contractor or prospective branch or branches of contract is with:	ctive state		islative	Yes No			
							Tota	al of S	Section M			

Total of Section O

III. Non Monet	tary I	Receipts (Sections	M - O)						
NAME OF COMMITTEE					TYPE OF I	REPORT			
Democratic State Central Committee					12th Day Pre	12th Day Preceding General Election - Original			
N. Refundable Deposi	t to To	elephone Company							
Last Name of Individual	First Name				MI	Date D	Deposit Made		
Residential Street Address	City State				Zip Code		Amount of Deposit		
Name of Telephone company									
Street Address	City State				Zip Code				
					Total of So	ection N			
III. NONMONETA	RY R	RECEIPTS (Section	ons M -	O)					
NAME OF COMMITTEE					TYPE OF RI	EPFORT			
Democratic State Central Committee					12th Day Prece	eding Gene	eral Election - Original		
O. Non-Monetary Receipts of Organ Legislative Caucus, and Party Comm					Leadership,				
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees	ONLY)		Name of T	Treasurer					
Street Address					Date Notice	Received	Fair Market Value of Donation		
City	State	Zip Code		Aggregate I	Oonations				
Description of Donation	Purpose o	f Expenditure	1						
			A	В	C	D	Е		

		IV. EXPENDITURES	S (Sections P - T)						
NAME OF COM	IMITTEE		,		TYPE OF RE	EPORT			
Democratic Sta	ite Centra	al Committee			12th Day Precedi	ng General Election -	Original		
		P. Expenses	Paid By Committee						
Name of Payee Global Strategies	s, Inc.			Date of Payment 07/05/2013		Method of Payment X Check # 5002 Debit Card			
Street Address 895 Broadway			City New York			State NY	Zip Code 10003		
Purpose of Expenditu (by code) CNSLT	ire	Description Consultant		Event #		A	Amount		
Expenditure # (if applicable)		expenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough Independent	Coordinated Organization	with reimbursemen	t sought	\$1,000.00			
Name of Payee Chris Calabrese				Date of Payment 07/09/2013		Method of Payment X Check Debit 0			
Street Address 246 Broad St Apt	2		City New Britain			State CT	Zip Code 06053		
Purpose of Expenditu (by code) CNSLT	ire	Description Campaign Consulting		Event #		A	Amount		
Expenditure # (if applicable)		expenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough Independent	Coordinated X Organization	with reimbursemen	t sought	\$1,500.00			
Name of Payee DSCC Federal				Date of Payment 07/26/2013		Method of Payment X Check Debit 0			
Street Address 330 Main St Fl 3			City Hartford			State CT	Zip Code 06106-1851		
Purpose of Expenditu (by code) Misc *	ire	Description Reimbursement of operating expenditures; Sec FEC report	e	Event #		A	Amount		
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough Independent	Coordinated Organization	with reimbursemen			\$9,407.23		
Name of Payee Mach3Media				Date of Payment 08/26/2013		Method of Payment X Check Debit 0			
Street Address 126 Francis St			City Portland			State ME	Zip Code 04102		
Purpose of Expenditu (by code) Misc *	ire	Description Printing		Event #		A	Amount		
Expenditure # (if applicable)		expenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	- $-$	with reimbursemen	t sought		\$9,471.44		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE	i.	,		TYPE OF RE	EPORT			
Democratic Sta	te Centra	al Committee			12th Day Precedii	ng Gene	ral Election -	Original	
		P. Expenses	Paid By Committee						
Name of Payee Mach3Media				Date of Payment 08/29/2013		Method	of Payment X Check #		
Street Address 126 Francis St			City Portland			State ME		Zip Code 04102	
Purpose of Expenditu (by code) Misc *	re	Description Printing		Event #			A	umount	
Expenditure # (if applicable)	_	xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough Independent	Coordinated Organization	with reimbursement	t sought	\$3,911.21			
Name of Payee People's United I	Bank			Date of Payment 09/09/2013		Method	Of Payment Check # X Debit C		
Street Address 1 Financial Plz			City Hartford			State CT		Zip Code 06103	
Purpose of Expenditu (by code) BNK	re	Description Bank Fees		Event #			A	umount	
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursement	t sought			\$25.00	
Name of Payee Global Strategies	s, Inc.			Date of Payment 09/10/2013		Method	of Payment X Check #		
Street Address 895 Broadway			City New York			State NY		Zip Code 10003	
Purpose of Expenditu (by code) CNSLT	re	Description Consultant		Event #			A	umount	
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursement	t sought			\$7,500.00	
Name of Payee Bridgeport DTC				Date of Payment 09/13/2013		Method	Of Payment Check # X Debit C		
Street Address 116 Harlem Ave			City Bridgeport			State CT		Zip Code 06606-4661	
Purpose of Expenditu (by code) CNTRB	re	Description Wire #001000909131940		Event #			A	umount	
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sough Independent Organization A B C D Coordinated without reimbursement sough Coordinated with reimbursement sough Coordinated without reimbursement sough Coordinated wit								\$20,000.00	

		IV EVDENDITUDES	C (Castiana D. T)				1 age 22 01 20
		IV. EXPENDITURES	S (Sections P - 1)		TYPE OF DE	DOD#	
NAME OF COMMI					TYPE OF RE		
Democratic State	Centra		Paid By Committee		12th Day Precedii	ng General Election -	Original
Name of Payee People's Bank Maste	tercard	1. Expenses	Talu By Committee	Date of Payment 09/26/2013		Method of Payment X Check Debit 0	
Street Address PO Box 18055			City Bridgeport			State CT	Zip Code 06601-2855
Purpose of Expenditure (by code) CCP		Description Mastercard-People's Bank		Event #		A	Amount
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required							\$4,735.72
Name of Payee Swift-CPA				Date of Payment 10/10/2013		Method of Payment Check X Debit 0	
Street Address 2452 Vale Way			City Erie			State	Zip Code 80516
Purpose of Expenditure (by code) Misc *		Description Credit Card Processing Fees		Event #		A	Amount
Expenditure # Ty (if applicable)	_	spenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough Independent	Coordinated Organization	with reimbursemen	t sought		\$50.00
Name of Payee Global Strategies, I	Inc.			Date of Payment 10/15/2013		Method of Payment X Check Debit 0	
Street Address 895 Broadway			City New York			State NY	Zip Code
Purpose of Expenditure (by code) CNSLT		Description Consultant		Event #		A	Amount
Expenditure # Ty (if applicable)	_	spenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought		\$5,000.00
					Total of Section P		\$62,600.60

\$4,735.72

Total of Section R

	IV	. EXPENDITURES (S	Sections P - T)					
NAME OF COMMITT	EE				ТҮРЕ О	F REPORT		
					12th Day Pred	eding General E	Election - Origin	nal
	Q. Cam	paign Expenses Paid By	Candidate					
Name of Payee (Name of vendo	r who candidate paid directly)			Date of Paymen	ıt	Is Reimburseme	nt Claimed?	
						Y	es	No
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #	1		Amount	
(by code)								
	1			Total	of Section Q			
	IV.	EXPENDITURES						
NAME OF COMMITTE	EE				TYPE OF R	EPORT		
Democratic State Cer	ntral Committee			12th	th Day Preceding General Election - Original			
	R. Expense	s Incurred on Committe	e Credit Card	•				
Name of Issuing Institution		1	Type of Credit Card:					
People's Bank Masterca	rd		Visa X Master Other	Card	Discover	American Exp	press	
Name of Vendor Mach3Media						Date of Transa 09/10/2013		
Street Address 126 Francis St			City Portland			State ME	Zip Code 04102	
Purpose of Expenditure	Description			Event #			Amount	
(by code) PRNT	Printing							
(if applicable)	f Expenditure (if applicable) Itemization in a	Coordinated with reim	bursement sought	D E		\$4,73	35.72	

	IV. EXPENDITURES										
NAME OF COMM	ITTEE						1	TYPE OF R	EPORT		
Democratic State	Centra	al Committee					1	2th Day Pred	ceding General	Election - Original	
		S. Expens	es Incurred By Committee	but Not Paid D	uring (this Period					
Name of Creditor									Date Incurred		
Street Address				City					State	Zip Code	
Purpose of Expenditure (by code)		Description				Event #			1	ount Incurred nate or Actual)	
Expenditure# (if applicable)		Expenditure (if applicable) ordinated without reimburse	Itemization in Addendum S Required ement sough Independent	Co Organization :	oordinated A	with reimburse	ement sou	ght D E			
Total of Section S											
			IV. EXPENDIT	TURES							
NAME OF COMMI	TTEE						TYPE	OF REPOR	RT.		
Democratic State	Centra	l Committee					12th Da	y Preceding (General Election	n - Original	
		T. Itemization	of Reimbursements to Con	nmittee Worker	s and (Consultant	ts				
Last Name of Worker/Con	sultant		First	MI	Date of	Payment		Method of	Payment Check # Debit Card		
Secondary Payee				•				•			
Street Address				City					State	Zip Code	
Purpose of Expenditure (by code)		Description		1		Event #				Amount	
Expenditure #	Тур	e of Expenditure (if applica	ble) Itemization in Addendem T Require ursement sough Independer			with reimburser	ment soug	ht D	Е		

Total of Section T

Section P. ADDENDUM						
NAME OF COMMITTEE			TYPE OF REPORT			
Democratic State Central Committee			12th Day Preceding General Election - Original			
P. Expenses Paid By Committee - Addendum						
Expenditure #	X Supp	ported Dopposed		Amount of Expenditure \$9,471.44		
Name of Candidate Kathryn Bukovsky		Office Sought Other Municipal Office		Cost Allocated to Candidate \$3,157.00		
Name of Candidate Brandon Clark		Office Sought Other Municipal Office		Cost Allocated to Candidate \$3,157.00		
Name of Candidate Simon Castillo		Office Sought Other Municipal Office		Cost Allocated to Candidate \$3,157.44		
Expenditure #	x Supp	ported Dpposed		Amount of Expenditure \$1,500.00		
Name of Candidate Tony Horn		Office Sought State Representative		Cost Allocated to Candidate \$1,500.00		
Expenditure #	X Supp	ported Dopposed		Amount of Expenditure \$3,911.21		
Name of Candidate Kathryn Bukovsky		Office Sought Other Municipal Office		Cost Allocated to Candidate \$1,303.00		
Name of Candidate Brandon Clark		Office Sought Other Municipal Office		Cost Allocated to Candidate \$1,303.00		
Name of Candidate Simon Castillo		Office Sought Other Municipal Office		Cost Allocated to Candidate \$1,305.21		

Section R. ADDENDUM						
NAME OF COMMITTEE	TYPE OF REPORT					
Democratic State Central Committee	12th Day Preceding General Election - Original					
R. Expenses Incurred on Committee Credit Card - Addendum						
Expenditure # X Supp	x Supported ☐ Opposed		Amount of Expenditure \$4,735.72			
Name of Candidate Kathryn Bukovsky	Office Sought Other Municipal Office		Cost Allocated to Candidate \$1,578.00			
Name of Candidate Brandon Clark	Office Sought Other Municipal Office		Cost Allocated to Candidate \$1,578.00			
Name of Candidate Simon Castillo	Office Sought Other Municipal Office		Cost Allocated to Candidate \$1,579.72			