

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT  
 COMMISSION  
 Revised January 2012



Electronic Filing

Do Not Mark in This Space For Official Use Only.

**COVER PAGE**

1. NAME OF COMMITTEE			
<b>Democratic State Central Committee</b>			
2. TREASURER NAME			
First <b>Emma</b>	MI <b>W.</b>	Last <b>Pierce</b>	Suffix
3. TREASURER ADDRESS			
Street Address <b>543 Church St</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06051</b>
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
8. TYPE OF REPORT			
<b>12th Day Preceding General Election - Original</b>			
9. PERIOD COVERED			
Beginning Date		Ending Date	
<b>07/01/2014</b>		thru <b>10/16/2014</b>	
10. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
<b>Electronic Filing</b>	<b>Arnold Skretta</b>	<b>10/23/2014 10:17:52PM</b>	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<b>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</b>			

**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	
<b>Democratic State Central Committee</b>	12th Day Preceding General Election - 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		<b>\$112,606.31</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$359,007.04</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$472,765.00</b>	<b>\$950,432.58</b>
14. Receipts from Other Committees (Sections C1 and C2)	<b>\$106,410.00</b>	<b>\$164,734.32</b>
15. Other Monetary Receipts (Section D through K)	<b>\$0.00</b>	<b>\$2,500.00</b>
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	<b>\$0.00</b>	<b>\$0.00</b>
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	<b>\$250.00</b>	<b>\$250.00</b>
17. Total Monetary Receipts (add totals for lines 13 through 16c)	<b>\$579,425.00</b>	<b>\$1,117,916.90</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$938,432.04</b>	<b>\$1,230,523.21</b>
19. Expenses Paid by Committee (Section P)	<b>\$855,405.85</b>	<b>\$1,147,497.02</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>\$83,026.19</b>	<b>\$83,026.19</b>
21. In-Kind Donations not Considered Contributions Received (Section L4)	<b>\$0.00</b>	<b>\$0.00</b>
22. In-Kind Contributions Received (Section M)	<b>\$12,607.43</b>	<b>\$15,943.87</b>
23. Refundable Deposit to Telephone Company (Section N)	<b>\$0.00</b>	<b>\$0.00</b>
24. Receipts of Organization Expenditures (Section O) OPTIONAL	<b>\$0.00</b>	<b>\$0.00</b>
25. Beginning Loan Balance	<b>\$0.00</b>	
25a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
25b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
25c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
25d. Total Outstanding Loan Amount	<b>\$0.00</b>	
26. Campaign Expenses Paid By Candidate (Section Q)	<b>\$0.00</b>	<b>\$0.00</b>
27. Expenses Incurred on Committee Credit Card (Section R)	<b>\$0.00</b>	<b>\$990.12</b>
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<b>\$0.00</b>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<b>\$0.00</b>	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**A. Total Contributions from Small Contributors-Received this Period ONLY***(See instructions for definition of Small Contributor)***Subtotal Section A****\$1,390.00****B. Itemized Contributions from Individuals**

Last Name Kempner		First Name Michael		MI W
Residential Street Address 1 Meadowslands Plz Fl 6		City East Rutherford	State NJ	Zip Code 07073
Principal Occupation CEO/Pres		Name of Employer MWW		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/01/2014	Aggregate Contributions \$5,000.00	\$5,000.00

Last Name Shatku		First Name Adrian		MI
Residential Street Address 6 Mockingbird Dr # 19B		City Colts Neck	State NJ	Zip Code 07722
Principal Occupation CEO		Name of Employer Unifi Comms		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/02/2014	Aggregate Contributions \$5,000.00	\$5,000.00

Last Name Baker		First Name Richard		MI A
Residential Street Address 3 Manhattanville Rd Ste 202		City Purchase	State NY	Zip Code 10577
Principal Occupation CEO		Name of Employer Hudson's Bay Company		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/07/2014	Aggregate Contributions \$10,000.00	\$10,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Wasserman		First Name Michael		MI
Residential Street Address 20 Lake Louise Rd		City Morganville	State NJ	Zip Code 07751
Principal Occupation Attorney		Name of Employer Marwood Group & Co. USA, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/08/2014	Aggregate Contributions \$2,500.00	

Last Name Moore		First Name Terence		MI
Residential Street Address 9 Old Field Rd		City Setauket	State NY	Zip Code 11783
Principal Occupation Health Care		Name of Employer Marwood Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/08/2014	Aggregate Contributions \$5,000.00	

Last Name Moore		First Name John		MI T
Residential Street Address 442 River Rd		City Saint James	State NY	Zip Code 11780
Principal Occupation Healthcare Investor		Name of Employer Marwood Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/08/2014	Aggregate Contributions \$10,000.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Corridan		First Name Stephen		MI G
Residential Street Address 338 King Charles Dr		City Portsmouth	State RI	Zip Code 02871
Principal Occupation Real Estate		Name of Employer Roseview Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/08/2014	Aggregate Contributions \$5,000.00	\$5,000.00

Last Name Kupka		First Name Steven		MI
Residential Street Address 2738 Chain Bridge Rd NW		City Washington	State DC	Zip Code 20016
Principal Occupation Attorney		Name of Employer Husch Blackwell, LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/08/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Allen		First Name Michael		MI D
Residential Street Address 5313 Cardinal Ct		City Bethesda	State MD	Zip Code 20816
Principal Occupation Real Estate		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/09/2014	Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Tuminski		First Name Trevor		MI R
Residential Street Address 4 Chapel Hill Rd		City Westport	State CT	Zip Code 06880
Principal Occupation Sr. Vice President		Name of Employer Marwood Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/09/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Young		First Name Jonathan		MI M
Residential Street Address 6104 Winnebago Rd		City Bethesda	State MD	Zip Code 20816-3142
Principal Occupation Attorney		Name of Employer Fox Kiser		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/09/2014	Aggregate Contributions \$500.00	\$500.00

Last Name Byrnes		First Name Kevin		MI J
Residential Street Address 11756 Great Owl Cir		City Reston	State VA	Zip Code 20194
Principal Occupation Ironworker		Name of Employer Ironworkers International		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/09/2014	Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Dodds		First Name Erin		MI E	
Residential Street Address 6 Park Ave		City Old Greenwich		State CT	Zip Code 06870-1705
Principal Occupation Homemaker			Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/09/2014	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Dubilier		First Name Michael		MI J	
Residential Street Address 253 Byram Shore Rd		City Greenwich		State CT	Zip Code 06830-6925
Principal Occupation Investments			Name of Employer Dubilier & Co.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/09/2014	Aggregate Contributions \$500.00	\$500.00

Last Name Bender		First Name Joyce		MI A	
Residential Street Address 419 Poplar Ct		City Moon Township		State PA	Zip Code 15108
Principal Occupation CEO			Name of Employer Bender Consulting Services, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/09/2014	Aggregate Contributions \$2,000.00	\$2,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Doherty		First Name Mark		MI J
Residential Street Address 12 Colleen Dr		City Lakeville	State MA	Zip Code 02347-1663
Principal Occupation Executive Director		Name of Employer DentaQuest Institute		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/09/2014	Aggregate Contributions \$200.00	\$200.00

Last Name Feinberg		First Name Kenneth		MI
Residential Street Address 5200 Edgemoor Ln		City Bethesda	State MD	Zip Code 20814-2342
Principal Occupation Lawyer		Name of Employer Feinberg Rozen, LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/09/2014	Aggregate Contributions \$5,000.00	\$5,000.00

Last Name Blinkhorn		First Name Ann		MI B
Residential Street Address 23 Grant Ave		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Executive Recruiter		Name of Employer Blinkhorn, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/09/2014	Aggregate Contributions \$1,000.00	\$1,000.00



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Ditkoff		First Name Charles		MI J
Residential Street Address 115 Central Park W Apt 8B		City New York	State NY	Zip Code 10023-4146
Principal Occupation Consultant		Name of Employer Marwood Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/09/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Kramer		First Name Orin		MI
Residential Street Address 261 Glenwood Rd		City Englewood	State NJ	Zip Code 07631
Principal Occupation General Partner		Name of Employer Boston Provident, L.P.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/09/2014	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Brewer		First Name Garry		MI D
Residential Street Address 18 Fair St Apt 10		City Guilford	State CT	Zip Code 06437-2649
Principal Occupation College Professor		Name of Employer Yale		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/09/2014	Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Kennedy		First Name Victoria		MI R	
Residential Street Address PO Box 53354		City Washington		State DC	Zip Code 20009-9354
Principal Occupation Attorney/Consultant			Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/09/2014	Aggregate Contributions \$10,000.00	\$10,000.00
Last Name Mack		First Name Olga		MI L	
Residential Street Address 201 Byram Shore Rd		City Greenwich		State CT	Zip Code 06830-6925
Principal Occupation None			Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/09/2014	Aggregate Contributions \$180.00	\$180.00
Last Name Shriver		First Name Mark		MI	
Residential Street Address 10014 Canter Rd		City Bethesda		State MD	Zip Code 20817
Principal Occupation Senior Vice President			Name of Employer Save The Children		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/09/2014	Aggregate Contributions \$2,000.00	\$2,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Friedberg		First Name Barry		MI MI
Residential Street Address 134 E 71st St		City New York	State NY	Zip Code 10021
Principal Occupation Investments		Name of Employer Friedberg Millstein		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/10/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Greenberg		First Name David		MI A
Residential Street Address 8 Wright St		City Westport	State CT	Zip Code 06880
Principal Occupation Attorney		Name of Employer Self Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/11/2014	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Doolittle		First Name Theodore		MI M
Residential Street Address 2440 Sunset Farm Rd		City Ellicott City	State MD	Zip Code 21042-1632
Principal Occupation Lawyer		Name of Employer LeClair Ryan		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/14/2014	Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Balsam		First Name Craig		MI
Residential Street Address 62 Beach St # 19B		City New York	State NY	Zip Code 10021
Principal Occupation Business Owner		Name of Employer Razor and Tie		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/14/2014	Aggregate Contributions \$500.00	

Last Name Wollman		First Name Bernice		MI
Residential Street Address 200 Central Park S		City New York	State NY	Zip Code 10019
Principal Occupation Retired		Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/16/2014	Aggregate Contributions \$250.00	

Last Name Warner		First Name Gregory		MI H
Residential Street Address 1150 Park Ave # 10F		City New York	State NY	Zip Code 10128
Principal Occupation President		Name of Employer Ingleside Investors		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/17/2014	Aggregate Contributions \$1,000.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Donovan		First Name John		MI
Residential Street Address 1033 Swinks Mill Rd		City Mc Lean		State VA
Zip Code 22102-2128				
Principal Occupation Creative Director		Name of Employer Purple Strategies		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/18/2014	Aggregate Contributions \$350.00	
\$350.00				

Last Name Donovan		First Name Linda		MI S
Residential Street Address 1033 Swinks Mill Rd		City Mc Lean		State VA
Zip Code 22102-2128				
Principal Occupation Video Producer		Name of Employer Semans Co.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/18/2014	Aggregate Contributions \$350.00	
\$350.00				

Last Name Bear		First Name Steven		MI
Residential Street Address 77 Park Ave		City New York		State NY
Zip Code 10016				
Principal Occupation Travel Agent/Owner		Name of Employer Bear & Bear Travel		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/18/2014	Aggregate Contributions \$200.00	
\$200.00				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Siegelbaum		First Name Harvey		MI C
Residential Street Address 35 Sutton Pl # 7C		City New York	State NY	Zip Code 10022
Principal Occupation Consultant		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/18/2014	Aggregate Contributions \$2,000.00	

Last Name Brougher		First Name Mary		MI L
Residential Street Address 415 Poplar Ct		City Moon Township	State PA	Zip Code 15108
Principal Occupation EVP, Operations		Name of Employer Bender Consulting Services, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/18/2014	Aggregate Contributions \$1,000.00	

Last Name Blattner		First Name Jeffrey		MI
Residential Street Address 5330 Wapakoneta Rd		City Bethesda	State MD	Zip Code 20816
Principal Occupation Attorney		Name of Employer Legal Policy Solutions, PLLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/18/2014	Aggregate Contributions \$500.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Spicer		First Name Tracy		MI
Residential Street Address 5105 Nahant St		City Bethesda	State MD	Zip Code 20876
Principal Occupation Consultant		Name of Employer Avenue Solutions		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/18/2014	Aggregate Contributions \$1,000.00	

Last Name Collins		First Name Timothy		MI C
Residential Street Address 26 Prescott Ave		City Bronxville	State NY	Zip Code 10708
Principal Occupation CEO		Name of Employer Ripplewood Holdings		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/21/2014	Aggregate Contributions \$5,000.00	

Last Name Zimmel		First Name Joseph		MI R
Residential Street Address 159 Parsonage Rd		City Greenwich	State CT	Zip Code 06830-3951
Principal Occupation Consultant		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/21/2014	Aggregate Contributions \$2,500.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Meyers		First Name Stephanie		MI A
Residential Street Address 6316 Guinea Ln		City Wilmington	State NC	Zip Code 28409-2138
Principal Occupation Homemaker		Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/22/2014	Aggregate Contributions \$250.00	

Last Name Friedman		First Name Cynthia		MI
Residential Street Address 300 Seminole Ave Apt 2A		City Palm Beach	State FL	Zip Code 33480
Principal Occupation Private Investor		Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/22/2014	Aggregate Contributions \$250.00	

Last Name Osolinik		First Name Carolyn		MI P
Residential Street Address 7834 Hampden Ln		City Bethesda	State MD	Zip Code 20814-1109
Principal Occupation Attorney		Name of Employer Correia & Osolinik		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/22/2014	Aggregate Contributions \$1,000.00	



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name McKelvy		First Name Sydney		MI L
Residential Street Address 13220 Squire Ct		City Gaithersburg	State MD	Zip Code 20878
Principal Occupation Unemployed		Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/22/2014	Aggregate Contributions \$1,000.00	
Last Name Pollner		First Name Martin		MI R
Residential Street Address 270 Clayton Rd		City Scarsdale	State NY	Zip Code 10583
Principal Occupation Attorney		Name of Employer Loeb & Loeb, LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/22/2014	Aggregate Contributions \$1,500.00	
Last Name Balsam		First Name Craig		MI
Residential Street Address 62 Beach St # 19B		City New York	State NY	Zip Code 10021
Principal Occupation Business Owner		Name of Employer Razor and Tie		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/23/2014	Aggregate Contributions \$1,000.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Weil		First Name Lorne		MI MI
Residential Street Address 51 E 90th St PH B		City New York	State NY	Zip Code 10128-1205
Principal Occupation President		Name of Employer Scientific Games		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/24/2014	Aggregate Contributions \$5,000.00	\$5,000.00

Last Name Ledva		First Name Daniel		MI J
Residential Street Address 603 Weymouth Ct		City New Hope	State PA	Zip Code 18938
Principal Occupation Senior Managing Director		Name of Employer Kelson		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/25/2014	Aggregate Contributions \$5,000.00	\$5,000.00

Last Name Reggie		First Name Doris		MI B
Residential Street Address 111 Girard Park Dr # 24		City Lafayette	State LA	Zip Code 70503
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/25/2014	Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Rathjen		First Name Brian		MI A
Residential Street Address 6 Roxen Rd		City Rockville Centre	State NY	Zip Code 11570
Principal Occupation Consultant		Name of Employer Kelson Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/25/2014	Aggregate Contributions \$5,000.00	\$5,000.00

Last Name Sullivan		First Name Michael		MI
Residential Street Address 85 Brookfield Pl		City Pleasantville	State NJ	Zip Code 10570
Principal Occupation Consultant		Name of Employer Marwood Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/25/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Flom		First Name Jason		MI
Residential Street Address 146 Central Park W Apt 2E		City New York	State NY	Zip Code 10023-6297
Principal Occupation Chairman/CEO		Name of Employer Java Records		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/28/2014	Aggregate Contributions \$2,500.00	\$2,500.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Levison		First Name A.		MI A
Residential Street Address 275 Round Hill Rd		City Greenwich	State CT	Zip Code 06831-3325
Principal Occupation Managing Partner		Name of Employer Southfield Capital Advisors		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/28/2014	Aggregate Contributions \$5,000.00	\$5,000.00

Last Name Flom		First Name Peter		MI MI
Residential Street Address 515 W End Ave		City New York	State NY	Zip Code 10024
Principal Occupation Statistician		Name of Employer Self Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/28/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Bronin		First Name Andrew		MI J
Residential Street Address 11 Windabout Dr		City Greenwich	State CT	Zip Code 06831
Principal Occupation physician/dermatologist		Name of Employer self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/28/2014	Aggregate Contributions \$5,000.00	\$5,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Cornett		First Name David		MI W
Residential Street Address 29 Oak Ridge Dr		City Newtown	State CT	Zip Code 06470-2458
Principal Occupation Consultant		Name of Employer E-Rate Online, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/28/2014	Aggregate Contributions \$2,500.00	\$2,500.00

Last Name Lundgren		First Name Nicholas		MI D
Residential Street Address 35 Stratford Rd		City West Hartford	State CT	Zip Code 06117-2839
Principal Occupation Management		Name of Employer State of Connecticut, Dept of Housing		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/29/2014	Aggregate Contributions \$500.00	\$500.00

Last Name Dodge		First Name Andrew		MI
Residential Street Address 1527 Ridge Rd		City Lancaster	State PA	Zip Code 17603
Principal Occupation Sales Executive		Name of Employer Ecore Intl		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/30/2014	Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Gosin		First Name Barry		MI MI
Residential Street Address 617 Croton Lake Rd		City Bedford Corners	State NY	Zip Code 10459
Principal Occupation CEO		Name of Employer Newmark Grubb Knight Frank		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution   \$10,000.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/31/2014	Aggregate Contributions \$10,000.00	

Last Name Daly		First Name Michael		MI C
Residential Street Address 2 Boxwood Rd		City Farmington	State CT	Zip Code 06032-1046
Principal Occupation Attorney		Name of Employer Furey, Donovan, Tracy & Daly		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution   \$500.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/31/2014	Aggregate Contributions \$500.00	

Last Name Seelig		First Name Charles		MI B
Residential Street Address 66 Leonard St		City New York	State NY	Zip Code 10013-3455
Principal Occupation Managing Member		Name of Employer Seelig Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution   \$10,000.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/01/2014	Aggregate Contributions \$20,000.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Abrams		First Name Wendy		MI D
Residential Street Address 405 Sheridan Rd		City Highland Park	State IL	Zip Code 60035
Principal Occupation Environmentalist		Name of Employer Unemployed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/01/2014	Aggregate Contributions \$5,000.00	

Last Name Goodhart		First Name Jonah		MI
Residential Street Address 15 W 18th St # 3		City New York	State NY	Zip Code 10011
Principal Occupation Investor		Name of Employer Point Ventures Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/01/2014	Aggregate Contributions \$10,000.00	

Last Name Doherty		First Name Jay		MI D
Residential Street Address 210 E Pearson St # 98		City Chicago	State IL	Zip Code 60611
Principal Occupation Public Affairs Executive		Name of Employer City Club of Chicago		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/01/2014	Aggregate Contributions \$2,500.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Shay		First Name James		MI P
Residential Street Address 9A Wyndemere Dr		City Southboro	State MA	Zip Code 01772
Principal Occupation Real Estate Sales		Name of Employer Century 21		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/01/2014	Aggregate Contributions \$2,500.00	\$2,500.00

Last Name Trager		First Name Michael		MI
Residential Street Address 2112 Dunmore Ln NW		City Washington	State DC	Zip Code 20007
Principal Occupation Attorney		Name of Employer Arnold & Porter		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/01/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Mitchell		First Name James		MI
Residential Street Address 9504 Hemswell Pl		City Potomac	State MD	Zip Code 20854-4274
Principal Occupation Lobbyist-Retired		Name of Employer General Electric		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/01/2014	Aggregate Contributions \$1,000.00	\$1,000.00



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Fanning		First Name Richard		MI W
Residential Street Address 1057 Brush Hill Rd		City Milton	State MA	Zip Code 02186-1217
Principal Occupation Mortgage Banker		Name of Employer Residential Mortgage Services		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution   \$1,000.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/01/2014	Aggregate Contributions \$1,000.00	

Last Name Deutsch		First Name Alvin		MI
Residential Street Address 260 Madison Ave Fl 18		City New York	State NY	Zip Code 10016
Principal Occupation Partner, Attorney		Name of Employer McLaughlin & Stern		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution   \$500.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/01/2014	Aggregate Contributions \$500.00	

Last Name Doherty		First Name Gerard		MI F
Residential Street Address 39 Washington St		City Charlestown	State MA	Zip Code 02129
Principal Occupation Attorney		Name of Employer Self Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution   \$500.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/01/2014	Aggregate Contributions \$500.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Graustein		First Name William		MI C
Residential Street Address 250 Dyer St		City New Haven		State CT Zip Code 06511-1652
Principal Occupation Private Investor		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/04/2014	Aggregate Contributions \$2,500.00	\$2,500.00
Last Name Greenberg		First Name Gary		MI C
Residential Street Address 6 High Ledge Rd		City Bloomfield		State CT Zip Code 06002-2112
Principal Occupation President		Name of Employer Birken Manufacturing Co.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/04/2014	Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Zeff		First Name A.		MI R
Residential Street Address 17068 Brookwood Dr		City Boca Raton		State FL Zip Code 33496
Principal Occupation Attorney		Name of Employer Zeff and Zeff, P.C.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/04/2014	Aggregate Contributions \$5,000.00	\$5,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Daniels		First Name Paul		MI B
Residential Street Address 129 Collindale Dr		City Meriden	State CT	Zip Code 06450-8319
Principal Occupation Retired		Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/11/2014	Aggregate Contributions \$85.00	

Last Name Santiago		First Name Hilda		MI
Residential Street Address PO Box 1811		City Meriden	State CT	Zip Code 06450-8911
Principal Occupation Contitution Liaison		Name of Employer US Senate		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/11/2014	Aggregate Contributions \$185.00	

Last Name Daniels		First Name Brian		MI P
Residential Street Address 14 Colorado Ct		City Meriden	State CT	Zip Code 06450-8305
Principal Occupation Majority Leader		Name of Employer Meriden City Council		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/11/2014	Aggregate Contributions \$185.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name McGoldrick		First Name George		MI E
Residential Street Address 91 Harvard Ave		City Meriden	State CT	Zip Code 06451-3807
Principal Occupation Architect		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/11/2014	Aggregate Contributions \$185.00	\$185.00

Last Name Volpini		First Name John		MI S
Residential Street Address 185 Miller Ave		City Meriden	State CT	Zip Code 06450
Principal Occupation Retired		Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/11/2014	Aggregate Contributions \$85.00	\$85.00

Last Name Harris		First Name Katharine		MI W
Residential Street Address 85 Hillcrest Ter		City Meriden	State CT	Zip Code 06450
Principal Occupation Retired		Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/11/2014	Aggregate Contributions \$185.00	\$185.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Rohde		First Name Michael		MI S
Residential Street Address 30 Tunxis Cir		City Meriden	State CT	Zip Code 06450
Principal Occupation Mayor/Dir. Comm. Relations		Name of Employer City of Meriden/CHC, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/11/2014	Aggregate Contributions \$285.00	\$185.00

Last Name O'Dwyer		First Name Brian		MI
Residential Street Address 350 Central Park W		City New York	State NY	Zip Code 10025
Principal Occupation Partner		Name of Employer O'Dwyer & Bernstein LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Driscoll		First Name Joseph		MI E
Residential Street Address 8134 Seminole Ave		City Philadelphia	State PA	Zip Code 19118
Principal Occupation Biotechnology		Name of Employer Evol Science LHC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2014	Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Johnston		First Name Philip		MI W
Residential Street Address 2 Heritage Dr Ste 302		City Quincy	State MA	Zip Code 02171
Principal Occupation Consultant		Name of Employer Philip W. Johnston & Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2014	Aggregate Contributions \$1,500.00	\$1,500.00

Last Name Brownstein		First Name Norman		MI
Residential Street Address 410 17th St Fl 22		City Denver	State CO	Zip Code 80202
Principal Occupation Attorney		Name of Employer Brownstein, Hyatt, Farber, Schrek		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Wilkins		First Name John		MI C
Residential Street Address 214 E 70th St		City New York	State NY	Zip Code 10021
Principal Occupation Private Investments		Name of Employer Harvest Partners, L.P		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2014	Aggregate Contributions \$2,500.00	\$2,500.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Dewey		First Name R.		MI B
Residential Street Address 4900 47th St NW		City Washington	State DC	Zip Code 20016
Principal Occupation Environmental Consultant		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2014	Aggregate Contributions \$500.00	

Last Name Sandberg		First Name Leslie		MI J
Residential Street Address 3346 Xerxes Ave N		City Minneapolis	State MN	Zip Code 55412
Principal Occupation Commercial Real Estate Owner/Manager		Name of Employer Self Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2014	Aggregate Contributions \$1,000.00	

Last Name Dreyfous		First Name Geraldyn		MI
Residential Street Address 2233 E Fardown Ave		City Salt Lake City	State UT	Zip Code 84121-1440
Principal Occupation Filmmaker		Name of Employer Impact Partners Film		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2014	Aggregate Contributions \$2,000.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Luciana		First Name Eugene		MI
Residential Street Address 179 Middlesex Rd		City Darien	State CT	Zip Code 06820-3326
Principal Occupation Chief Financial Officer		Name of Employer CHARMER SUNBELT GROUP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/18/2014	Aggregate Contributions \$2,500.00	\$2,500.00

Last Name Herrmann		First Name Raymond		MI R
Residential Street Address 765 Park Ave # 8A		City New York	State NY	Zip Code 10021
Principal Occupation Chairman Emeritus		Name of Employer Charmer Sunbelt Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/18/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Johnson		First Name Gary		MI
Residential Street Address 1051 Cedar Rd		City Southport	State CT	Zip Code 06890-1002
Principal Occupation President		Name of Employer Vertrue		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/18/2014	Aggregate Contributions \$5,000.00	\$5,000.00



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Wiggins		First Name Stephen		MI F
Residential Street Address 12 North Rd		City Darien	State CT	Zip Code 06820-6216
Principal Occupation Managing Director		Name of Employer Essex Woodlands Health Ventures		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/18/2014	Aggregate Contributions \$5,000.00	\$5,000.00

Last Name Stone		First Name Chad		MI M
Residential Street Address 18 Cornwells Beach Rd .		City Port Washington	State NY	Zip Code 11050
Principal Occupation Corporate Director of Finance and Analytics		Name of Employer Charmer Sunbelt Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/18/2014	Aggregate Contributions \$1,250.00	\$1,250.00

Last Name Crisses		First Name Andrew		MI M
Residential Street Address 907 Fifth Ave Apt 5B		City New York	State NY	Zip Code 10020
Principal Occupation EVP, Strategy & Corporate Affairs		Name of Employer Charmer Sunbelt Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/18/2014	Aggregate Contributions \$1,250.00	\$1,250.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Merinoff		First Name Charles		MI
Residential Street Address 60 E 42nd St		City New York	State NY	Zip Code 10165-0006
Principal Occupation Chairman & Chief Executive Officer		Name of Employer The Charmer Sunbelt Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/18/2014	Aggregate Contributions \$2,500.00	\$2,500.00

Last Name Zenker		First Name Jennifer		MI A
Residential Street Address 205 W 84th St Apt B		City New York	State NY	Zip Code 10024
Principal Occupation Attorney		Name of Employer Charmer Sunbelt Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/18/2014	Aggregate Contributions \$1,250.00	\$1,250.00

Last Name Berkoff		First Name Michael		MI
Residential Street Address 17 Cedar St		City Stamford	State CT	Zip Code 06902
Principal Occupation President/CEO		Name of Employer BevMax		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/19/2014	Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Chase		First Name Cheryl		MI A
Residential Street Address 84 High Ridge Rd		City West Hartford	State CT	Zip Code 06117-1813
Principal Occupation Attorney		Name of Employer Chase Enterprises		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2014	Aggregate Contributions \$5,000.00	\$5,000.00

Last Name LaVoie		First Name Chris		MI
Residential Street Address 1341 Diamond Lake Rd		City Glastonbury	State CT	Zip Code 06033
Principal Occupation Chiropractor		Name of Employer Family Chiropractic of Wethersfield		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Egerman		First Name Paul		MI
Residential Street Address 77 Westcliff Rd		City Weston	State MA	Zip Code 02493
Principal Occupation Chairman		Name of Employer eScription Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2014	Aggregate Contributions \$5,000.00	\$5,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Ballog		First Name Paula		MI J
Residential Street Address 802 Bonnie Brae Dr .		City Coraopolis	State PA	Zip Code 15108
Principal Occupation CFO		Name of Employer Bender Consulting Services		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Clark		First Name Richard		MI
Residential Street Address 71 Wachusetts Ave , PO Box 231		City Hyannis Port	State MA	Zip Code 02647-0231
Principal Occupation Owner		Name of Employer Clark Investments		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2014	Aggregate Contributions \$500.00	\$500.00

Last Name Lierman		First Name Terry		MI
Residential Street Address 6931 Arlington Rd Ste 308		City Bethesda	State MD	Zip Code 20814
Principal Occupation Administration		Name of Employer Summit Global Ventures		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2014	Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Patman		First Name Carrin		MI
Residential Street Address 711 Louisiana St Ste 2300		City Houston	State TX	Zip Code 77002-2770
Principal Occupation Attorney		Name of Employer Bracewell & Giuliani LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2014	Aggregate Contributions \$1,000.00	

Last Name Glovsky		First Name Robert		MI
Residential Street Address 10 Rows Wharf Unit 901		City Boston	State MA	Zip Code 02110
Principal Occupation Wealth Manager		Name of Employer The Colony Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2014	Aggregate Contributions \$500.00	

Last Name Wolfson		First Name Steven		MI M
Residential Street Address 1 Moose Hill Rd		City Guilford	State CT	Zip Code 06437-2396
Principal Occupation Physician		Name of Employer Yale Medical School		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/24/2014	Aggregate Contributions \$500.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Patel</b>		First Name <b>Sharad</b>		MI <b>C</b>
Residential Street Address <b>82 Spring Valley Dr</b>		City <b>Berlin</b>	State <b>CT</b>	Zip Code <b>06037</b>
Principal Occupation <b>Mental Health Associate</b>		Name of Employer <b>Connecticut Valley Hospital</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>08/25/2014</b>	Aggregate Contributions <b>\$2,000.00</b>	<b>\$1,000.00</b>

Last Name <b>Osborne</b>		First Name <b>Chris</b>		MI <b>L</b>
Residential Street Address <b>251 W 95th St Apt 2W</b>		City <b>New York</b>	State <b>NY</b>	Zip Code <b>10025</b>
Principal Occupation <b>Financial Services</b>		Name of Employer <b>Sberbank CIB USA</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>08/25/2014</b>	Aggregate Contributions <b>\$5,000.00</b>	<b>\$5,000.00</b>

Last Name <b>Patel</b>		First Name <b>Gaurav</b>		MI <b>S</b>
Residential Street Address <b>97 Redwood Ln</b>		City <b>East Berlin</b>	State <b>CT</b>	Zip Code <b>06023-1035</b>
Principal Occupation <b>Director of Marketing and Sales</b>		Name of Employer <b>Infowave Systems</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>08/25/2014</b>	Aggregate Contributions <b>\$2,500.00</b>	<b>\$1,000.00</b>

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Farley		First Name Richard		MI E
Residential Street Address 415 E 57th St PH		City New York	State NY	Zip Code 10022
Principal Occupation Attorney		Name of Employer Paul Hastings LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/27/2014	Aggregate Contributions \$2,500.00	

Last Name McAdams		First Name Kevin		MI
Residential Street Address 3456 Atlantic Cir		City Naples	State FL	Zip Code 34119
Principal Occupation President/CEO		Name of Employer Cliffoney Capital		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/27/2014	Aggregate Contributions \$500.00	

Last Name Blinkhorn		First Name Ann		MI B
Residential Street Address 23 Grant Ave		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Executive Recruiter		Name of Employer Blinkhorn, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/27/2014	Aggregate Contributions \$6,000.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Bailey		First Name Frederick		MI J
Residential Street Address 107 Daisy Ct		City Savannah	State GA	Zip Code 31404
Principal Occupation Managing Director		Name of Employer FTSE, Americas		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/29/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Zall		First Name Richard		MI J
Residential Street Address 50 W 67th St Apt 7F		City New York	State NY	Zip Code 10023
Principal Occupation Lawyer		Name of Employer Proskauer Rose LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/29/2014	Aggregate Contributions \$500.00	\$500.00

Last Name Blank		First Name Bradley		MI K
Residential Street Address 1800 Sunset Harbor Dr Ste 2402		City Miami Beach	State FL	Zip Code 33139-1465
Principal Occupation Sports Attorney		Name of Employer Bradley Blank & Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/29/2014	Aggregate Contributions \$2,000.00	\$2,000.00



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Patel		First Name Arvind		MI
Residential Street Address 2392 Putnam Pike		City Glocester	State RI	Zip Code 02814
Principal Occupation Retired		Name of Employer Glocester Motor Inn		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/03/2014	Aggregate Contributions \$250.00	

Last Name Taylor		First Name Simon		MI
Residential Street Address 239 Rawson Rd # 5		City Brookline	State MA	Zip Code 02445
Principal Occupation VP, Products		Name of Employer Comtrade Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/05/2014	Aggregate Contributions \$1,000.00	

Last Name Lubell		First Name Ellen		MI
Residential Street Address 536 Mine Hill Rd		City Fairfield	State CT	Zip Code 06824-2151
Principal Occupation Attorney		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/08/2014	Aggregate Contributions \$2,500.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

Democratic State Central Committee

TYPE OF REPORT

12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Hessel		First Name Sue		MI MI	
Residential Street Address 26 Mt Archer Rd		City Lyme		State CT	Zip Code 06371
Principal Occupation retired			Name of Employer none		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 09/08/2014	Aggregate Contributions \$100.00	\$100.00
Last Name Dunleavy		First Name Martin		MI J	
Residential Street Address 97 W Prospect St		City New Haven		State CT	Zip Code 06515-1608
Principal Occupation House Clerk			Name of Employer CT Legislature		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 09/08/2014	Aggregate Contributions \$500.00	\$500.00
Last Name Miller		First Name Robert		MI MI	
Residential Street Address 129 Dora St		City Stamford		State CT	Zip Code 06902
Principal Occupation State Marshall			Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 09/10/2014	Aggregate Contributions \$250.00	\$250.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Barbieri		First Name John		MI M
Residential Street Address 15 Wihbey Dr		City Prospect	State CT	Zip Code 06712-1466
Principal Occupation State Marshal		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$250.00	\$250.00

Last Name Allen		First Name Willard		MI
Residential Street Address 59 Kathrine Dr		City Hamden	State CT	Zip Code 06514-2707
Principal Occupation CT State Marshal		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$250.00	\$250.00

Last Name De Angelis		First Name Harold		MI M
Residential Street Address 19 Aberdeen Way		City Durham	State CT	Zip Code 06422-3624
Principal Occupation State Marshal		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$250.00	\$250.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Nardini		First Name Joseph		MI
Residential Street Address 9 Northford Rd		City Branford	State CT	Zip Code 06405-2821
Principal Occupation Deputy Sheriff		Name of Employer New Haven County		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$250.00	\$250.00

Last Name Sheftel		First Name Sanford		MI
Residential Street Address 370 Brownstone Rdg		City Meriden	State CT	Zip Code 06451-3626
Principal Occupation State Marshal		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$250.00	\$250.00

Last Name Anastasio		First Name Andrew		MI F
Residential Street Address 12 Pleasant Dr		City East Haven	State CT	Zip Code 06512-4500
Principal Occupation Personal Trainer		Name of Employer Anastasio Trainers		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Calabritto		First Name Gerald		MI A
Residential Street Address 690 Jones Hill Rd		City West Haven	State CT	Zip Code 06516
Principal Occupation State Marshal		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$100.00	\$100.00
Last Name Del Vecchio		First Name James		MI
Residential Street Address 1325 Ridge Rd		City North Haven	State CT	Zip Code 06473
Principal Occupation Insurance Agent		Name of Employer Security First Insurance Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$500.00	\$500.00
Last Name Krueger		First Name Richard		MI
Residential Street Address 60 Main St		City Ansonia	State CT	Zip Code 06401-1807
Principal Occupation Deputy Sheriff		Name of Employer New Haven County		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$250.00	\$250.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Longobardi		First Name A. Neil		MI
Residential Street Address PO Box 185643		City Hamden		State CT
Zip Code 06518				
Principal Occupation Owner		Name of Employer Neil Longobardi Deputy Sheriff		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$250.00	
\$250.00				

Last Name Marinan		First Name Joseph		MI
Residential Street Address 149 Cariati Blvd		City Meriden		State CT
Zip Code 06450				
Principal Occupation State Marshal		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$250.00	
\$250.00				

Last Name Paolillo		First Name Alphonse		MI
Residential Street Address 152 Huntington Rd		City New Haven		State CT
Zip Code 06512-2633				
Principal Occupation Deputy Sheriff		Name of Employer New Haven County Sheriffs		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$250.00	
\$250.00				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Porto		First Name Carl		MI M
Residential Street Address 2319 Whitney Ave Ste 1-D		City Hamden	State CT	Zip Code 06518
Principal Occupation Partner		Name of Employer Parrett, Porto, Parese & Colwell, P.C.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$500.00	\$500.00
Last Name Sandillo III		First Name Francis		MI
Residential Street Address 100 Rolling Ridge Rd		City East Haven	State CT	Zip Code 06518
Principal Occupation State Marshal		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$250.00	\$250.00
Last Name Stuart		First Name William		MI M
Residential Street Address PO Box 551		City Milford	State CT	Zip Code 06460
Principal Occupation State Marshal		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$250.00	\$250.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Voigt		First Name Susan		MI L
Residential Street Address PO Box 3186		City New Haven		State CT Zip Code 06515
Principal Occupation Business Manager		Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$150.00	
\$150.00				

Last Name Casey		First Name John		MI
Residential Street Address 46 Swing Ln		City Wethersfield		State CT Zip Code 06109
Principal Occupation retired		Name of Employer retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$500.00	
\$500.00				

Last Name Sheftel		First Name Brian		MI
Residential Street Address 387 Brownstone Rdg		City Meriden		State CT Zip Code 06451
Principal Occupation State Marshal		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2014	Aggregate Contributions \$250.00	
\$250.00				



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Thiboldeaux		First Name Kim		MI D
Residential Street Address 2064 Westchester Dr		City Silver Spring	State MD	Zip Code 20902
Principal Occupation Non Profit Executive		Name of Employer Cancer Support Community		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/11/2014	Aggregate Contributions \$250.00	\$250.00

Last Name Grebow		First Name Edward		MI
Residential Street Address 1136 Fifth Ave		City New York	State NY	Zip Code 10128
Principal Occupation Banker		Name of Employer Morgan Joseph TriArtisan, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/11/2014	Aggregate Contributions \$500.00	\$500.00

Last Name Lawford		First Name Christopher		MI K
Residential Street Address 12328 Deerbrook Ln		City Los Angeles	State CA	Zip Code 90049
Principal Occupation Writer		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/11/2014	Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Viscogliosi		First Name Paula		MI C
Residential Street Address 505 Park Ave Fl 14		City New York	State NY	Zip Code 10022
Principal Occupation Interior Designer		Name of Employer Textures		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/15/2014	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Meresman		First Name Stephen		MI E
Residential Street Address 381 W Neck Rd		City Huntington	State NY	Zip Code 11743
Principal Occupation Corporate Secretary		Name of Employer The Charmer Sunbelt Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/15/2014	Aggregate Contributions \$2,000.00	\$2,000.00

Last Name Moran		First Name Garrett		MI
Residential Street Address 355 Lake Ave		City Greenwich	State CT	Zip Code 06830-3828
Principal Occupation President		Name of Employer Year Up Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/17/2014	Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Klee		First Name Maurice		MI
Residential Street Address 1951 Burr St		City Fairfield	State CT	Zip Code 06824
Principal Occupation Co-Owner and Attorney		Name of Employer Klee Law Firm		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/17/2014	Aggregate Contributions \$200.00	\$200.00

Last Name Klee		First Name Anya		MI
Residential Street Address 1951 Burr St		City Fairfield	State CT	Zip Code 06824
Principal Occupation Co-Owner and Attorney		Name of Employer Klee Law Firm		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/17/2014	Aggregate Contributions \$200.00	\$200.00

Last Name Amdur		First Name Sheila		MI B
Residential Street Address 49 Separatist Rd		City Storrs	State CT	Zip Code 06268-2011
Principal Occupation Health Care Consultant		Name of Employer Self Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/17/2014	Aggregate Contributions \$250.00	\$250.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Lessne		First Name Zelda		MI
Residential Street Address 42 Shelley Ln		City Glastonbury	State CT	Zip Code 06033-1135
Principal Occupation Dem. Registrar of Voters		Name of Employer Town of Glastonbury		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/18/2014	Aggregate Contributions \$100.00	\$100.00

Last Name Kennedy		First Name Joan		MI B
Residential Street Address 250 Beacon St		City Boston	State MA	Zip Code 02116
Principal Occupation Retired		Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/19/2014	Aggregate Contributions \$4,000.00	\$4,000.00

Last Name Manning		First Name John		MI
Residential Street Address 81 Beacon St		City Boston	State MA	Zip Code 02108
Principal Occupation CEO & President		Name of Employer Boston Capital		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/19/2014	Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Lawford		First Name Victoria		MI F
Residential Street Address 313 Little Falls St		City Falls Church	State VA	Zip Code 22046-2635
Principal Occupation Tutor		Name of Employer Self Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/19/2014	Aggregate Contributions \$1,000.00	

Last Name Pomfrey		First Name Robert		MI W
Residential Street Address 16 Landgrove Dr		City Fayetteville	State NY	Zip Code 13066
Principal Occupation President		Name of Employer POMCO		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/19/2014	Aggregate Contributions \$2,000.00	

Last Name Conroy		First Name Anthony		MI J
Residential Street Address 579 Kearney Ln		City Oyster Bay	State NY	Zip Code 11771
Principal Occupation Banking		Name of Employer Tullett Prebon		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/19/2014	Aggregate Contributions \$500.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Coelhol		First Name Anthony		MI L
Residential Street Address 6 Trelhi Path		City Doylestown	State PA	Zip Code 18901
Principal Occupation Former Real Estate		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/19/2014	Aggregate Contributions \$1,000.00	

Last Name Kaufmann		First Name Abbe		MI
Residential Street Address 2812 Hardy Ave		City Silver Spring	State MD	Zip Code 20902-2007
Principal Occupation President/ Sponsorship Marketing		Name of Employer Abbe Kaufmann Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/19/2014	Aggregate Contributions \$100.00	

Last Name Lawford		First Name Robin		MI E
Residential Street Address 89 Island Creek Rd		City Southampton	State NY	Zip Code 11968
Principal Occupation Wildlife Biologist/ Consultant		Name of Employer Self Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/19/2014	Aggregate Contributions \$500.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Dutton		First Name Nancy		MI H
Residential Street Address 5017 Tilden St NW		City Washington	State DC	Zip Code 20016-2333
Principal Occupation Legal Services		Name of Employer Dutton & Dutton PC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/19/2014	Aggregate Contributions \$1,500.00	\$1,500.00

Last Name Brand		First Name S		MI R
Residential Street Address 19 Sail Point Ln		City Key Largo	State FL	Zip Code 33037
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/19/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Hart		First Name Robert		MI E
Residential Street Address 2582 Wallingford Dr		City Beverly Hills	State CA	Zip Code 90210
Principal Occupation President		Name of Employer TruAmerica Multifamily		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/19/2014	Aggregate Contributions \$2,000.00	\$2,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Tunney		First Name John		MI MI
Residential Street Address 304 Chautauvqua Blvd		City Pacific Palisades		State CA
Zip Code 90272				
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/20/2014	Aggregate Contributions \$2,500.00	

Last Name Zoldan		First Name Bruce		MI MI
Residential Street Address 555 Martin Luther King Blvd		City Youngstown		State OH
Zip Code 44502				
Principal Occupation CEO		Name of Employer B.J. Alan Co.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/20/2014	Aggregate Contributions \$2,500.00	

Last Name Snyder		First Name Orin		MI S
Residential Street Address 45 E 89th St Apt 34E		City New York		State NY
Zip Code 10128				
Principal Occupation Attorney		Name of Employer Gibson, Dunn & Crutcher		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/22/2014	Aggregate Contributions \$10,000.00	



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Newmark		First Name Craig		MI MI
Residential Street Address 156 Woodland Ave		City San Francisco	State CA	Zip Code 94117-3861
Principal Occupation Software Engineer		Name of Employer Craigslist, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/22/2014	Aggregate Contributions \$100.00	\$100.00

Last Name Desai		First Name Parth		MI M
Residential Street Address 305 Sterling Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Director of Rehabilitation Services		Name of Employer Athena Healthcare Systems		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/22/2014	Aggregate Contributions \$250.00	\$250.00

Last Name Epstein		First Name Steven		MI B
Residential Street Address 10105 Iron Gate Rd		City Potomac	State MD	Zip Code 20854-4727
Principal Occupation Attorney		Name of Employer Epstein Becker & Green		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/23/2014	Aggregate Contributions \$10,000.00	\$10,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Hutchens		First Name James		MI J
Residential Street Address 1537 Avellino Cir		City Murfreesboro	State TN	Zip Code 37130
Principal Occupation CEO		Name of Employer NHI Nursing & Homemakers		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/23/2014	Aggregate Contributions \$3,000.00	\$3,000.00
Last Name Crowe		First Name Robert		MI
Residential Street Address 1 Avery St Apt 14C		City Boston	State MA	Zip Code 02111
Principal Occupation Partner		Name of Employer Nelson, Mullins et al		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/23/2014	Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Louden		First Name Bruce		MI
Residential Street Address 37 Gin Still Ln		City West Hartford	State CT	Zip Code 06107-2649
Principal Occupation Attorney		Name of Employer Louden, Caisee, Hanney Family Law		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/24/2014	Aggregate Contributions \$250.00	\$250.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name O'Keeney		First Name Brian		MI
Residential Street Address 15 White Water Ln		City Egg Harbor Township	State NJ	Zip Code 08234
Principal Occupation Owner		Name of Employer Library IV Restaurant		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/24/2014	Aggregate Contributions \$1,000.00	

Last Name Kennedy		First Name Rory		MI
Residential Street Address 7238 Birdview Ave		City Malibu	State CA	Zip Code 90265
Principal Occupation Writer/ Filmmaker		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/24/2014	Aggregate Contributions \$1,000.00	

Last Name Dunham		First Name Elizabeth		MI J
Residential Street Address 39 Cleveland Rd		City New Haven	State CT	Zip Code 06515-2708
Principal Occupation Administrator		Name of Employer Pelli Clarke Pelli Architects, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/24/2014	Aggregate Contributions \$150.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Dattola		First Name Rita		MI C
Residential Street Address 250 W 90th St Apt 76		City New York	State NY	Zip Code 10024
Principal Occupation Attorney		Name of Employer Holland & Knight		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/25/2014	Aggregate Contributions \$200.00	\$200.00
Last Name Berger		First Name Bethany		MI R
Residential Street Address 85 Fern St		City Hartford	State CT	Zip Code 06105
Principal Occupation Professor		Name of Employer University of Connecticut Law		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/25/2014	Aggregate Contributions \$500.00	\$500.00
Last Name Stephens		First Name Nancy		MI
Residential Street Address 255 N Saltair Ave		City Los Angeles	State CA	Zip Code 90049
Principal Occupation Actor		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/26/2014	Aggregate Contributions \$5,000.00	\$5,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Gargan		First Name Joseph		MI E
Residential Street Address 1530 Clarendon Blvd # 914		City Arlington	State VA	Zip Code 22209
Principal Occupation Consultant		Name of Employer The Pension Company		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/26/2014	Aggregate Contributions \$500.00	\$500.00

Last Name McGrath		First Name Kathleen		MI MI
Residential Street Address 16000 Ventura Blvd Ste 900		City Encino	State CA	Zip Code 91436
Principal Occupation Child Advocate		Name of Employer First Tuesday Media		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/26/2014	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Sheehan		First Name Brian		MI D
Residential Street Address 296 Mason Ter		City Brookline	State MA	Zip Code 02446-2778
Principal Occupation Owner		Name of Employer Sheehan Development Co.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/29/2014	Aggregate Contributions \$200.00	\$200.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Kornbliet		First Name Joel		MI
Residential Street Address 12 Dartmouth Dr		City Farmington	State MA	Zip Code 01701
Principal Occupation V.P. of Product Development		Name of Employer Fairway Independent Mortgage Corporation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/29/2014	Aggregate Contributions \$100.00	

Last Name Lieberman		First Name Gregg		MI
Residential Street Address 1501 Bearine St		City Brookline	State MA	Zip Code 02446
Principal Occupation Attorney		Name of Employer Lieberman Law Office P.C.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/29/2014	Aggregate Contributions \$250.00	

Last Name Bontly		First Name Thomas		MI
Residential Street Address 239 W Rock Ave		City New Haven	State CT	Zip Code 06515
Principal Occupation College professor		Name of Employer University of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/29/2014	Aggregate Contributions \$100.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Blumenfeld		First Name James		MI M
Residential Street Address 720 Via Bella		City Winter Park	State FL	Zip Code 32789
Principal Occupation Marketing Consultant		Name of Employer The WiilMark Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/29/2014	Aggregate Contributions \$2,500.00	\$2,500.00

Last Name Cooney		First Name Christopher		MI
Residential Street Address 720 Via Bella		City Winter Park	State FL	Zip Code 32789
Principal Occupation Marketing Consultant		Name of Employer The WiilMark Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/29/2014	Aggregate Contributions \$2,500.00	\$2,500.00

Last Name Elmendorf		First Name Steven		MI A
Residential Street Address 900 7th St NW		City Washington	State DC	Zip Code 20001
Principal Occupation CEO		Name of Employer Elmendorf Ryan		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/30/2014	Aggregate Contributions \$1,000.00	\$500.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Roth		First Name David		MI M
Residential Street Address 50 Whetten Rd		City West Hartford	State CT	Zip Code 06117
Principal Occupation Investment Management		Name of Employer South Ocean Capital Partners		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution   \$1,000.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/30/2014	Aggregate Contributions \$1,000.00	

Last Name Dodd		First Name Christopher		MI
Residential Street Address 8 Seventh St NE		City Washington	State DC	Zip Code 20002
Principal Occupation INFORMATION REQUESTED		Name of Employer INFORMATION REQUESTED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution   \$10,000.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/01/2014	Aggregate Contributions \$10,000.00	

Last Name Bischke		First Name Jon		MI
Residential Street Address 54 Richardson Ave		City San Francisco	State CA	Zip Code 94123
Principal Occupation CEO		Name of Employer Entelo		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution   \$1,500.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/02/2014	Aggregate Contributions \$1,500.00	



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Stanback		First Name Anne		MI E	
Residential Street Address 44 Wright Dr		City Avon		State CT	Zip Code 06001-2106
Principal Occupation Director of Strategic Partnerships			Name of Employer Equality Federation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 10/03/2014	Aggregate Contributions \$3,500.00	\$1,000.00
Last Name Simonetti		First Name Alix		MI	
Residential Street Address 76 Kohary Dr		City New Haven		State CT	Zip Code 06515-2419
Principal Occupation Attorney			Name of Employer CT Commission on Human Rights & Opportunities		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 10/03/2014	Aggregate Contributions \$75.00	\$75.00
Last Name Lombardi		First Name Diana		MI R	
Residential Street Address 57 Vineyard Dr		City Berlin		State CT	Zip Code 06037-1832
Principal Occupation Retired			Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 10/03/2014	Aggregate Contributions \$75.00	\$75.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Mills		First Name Jamie		MI L
Residential Street Address 1678 Randolph Rd		City Middletown	State CT	Zip Code 06457
Principal Occupation Policy Advisor		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/03/2014	Aggregate Contributions \$2,750.00	\$250.00

Last Name Donahue		First Name Timothy		MI
Residential Street Address 1 Castle Rock		City Branford	State CT	Zip Code 06405
Principal Occupation Attorney		Name of Employer Donahue Durham & Noonan, PC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/03/2014	Aggregate Contributions \$100.00	\$100.00

Last Name Giannaros		First Name Demetrios		MI
Residential Street Address 56 Basswood Rd		City Farmington	State CT	Zip Code 06032-1142
Principal Occupation Economic Consultant		Name of Employer Giannaros Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/03/2014	Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Zakur</b>		First Name <b>David</b>		MI <b>E</b>
Residential Street Address <b>95 Kneeland Rd</b>		City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06512-5008</b>
Principal Occupation <b>Scientist</b>		Name of Employer <b>Pfizer</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>10/03/2014</b>	Aggregate Contributions <b>\$200.00</b>	
Last Name <b>Casa</b>		First Name <b>Gian-Carl</b>		MI <b>F</b>
Residential Street Address <b>70 N Lake Dr</b>		City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517-2414</b>
Principal Occupation <b>Undersecretary for Legislative Affairs</b>		Name of Employer <b>State of Connecticut</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>10/03/2014</b>	Aggregate Contributions <b>\$100.00</b>	
Last Name <b>Flood</b>		First Name <b>Brian</b>		MI
Residential Street Address <b>206 Middle Haddam Rd</b>		City <b>Portland</b>	State <b>CT</b>	Zip Code <b>06480-1764</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>The Flood Law Firm LLC</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>10/03/2014</b>	Aggregate Contributions <b>\$75.00</b>	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name McEvoy		First Name Amanda		MI K
Residential Street Address 154 Coldspring Xing		City South Glastonbury	State CT	Zip Code 06073
Principal Occupation Early Childhood Program Coordinator		Name of Employer Department of Social Services		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/03/2014	Aggregate Contributions \$250.00	\$250.00
Last Name Rousseau		First Name Jared		MI M
Residential Street Address 105 Quinnpic Ave		City North Haven	State CT	Zip Code 06473
Principal Occupation Plumber		Name of Employer Rousseau Plumbing		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/03/2014	Aggregate Contributions \$75.00	\$75.00
Last Name Birdwhistell		First Name Nan		MI M
Residential Street Address 9 Tyler Ave		City Branford	State CT	Zip Code 06405
Principal Occupation Counsel		Name of Employer Murtha Cullina LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/03/2014	Aggregate Contributions \$3,000.00	\$500.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Hulick		First Name Anne		MI B
Residential Street Address 20 Nordland Ave # 1E		City Cromwell	State CT	Zip Code 06416
Principal Occupation Coordinator for the Coalition for a Safe and Healt		Name of Employer Clean Water Action		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/03/2014	Aggregate Contributions \$75.00	\$75.00
Last Name Doyle		First Name John		MI T
Residential Street Address 233 Sante Fe Ave		City Hamden	State CT	Zip Code 06517
Principal Occupation Retired (Registered Communicator Lobbyist)		Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/03/2014	Aggregate Contributions \$75.00	\$75.00
Last Name Pierson		First Name Andree		MI R
Residential Street Address 28 Summer Island Pt		City Branford	State CT	Zip Code 06405
Principal Occupation Retired		Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/03/2014	Aggregate Contributions \$75.00	\$75.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name DeMaio		First Name Pat		MI	
Residential Street Address 40 Oak Ridge Rd		City Branford		State CT	Zip Code 06405
Principal Occupation Attorney			Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 10/03/2014	Aggregate Contributions \$75.00	\$75.00
Last Name Capone		First Name Frank		MI	
Residential Street Address 164 Foxon Rd		City New Haven		State CT	Zip Code 06513
Principal Occupation Retired			Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 10/03/2014	Aggregate Contributions \$100.00	\$100.00
Last Name Capone		First Name Judith		MI A	
Residential Street Address 164 Foxon Rd # A		City East Haven		State CT	Zip Code 06513
Principal Occupation retired clerical worker			Name of Employer Yale University retiree		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 10/03/2014	Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Capone		First Name April		MI
Residential Street Address 164 Foxon Rd # C		City East Haven	State CT	Zip Code 06513-2035
Principal Occupation Manager of Intergovernmental Affairs		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/03/2014	Aggregate Contributions \$75.00	\$75.00

Last Name Gillooly		First Name Dennis		MI W
Residential Street Address 1 Ridgewood Ter		City North Haven	State CT	Zip Code 06473-1256
Principal Occupation Attorney		Name of Employer D'Elia Gillooly DePalma, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/03/2014	Aggregate Contributions \$75.00	\$75.00

Last Name Shah		First Name Leena		MI
Residential Street Address 25 Canal St		City New Britain	State CT	Zip Code 06052-1559
Principal Occupation Physician		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/05/2014	Aggregate Contributions \$250.00	\$250.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Pierson		First Name Walter		MI G
Residential Street Address 237 Santa Fe Ave		City Hamden	State CT	Zip Code 06517-1531
Principal Occupation Attorney at Law		Name of Employer Loughlin FitzGerald, P.C.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution   \$150.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$150.00	

Last Name Coady		First Name Roxanne		MI
Residential Street Address PO Box 47		City Branford	State CT	Zip Code 06405
Principal Occupation Bookseller		Name of Employer RJ Julia Bookseller		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution   \$150.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$150.00	

Last Name Russo		First Name Patricia		MI M
Residential Street Address 19 Heron Rd		City East Norwalk	State CT	Zip Code 06855-1604
Principal Occupation Political Consultant		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution   \$150.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$250.00	



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Sledge		First Name Elizabeth		MI
Residential Street Address 131 Underhill Rd		City Hamden	State CT	Zip Code 06517
Principal Occupation Teacher/Editor		Name of Employer Yale		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$150.00	

Last Name Buttenwieser		First Name Peter		MI
Residential Street Address 8325 St Martin's Ln		City Philadelphia	State PA	Zip Code 19118
Principal Occupation Educational Consultant		Name of Employer Peter L. Buttenwieser & Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$2,500.00	

Last Name Jarin		First Name Kenneth		MI M
Residential Street Address 1 Greenbriar Cir		City Newtown	State PA	Zip Code 18940
Principal Occupation Attorney		Name of Employer Ballard Spahr, LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$1,000.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Cutler		First Name Lynne		MI
Residential Street Address 3 N Columbus Blvd Apt 410 Pier 3		City Philadelphia	State PA	Zip Code 19106
Principal Occupation President		Name of Employer Women's Opportunities Resource Center		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$100.00	\$100.00

Last Name Webster		First Name Nathaniel		MI J
Residential Street Address 137 Montgomery Dr		City Harleysville	State PA	Zip Code 19438
Principal Occupation President		Name of Employer Warrior Diamond Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$500.00	\$500.00

Last Name Conway		First Name Ronald		MI
Residential Street Address 425 Belvedere Ave		City Belvedere	State CA	Zip Code 94920
Principal Occupation Investor		Name of Employer SV Angel, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$10,000.00	\$10,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Sturges		First Name Rebakh		MI H
Residential Street Address 10 Academy St		City New Haven	State CT	Zip Code 06511-6929
Principal Occupation Landscape Architect		Name of Employer Reed Hildebrand, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$150.00	

Last Name Gallant		First Name Keith		MI B
Residential Street Address 1 Audobon St		City New Haven	State CT	Zip Code 06511
Principal Occupation Lawyer		Name of Employer Day Pitney, LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$150.00	

Last Name Salas-Romer		First Name Juan		MI
Residential Street Address 197 Landons Way		City Guilford	State CT	Zip Code 06437
Principal Occupation Manager/Developer		Name of Employer Sunrise Financial Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$150.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Schreiber		First Name Sanford		MI J
Residential Street Address 15 Charlson Ln		City Hamden	State CT	Zip Code 06517-1602
Principal Occupation Physician		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$150.00	\$150.00
Last Name Sims		First Name Amy		MI J
Residential Street Address 90 Blinshed Rd		City Madison	State CT	Zip Code 06443-1928
Principal Occupation Writer/Teacher		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$150.00	\$150.00
Last Name Lee		First Name Amy		MI S
Residential Street Address 28 Riverside Ln		City Madison	State CT	Zip Code 06443-2108
Principal Occupation Journalist		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$150.00	\$150.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name McDonnell		First Name D.		MI M
Residential Street Address 172 Alden Ave		City New Haven	State CT	Zip Code 06515-2110
Principal Occupation Architect		Name of Employer Pelli Clarke Pell Architects		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$150.00	\$150.00

Last Name Azodi		First Name Masoud		MI M
Residential Street Address 390 Livingston St		City New Haven	State CT	Zip Code 06511-1336
Principal Occupation Physician		Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$400.00	\$400.00

Last Name Emanuel		First Name Janet		MI R
Residential Street Address 61 Grist Mill Cir		City Guilford	State CT	Zip Code 06437-1900
Principal Occupation Scientist/Writer		Name of Employer Self-Translational Technologies		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$150.00	\$150.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Tiernan		First Name Shawn		MI G
Residential Street Address 21 Pleasant Point Rd		City Branford	State CT	Zip Code 06405-5607
Principal Occupation Attorney		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$150.00	\$150.00
Last Name Reiter		First Name Howard		MI G
Residential Street Address 67 Deer Run Rd		City Woodbridge	State CT	Zip Code 06525
Principal Occupation Engineer/President		Name of Employer Romag Fasteners		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$250.00	\$250.00
Last Name Kayne		First Name Maria		MI C
Residential Street Address 1891 Litchfield Tpke		City Woodbridge	State CT	Zip Code 06525
Principal Occupation Consultant		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$150.00	\$150.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Hawkins		First Name Kristin		MI E
Residential Street Address 2 Wingate Rd		City Guilford	State CT	Zip Code 06437
Principal Occupation Architect		Name of Employer Pelli Clark Pelli Architects		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$150.00	\$150.00

Last Name Bailey		First Name Paul		MI
Residential Street Address 14 Lincoln St		City New Haven	State CT	Zip Code 06511
Principal Occupation Architect		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2014	Aggregate Contributions \$300.00	\$300.00

Last Name Greenberg		First Name Nancy		MI I
Residential Street Address 35 Highland St		City New Haven	State CT	Zip Code 06511-1329
Principal Occupation Consultant		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Broadus		First Name Carole		MI D
Residential Street Address 22 Lincoln St		City New Haven	State CT	Zip Code 06511-3806
Principal Occupation Retired		Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00
Last Name Dowling		First Name Anne		MI M
Residential Street Address 30 Long View Rd		City West Hartford	State CT	Zip Code 06107-1511
Principal Occupation Consultant		Name of Employer Self Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00
Last Name Binswanger		First Name Karen		MI D
Residential Street Address 81 Taunton Rd		City Fairfield	State CT	Zip Code 06824-3840
Principal Occupation Museum Professional		Name of Employer Self-Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Leone		First Name Michael		MI A
Residential Street Address 123 Florence Rd Unit 2C		City Branford	State CT	Zip Code 06405-4233
Principal Occupation Attorney		Name of Employer Halloran & Sage, LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

Last Name Kremer		First Name Jo		MI R
Residential Street Address 129 Lawrence St		City New Haven	State CT	Zip Code 06511-2543
Principal Occupation Physician		Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

Last Name Holzgrefe		First Name Sallyann		MI C
Residential Street Address 2515 Hanover Ave		City Richmond	State VA	Zip Code 23220-3405
Principal Occupation Donor Relations		Name of Employer Virgina Commonwealth University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Godleski		First Name Linda		MI S
Residential Street Address 23 Spencer Ave		City Guilford	State CT	Zip Code 06437-3452
Principal Occupation Physician		Name of Employer VA Hospital		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

Last Name Follett		First Name Peter		MI A
Residential Street Address 10 Maplewood Rd		City New Haven	State CT	Zip Code 06515-1815
Principal Occupation Architect		Name of Employer Pelli Clarke Pelli Architects		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

Last Name Susman		First Name Matthew		MI C
Residential Street Address 51 Broadfield Rd		City Hamden	State CT	Zip Code 06517-1543
Principal Occupation Attorney		Name of Employer Cohen & Wolf		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Shoemaker		First Name Patricia		MI S
Residential Street Address 900 Dunk Rock Rd		City Guilford	State CT	Zip Code 06437-2597
Principal Occupation Graphic Design		Name of Employer Self-Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

Last Name Butler		First Name William		MI E
Residential Street Address 155 Linden St		City New Haven	State CT	Zip Code 06511
Principal Occupation Architect		Name of Employer Cesar Pelli Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$300.00	\$300.00

Last Name Lamont		First Name Jean		MI G
Residential Street Address 244 Ridgewood Ave		City Hamden	State CT	Zip Code 06517
Principal Occupation Consultant		Name of Employer Educators' Collaborative		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Errante		First Name Steven		MI
Residential Street Address 115 Harbor St		City Branford	State CT	Zip Code 06405-4510
Principal Occupation Attorney		Name of Employer Lynch Traub Keefe & Errante		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

Last Name Gettinger		First Name Benjamin		MI D
Residential Street Address 17 Orchard Rd		City Milford	State CT	Zip Code 06460-7721
Principal Occupation Attorney		Name of Employer Lynch Traub Keefe & Errante, PC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

Last Name Renzi		First Name Robert		MI
Residential Street Address 20106 Gleadsville Rd		City Leesburg	State VA	Zip Code 20175
Principal Occupation President		Name of Employer The Trizetto Corporation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$2,000.00	\$2,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Weiner		First Name Barry		MI Y
Residential Street Address 3A Curlew Ct		City Gloucester	State MA	Zip Code 01930
Principal Occupation Partner		Name of Employer Ruberto, Israel, & Weiner P.C.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Gregg		First Name John		MI H
Residential Street Address 411 Silver Moss Dr		City Vero Beach	State FL	Zip Code 32963
Principal Occupation Investor		Name of Employer Self Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Margolis		First Name Deborah		MI H
Residential Street Address 227 Evening Canyon Rd		City Corona Del Mar	State CA	Zip Code 92625
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$2,500.00	\$2,500.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Hirsch		First Name Mitchell		MI A
Residential Street Address 47 Field Brook Rd		City Madison	State CT	Zip Code 06443-2468
Principal Occupation Architect		Name of Employer Pelli Clarke Pell Architects		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

Last Name Lynch		First Name Richard		MI
Residential Street Address 242 Old Sachems Head Rd		City Guilford	State CT	Zip Code 06437
Principal Occupation Lawyer		Name of Employer Lynch, Traub, Keefe & Errante		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

Last Name Tiernan		First Name Charles		MI
Residential Street Address 21 Juniper Point Rd		City Branford	State CT	Zip Code 06405-5631
Principal Occupation Attorney		Name of Employer Lynch, Traub, Keefe & Errante		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Matthes		First Name Melissa		MI M
Residential Street Address 9 Zak Hill Dr		City Woodbridge	State CT	Zip Code 06525-1654
Principal Occupation Professor		Name of Employer US Coast Guard Academy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$250.00	\$250.00

Last Name Steiner		First Name Jeanne		MI L
Residential Street Address 1025 Benham St		City Hamden	State CT	Zip Code 06514-1924
Principal Occupation Physician		Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

Last Name Bullock		First Name Stanton		MI B
Residential Street Address 5036 Massachusetts Ave NW		City Washington	State DC	Zip Code 20016
Principal Occupation Lobbyist		Name of Employer Ogilvy Government Relations		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Zacharias		First Name Claudia		MI A
Residential Street Address 3612 Dunes Vista Dr		City Pompano Beach	State FL	Zip Code 33069
Principal Occupation CEO		Name of Employer BOC International		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$200.00	
Last Name Haber		First Name Jon		MI
Residential Street Address 4914 43rd St NW		City Washington	State DC	Zip Code 20016
Principal Occupation Consultant		Name of Employer Cascade Strategy, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$1,000.00	
Last Name Popilowski		First Name Matthew		MI
Residential Street Address 93 Dark Entry Rd		City Washington Depot	State CT	Zip Code 06793-1104
Principal Occupation Attorney		Name of Employer Lynch, Traub, Keefe & Errante, P. C.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$100.00	



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Blinkhorn		First Name Ann		MI B
Residential Street Address 23 Grant Ave		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Executive Recruiter		Name of Employer Blinkhorn, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$6,150.00	

Last Name Newton		First Name David		MI I
Residential Street Address 428 Humphrey St		City New Haven	State CT	Zip Code 06511
Principal Occupation President		Name of Employer Elm Advisors, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	

Last Name Stone		First Name Katherine		MI
Residential Street Address 317 Laurelwood Rd		City Orange	State CT	Zip Code 06477
Principal Occupation RN		Name of Employer Northwester CT Endoscopy Center		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$100.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Emanuel		First Name Richard		MI
Residential Street Address 61 Grist Mill Cir		City Guilford	State CT	Zip Code 06437-1900
Principal Occupation Attorney		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00
Last Name Derfner		First Name Justin		MI
Residential Street Address 450 E 83rd St		City New York	State NY	Zip Code 10028
Principal Occupation VP		Name of Employer Feil Organization		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Wareck		First Name John		MI
Residential Street Address 112 Huntington St		City New Haven	State CT	Zip Code 06511-2017
Principal Occupation Real Estate		Name of Employer Wareck Real Estate		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$150.00	\$150.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Geballe		First Name Gordon		MI T
Residential Street Address 19 Flying Point Rd		City Branford	State CT	Zip Code 06405
Principal Occupation Professor		Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2014	Aggregate Contributions \$200.00	

Last Name Getlan		First Name Ronald		MI
Residential Street Address 14 Weyman Ave		City New Rochelle	State NY	Zip Code 10805
Principal Occupation Co-Owner		Name of Employer Amusement Consultants		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/08/2014	Aggregate Contributions \$10,000.00	

Last Name Montague		First Name H Laddie		MI
Residential Street Address 619-21 Kenilwork St		City Philadelphia	State PA	Zip Code 19147
Principal Occupation Attorney		Name of Employer Berger & Montague PC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/08/2014	Aggregate Contributions \$5,000.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Berger		First Name Jonathan		MI
Residential Street Address 4101 Timber Ln		City Philadelphia	State PA	Zip Code 19129
Principal Occupation Shareholder		Name of Employer Berger & Montague		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/08/2014	Aggregate Contributions \$2,500.00	\$2,500.00

Last Name Berger		First Name Daniel		MI
Residential Street Address 1622 Locust St		City Philadelphia	State PA	Zip Code 19103
Principal Occupation Attorney		Name of Employer Berger & Montague		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/08/2014	Aggregate Contributions \$12,500.00	\$12,500.00

Last Name Kwak		First Name James		MI
Residential Street Address 1286 S East St .		City Amherst	State MA	Zip Code 01002
Principal Occupation Associate Professor		Name of Employer University of Connecticut School of Law		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/08/2014	Aggregate Contributions \$2,000.00	\$2,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Cohlan		First Name John		MI
Residential Street Address 241 Kenlyn Rd		City Palm Beach	State FL	Zip Code 33480
Principal Occupation CEO		Name of Employer Margaritaville Holdings		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/10/2014	Aggregate Contributions \$5,000.00	

Last Name Vareika		First Name William		MI M
Residential Street Address 328 Bellevue Ave		City Newport	State RI	Zip Code 02840
Principal Occupation Art Dealer		Name of Employer William Vareika Fine Arts LTD		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/10/2014	Aggregate Contributions \$1,000.00	

Last Name Buhl		First Name Amy		MI F
Residential Street Address 26 Cromwell Rd		City North Haven	State CT	Zip Code 06473
Principal Occupation Mother		Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/10/2014	Aggregate Contributions \$150.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Honickman		First Name Lynne		MI
Residential Street Address 210 W Rittenhouse Sq		City Philadelphia	State PA	Zip Code 19103
Principal Occupation Executive		Name of Employer Honickman Foundation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/10/2014	Aggregate Contributions \$300.00	\$300.00

Last Name Clemmens		First Name Michael		MI
Residential Street Address 2321 P St		City Sacramento	State CA	Zip Code 95816
Principal Occupation CEO		Name of Employer Digital Deployment		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/10/2014	Aggregate Contributions \$100.00	\$100.00

Last Name Corbet		First Name Kathleen		MI A
Residential Street Address 49 Cross Ridge Rd		City New Canaan	State CT	Zip Code 06840
Principal Occupation Venture Capital & Consulting		Name of Employer Cross Ridge Capital, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/10/2014	Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Kosinski		First Name Richard		MI
Residential Street Address 40 Manitoak Dr		City Oxford	State CT	Zip Code 06478
Principal Occupation Dispute Resolver		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/12/2014	Aggregate Contributions \$100.00	
Last Name Anderson		First Name Joseph		MI
Residential Street Address 5017 E Valle Vista Rd		City Phoenix	State AZ	Zip Code 85018
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/13/2014	Aggregate Contributions \$5,000.00	
Last Name From		First Name Alvin		MI
Residential Street Address 3753 Thomas Point Rd		City Annapolis	State MD	Zip Code 21403
Principal Occupation Consultant		Name of Employer The From Company, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/13/2014	Aggregate Contributions \$500.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name Oxer		First Name Robert		MI G
Residential Street Address 166 Pear Tree Point Rd		City Darien	State CT	Zip Code 06820-5821
Principal Occupation Owner		Name of Employer City Carting & Recycling		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/14/2014	Aggregate Contributions \$2,500.00	\$2,500.00

Last Name Klee		First Name Robert		MI J
Residential Street Address 33 N Racebrook Rd		City Woodbridge	State CT	Zip Code 06525-1404
Principal Occupation Executive -- Commissioner		Name of Employer CT Dept. Of Energy & Env. Protection		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/14/2014	Aggregate Contributions \$200.00	\$200.00

Last Name Klee		First Name Anne		MI
Residential Street Address 33 N Racebrook Rd		City Woodbridge	State CT	Zip Code 06525
Principal Occupation Assistant Professor of Psychiatry		Name of Employer Yale School of Medicine		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/14/2014	Aggregate Contributions \$200.00	\$200.00



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

Last Name White		First Name Jeffrey		MI
Residential Street Address 38 Fawnbrook Ln		City Simsbury	State CT	Zip Code 06070
Principal Occupation Attorney		Name of Employer Robinson & Cole LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2014	Aggregate Contributions \$250.00	
<b>Total of Section B</b>				<b>\$250.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>				<b>\$471,375.00</b>
(Sections A & B) <i>(Total on Line 14 of Summary Page)</i>				<b>\$472,765.00</b>

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**C1. Contributions from Other Committees**

Name of Committee	Name of Treasurer
AFT Connecticut Political Action Committee	Edward Leavy

Address	Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution
35 Marshall Rd	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
Rocky Hill	CT	06067-1400	07/01/2014	\$7,500.00
				\$7,500.00

Name of Committee	Name of Treasurer
Connecticut Food Industry PAC	

Address	Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution
433 S Main St Ste 309	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
West Hartford	CT	06110	07/02/2014	\$2,500.00
				\$2,500.00

Name of Committee	Name of Treasurer
Connecticut's Children	Michael J. Cacace

Address	Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution
777 Summer St	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
Stamford	CT	06901	07/24/2014	\$1,850.00
				\$1,850.00

Name of Committee	Name of Treasurer
Uniformed Professional Fire Fighters Association of CT PAC	Dominic Cutaia

Address	Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution
30 Sherman St	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
West Hartford	CT	06110-1915	07/24/2014	\$2,500.00
				\$2,500.00

Name of Committee	Name of Treasurer
CT Association of Optometrists PAC	Paul Werdell

Address	Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution
553 Farmington Ave	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
Hartford	CT	06105-3048	07/28/2014	\$2,500.00
				\$2,500.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE					TYPE OF REPORT	
Democratic State Central Committee					12th Day Preceding General Election - Original	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Third Street PAC				Dean O'Brien		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
51 Walbridge Rd Rear		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
West Hartford	CT	06110	08/06/2014	\$1,250.00	\$250.00	
Name of Committee				Name of Treasurer		
UCPEA PAC				Charles Morrell		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
18 Dog Ln		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Storrs	CT	06268-2225	08/08/2014	\$7,500.00	\$3,750.00	
Name of Committee				Name of Treasurer		
Connecticut Health Care District 1199 PAC				Tamisha Cruz		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
77 Huyshope Ave		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Hartford	CT	06106	08/11/2014	\$7,500.00	\$7,500.00	
Name of Committee				Name of Treasurer		
C.P.F.U. PAC						
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
30 Columbus Blvd		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Hartford	CT	06106	08/11/2014	\$740.00	\$740.00	
Name of Committee				Name of Treasurer		
Meriden DTC						
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
293 Wall St		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Meriden	CT	06450-4469	08/11/2014	\$755.00	\$755.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE					TYPE OF REPORT	
Democratic State Central Committee					12th Day Preceding General Election - Original	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
REALTORS Political Action Committee						
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
111 Founders Plz Ste 1101		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
East Hartford	CT	06108	08/11/2014	\$2,500.00	\$2,500.00	
Name of Committee				Name of Treasurer		
AFSCME Council 4 PAC				Sal Luciano		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
444 E Main St		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
New Britain	CT	06051-2055	08/15/2014	\$7,500.00	\$7,500.00	
Name of Committee				Name of Treasurer		
CODPAC, Connecticut Dental PAC				Stephen Moran		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
835 W Queen St		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Southington	CT	06489-1032	08/15/2014	\$7,500.00	\$7,500.00	
Name of Committee				Name of Treasurer		
IRON PAC 424				Gary Esposito		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
15 Bernhard Rd		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
North Haven	CT	06473	08/15/2014	\$7,500.00	\$7,500.00	
Name of Committee				Name of Treasurer		
Waterbury Leadership PAC				Christian D'Orso		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
42 Rosemount Ave		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Waterbury	CT	06708	08/15/2014	\$1,480.00	\$1,480.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE					TYPE OF REPORT	
Democratic State Central Committee					12th Day Preceding General Election - Original	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Connecticut State AFL-CIO OPC Account				Lori J Pelletier		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
56 Town Line Rd		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Rocky Hill	CT	06067	08/18/2014	\$2,500.00	\$2,500.00	
Name of Committee				Name of Treasurer		
Third Street PAC				Dean O'Brien		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
51 Walbridge Rd Rear		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
West Hartford	CT	06110	08/21/2014	\$2,850.00	\$1,850.00	
Name of Committee				Name of Treasurer		
NE Regional Council/Carpenters CT., O.P.C.				John Cunningham		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
427 Stillson Rd		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Fairfield	CT	06824-0668	08/29/2014	\$7,500.00	\$7,500.00	
Name of Committee				Name of Treasurer		
Operating Engineers International Union						
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
1965 Dixwell Ave		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Hamden	CT	06514-2407	09/03/2014	\$7,500.00	\$7,500.00	
Name of Committee				Name of Treasurer		
New Haven County Marshal's Assoc.						
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
2830 Whitney Ave		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Hamden	CT	06518	09/10/2014	\$500.00	\$500.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE					TYPE OF REPORT	
Democratic State Central Committee					12th Day Preceding General Election - Original	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Simsbury DTC						
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
PO Box 664		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Simsbury	CT	06070-0664	09/17/2014	\$2,000.00	\$2,000.00	
Name of Committee				Name of Treasurer		
Drew PAC				Daniel Pickett		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
77 Prout Hill Rd		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Middletown	CT	06457	09/29/2014	\$185.00	\$185.00	
Name of Committee				Name of Treasurer		
Drew PAC				Daniel Pickett		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
77 Prout Hill Rd		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Middletown	CT	06457	09/29/2014	\$50.00	\$50.00	
Name of Committee				Name of Treasurer		
Connecticut State AFL-CIO OPC Account				Lori J Pelletier		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
56 Town Line Rd		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Rocky Hill	CT	06067	09/30/2014	\$2,500.00	\$2,500.00	
Name of Committee				Name of Treasurer		
UA Plumbers & Pipefitters Local 777 PAC				Michael Rosario		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
1250 E Main St		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Meriden	CT	06450-4806	10/08/2014	\$7,000.00	\$5,000.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**C1. Contributions from Other Committees**

Name of Committee	Name of Treasurer
Federation of Technical College Teachers Local 1942	

Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution
193 Lake Rd	If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions	\$4,000.00
Jewett City	CT	06351	10/09/2014	\$5,000.00	

Name of Committee	Name of Treasurer
CEUI PAC	Leslie Maddocks

Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution
110 Randolph Rd , PO Box 1268	If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions	\$2,500.00
Middletown	CT	06457-1268	10/14/2014	\$5,000.00	

Name of Committee	Name of Treasurer
Connecticut State Employees Assoc PAC	Robert Rinker

Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution
760 Capitol Ave	If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions	\$2,500.00
Hartford	CT	06106-1206	10/14/2014	\$2,500.00	

Name of Committee	Name of Treasurer
Connecticut Police & Fire (C.P.F.U.) PAC	

Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution
50 Columbus Blvd Fl 3	If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions	\$6,500.00
Hartford	CT	06106	10/16/2014	\$6,500.00	

Name of Committee	Name of Treasurer
Teamsters Local 1150	

Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution
150 Garfield Ave	If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions	\$5,000.00
Stratford	CT	06615-7101	10/16/2014	\$5,000.00	

**Total of Section C1****\$106,410.00**

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**C2. Reimbursements, Payments, or Surplus Distributions from other Committees**

Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services Surplus Distribution		
<b>Total of Section C2</b>					

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**D. Loans Received this Period**

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



<b>I. MONETARY RECEIPTS (Section A-K)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
Democratic State Central Committee			12th Day Preceding General Election - Original	
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>				
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
<b>Total of Section E</b>				

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
Democratic State Central Committee			12th Day Preceding General Election - Original	
<b>F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)</b>				
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? Yes      No      If yes, list Event #			Amount
<b>Total of Section F</b>				

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
Democratic State Central Committee			12th Day Preceding General Election - Original	
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>				
Date of Receipt	Amount			
<b>Total of Section G</b>				

I. MONETARY RECEIPTS (Section A-K)		
NAME OF COMMITTEE	TYPE OF REPORT	
Democratic State Central Committee	12th Day Preceding General Election - Original	
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)		
Date of Receipt	Method of Payment	Amount
	Cash                      Personal Check                      Credit/Debit Card	
<b>Total of Section E</b>		

I. Monetary Receipts (Section A-K)			
NAME OF COMMITTEE	TYPE OF REPORT		
Democratic State Central Committee	12th Day Preceding General Election - Original		
J. Interest from Deposits in Authorized Accounts			
Name of Institution	Date Received		Amount
Street Address	City	State	Zip Code
<b>Total of Section J</b>			

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE	TYPE OF REPORT		
Democratic State Central Committee	12th Day Preceding General Election - Original		
K. Miscellaneous Monetary Receipts not Considered Contributions			
Name	Date of Transaction		Amount Received
Street Address	City	State	Zip Code
Description			
<b>Total of Section K</b>			

## II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

### L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser 10/01/2014	Letter B	Description Reception Event	
Location: Street Address 1032 Chapel St .	City New Haven	State CT	Zip Code 06510
<i>Subpart 1: (All Committees)</i>			
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)</i>
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>(If yes, enter Total Receipts here.)</i> <span style="border: 1px solid black; padding: 2px;">\$0.00</span>
<i>Subpart 2:</i>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>
<i>Subpart 3: (Town Committees ONLY)</i>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>(If yes, enter Total Receipts here.)</i> <span style="border: 1px solid black; padding: 2px;">\$0.00</span>
Fundraising Event # Date of Fundraiser 10/20/2014	Letter A	Description Reception Event	
Location: Street Address 25 Hopkins Rd	City Warren	State CT	Zip Code 06777
<i>Subpart 1: (All Committees)</i>			
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)</i>
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>(If yes, enter Total Receipts here.)</i> <span style="border: 1px solid black; padding: 2px;">\$0.00</span>
<i>Subpart 2:</i>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>
<i>Subpart 3: (Town Committees ONLY)</i>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>(If yes, enter Total Receipts here.)</i> <span style="border: 1px solid black; padding: 2px;">\$0.00</span>
<b>Total of Section L1</b>			<b>\$0.00</b>

**II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**L3. Purchases of Advertising in a Program Book or on a Sign**

Name of Purchaser Hopkins Vineyard, LLC		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 25 Hopkins Rd		City Warren	State CT
Zip Code 06777			
Date Received 10/14/2014	Event # 10202014A	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00
		Amount of Sign Purchase	
<b>Total of Section L3</b>			<b>\$250.00</b>

**II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**L4. In-Kind Donations Not Considered Contributions**

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

**Total of Section L4**

### III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

#### M. In-Kind Contributions

Name Clarke Fred				
Street Address 179 Old Quarry Rd		City Guilford	State CT	Zip Code 06437
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 10/01/2014	Aggregate contributions \$4,202.48	Description of In-Kind Contribution Food, Beverage, Venue	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>10012014B</u>	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$4,202.48	

Name Pelli Cesar				
Street Address 294 Livingston St		City New Haven	State CT	Zip Code 06511-1310
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 10/01/2014	Aggregate contributions \$4,202.48	Description of In-Kind Contribution Food, Beverage, Venue	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>10012014B</u>	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$4,202.48	

**III. NONMONETARY RECEIPTS (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**M. In-Kind Contributions**

Name Clarke W Laura			
Street Address 179 Old Quarry Rd	City Guilford	State CT	Zip Code 06437
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 10/01/2014	Aggregate contributions \$4,202.47	Description of In-Kind Contribution Food, Beverage, Venue
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fair Market Value of this Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>10012014B</u>	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		\$4,202.47

<b>Total of Section M</b>	<b>\$12,607.43</b>
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**III. Non Monetary Receipts (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**N. Refundable Deposit to Telephone Company**

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code

<b>Total of Section N</b>
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### III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

#### O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48

Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A      B      C      D		
<b>Total of Section O</b>				

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee Chase Paymentech		Date of Payment 07/02/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 14221 Dallas Pkwy		City Dallas		State TX
Zip Code 75254				
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$673.28
Name of Payee Authorize.net		Date of Payment 07/02/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 8999		City San Francisco		State CA
Zip Code 94128-8999				
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$54.95
Name of Payee Chad Roy		Date of Payment 07/03/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5072 <input type="checkbox"/> Debit Card	
Street Address 60 Featherbead Ln		City Branford		State CT
Zip Code 06405				
Purpose of Expenditure (by code) CNSLT	Description Photography Services	Event #		Amount
Expenditure # (if applicable) 53	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$531.75
Name of Payee Berger Hirschbert Strategies		Date of Payment 07/03/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5071 <input type="checkbox"/> Debit Card	
Street Address 151 W 25th St		City New York		State NY
Zip Code 10001				
Purpose of Expenditure (by code) CNSLT	Description Fundraising Consultant	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$6,500.00



**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee Connecticut Convention Center		Date of Payment 07/03/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5073 <input type="checkbox"/> Debit Card	
Street Address 100 Columbus Blvd		City Hartford	State CT	Zip Code 06103
Purpose of Expenditure (by code) Misc *	Description Venue Rental	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$2,000.00
Name of Payee Global Strategies, Inc.		Date of Payment 07/03/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5074 <input type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York	State NY	Zip Code 10003
Purpose of Expenditure (by code) CNSLT	Description Communications Consultant	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$2,500.00
Name of Payee State of CT- Office of Treasurer		Date of Payment 07/03/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5070 <input type="checkbox"/> Debit Card	
Street Address 55 Elm St		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) Misc *	Description Reimbursement for Mileage	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$332.80
Name of Payee Swift-CPA		Date of Payment 07/03/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 2452 Vale Way		City Erie	State CO	Zip Code 80516
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$50.00

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee American Express		Date of Payment 07/07/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 53852		City Phoenix	State AZ	Zip Code 85072
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$463.00
Name of Payee ADP		Date of Payment 07/07/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 225 2nd Ave		City Waltham	State MA	Zip Code 02451-1122
Purpose of Expenditure (by code) Misc *	Description Payroll Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$89.97
Name of Payee State of CT- Office of Treasurer		Date of Payment 07/09/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5075 <input type="checkbox"/> Debit Card	
Street Address 55 Elm St		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) Misc *	Description Reimbursement for Mileage	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$621.86
Name of Payee Global Strategies, Inc.		Date of Payment 07/14/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5077 <input type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York	State NY	Zip Code 10003
Purpose of Expenditure (by code) CNSLT	Description Communications Consultant	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$2,500.00

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee Abacus Associates		Date of Payment 07/14/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5076 <input type="checkbox"/> Debit Card	
Street Address 136 West St Ste 102A		City Northampton		State MA
				Zip Code 01060-3709
Purpose of Expenditure (by code) CNSLT	Description Political Consulting	Event #		Amount
Expenditure # (if applicable) 40	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$9,600.00
Name of Payee Tonio Burgos		Date of Payment 07/16/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 115 Broadway Ste 1504		City New York		State NY
				Zip Code 10006
Purpose of Expenditure (by code) REF	Description Refund of 06/17/2014 Contribution	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$9,000.00
Name of Payee Eric Emanuelson		Date of Payment 07/16/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 30 Bayberry Ln		City Guilford		State CT
				Zip Code 06437-3135
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 9	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,600.00
Name of Payee ADP		Date of Payment 07/16/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 225 2nd Ave		City Waltham		State MA
				Zip Code 02451-1122
Purpose of Expenditure (by code) WAGE	Description Payroll Taxes	Event #		Amount
Expenditure # (if applicable) 42	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$456.00

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee William W Kampfman		Date of Payment 07/16/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 26 Maiden Ln		City Plainville	State CT	Zip Code 06062-1231
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 21	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,600.00
Name of Payee Harty Press		Date of Payment 07/22/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5078 <input type="checkbox"/> Debit Card	
Street Address 25 James St		City New Haven	State CT	Zip Code 06513
Purpose of Expenditure (by code) PRNT	Description Printing	Event #		Amount
Expenditure # (if applicable) 27	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$750.00
Name of Payee Will Kampfman		Date of Payment 07/25/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5080 <input type="checkbox"/> Debit Card	
Street Address 26 Maiden Ln		City Plainville	State CT	Zip Code 06062
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 19	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$2,789.74
Name of Payee ADP		Date of Payment 07/25/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 225 2nd Ave		City Waltham	State MA	Zip Code 02451-1122
Purpose of Expenditure (by code) Misc *	Description Payroll Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$89.97

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee Eric Emanuelson		Date of Payment 07/25/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5079 <input type="checkbox"/> Debit Card	
Street Address 30 Bayberry Ln		City Guilford	State CT	Zip Code 06437
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 7	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$2,748.15
Name of Payee People's United Bank		Date of Payment 07/25/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1 Financial Plz		City Hartford	State CT	Zip Code 06103
Purpose of Expenditure (by code) BNK	Description Bank Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$13.00
Name of Payee DSCC Federal		Date of Payment 07/29/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 330 Main St Fl 3		City Hartford	State CT	Zip Code 06106-1851
Purpose of Expenditure (by code) Misc *	Description Reimbursement of operating expenditures (see FEC report)	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$15,831.52
Name of Payee Eric Emanuelson		Date of Payment 07/31/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 30 Bayberry Ln		City Guilford	State CT	Zip Code 06437-3135
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 10	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,600.00

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee ADP		Date of Payment 07/31/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 225 2nd Ave		City Waltham	State MA	Zip Code 02451-1122
Purpose of Expenditure (by code) WAGE	Description Payroll Taxes	Event #		Amount
Expenditure # (if applicable) 43	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$448.80
Name of Payee William W Kampfman		Date of Payment 07/31/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 26 Maiden Ln		City Plainville	State CT	Zip Code 06062-1231
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 22	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,600.00
Name of Payee Global Strategies, Inc.		Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5081 <input type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York	State NY	Zip Code 10003
Purpose of Expenditure (by code) CNSLT	Description Communications Consultant	Event #		Amount
Expenditure # (if applicable) 15	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$100,000.00
Name of Payee Authorize.net		Date of Payment 08/04/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 8999		City San Francisco	State CA	Zip Code 94128-8999
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$71.60

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee Chase Paymentech		Date of Payment 08/04/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 14221 Dallas Pkwy		City Dallas	State TX	Zip Code 75254
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$598.40
Name of Payee Swift-CPA		Date of Payment 08/05/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 2452 Vale Way		City Erie	State CO	Zip Code 80516
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$50.00
Name of Payee American Express		Date of Payment 08/05/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 53852		City Phoenix	State AZ	Zip Code 85072
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$655.96
Name of Payee Revolution Messaging, LLC		Date of Payment 08/07/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5082 <input type="checkbox"/> Debit Card	
Street Address 1730 Rhode Island Ave NW Ste 310		City Washington	State DC	Zip Code 20036
Purpose of Expenditure (by code) WEB	Description Website Design	Event #		Amount
Expenditure # (if applicable) 28	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,500.00

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee Global Strategies, Inc.		Date of Payment 08/07/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5083 <input type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York	State NY	Zip Code 10003
Purpose of Expenditure (by code) CNSLT	Description Communications Consultant	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$2,500.00
Name of Payee ADP		Date of Payment 08/08/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 225 2nd Ave		City Waltham	State MA	Zip Code 02451-1122
Purpose of Expenditure (by code) Misc *	Description Payroll Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$89.97
Name of Payee Peoples United Bank		Date of Payment 08/11/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1 Financial Plz		City Hartford	State CT	Zip Code 06103-2608
Purpose of Expenditure (by code) Misc *	Description Return Check Fee	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$13.00
Name of Payee ADP		Date of Payment 08/14/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 225 2nd Ave		City Waltham	State MA	Zip Code 02451-1122
Purpose of Expenditure (by code) Misc *	Description Payroll Taxes	Event #		Amount
Expenditure # (if applicable) 44	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$436.80



**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee William W Kampfman		Date of Payment 08/14/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 26 Maiden Ln		City Plainville	State CT	Zip Code 06062-1231
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 23	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,600.00
Name of Payee Eric Emanuelson		Date of Payment 08/14/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 30 Bayberry Ln		City Guilford	State CT	Zip Code 06437-3135
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 11	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,600.00
Name of Payee The Society Room of Hartford		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5086 <input type="checkbox"/> Debit Card	
Street Address 31 Pratt St		City Hartford	State CT	Zip Code 06103
Purpose of Expenditure (by code) Misc *	Description Venue Rental	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$2,000.00
Name of Payee Amanda Zabel		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5084 <input type="checkbox"/> Debit Card	
Street Address 185 W Chippens Hill Rd		City Burlington	State CT	Zip Code 06013
Purpose of Expenditure (by code) CNSLT	Description Voter Outreach Consulting	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,850.00

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee ADP		Date of Payment 08/22/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 225 2nd Ave		City Waltham	State MA	Zip Code 02451-1122
Purpose of Expenditure (by code) Misc *	Description Payroll Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$89.97
Name of Payee State of CT- Office of Treasurer		Date of Payment 08/27/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5091 <input type="checkbox"/> Debit Card	
Street Address 55 Elm St		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) Misc *	Description Reimbursement for Mileage	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$859.07
Name of Payee State of CT- Office of Treasurer		Date of Payment 08/27/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5093 <input type="checkbox"/> Debit Card	
Street Address 55 Elm St		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) Misc *	Description Reimbursement for Mileage	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$746.16
Name of Payee Global Strategies, Inc.		Date of Payment 08/27/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5088 <input type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York	State NY	Zip Code 10003
Purpose of Expenditure (by code) CNSLT	Description Communications Consultant	Event #		Amount
Expenditure # (if applicable) 16	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$100,000.00

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee Abacus Associates		Date of Payment 08/27/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5089 <input type="checkbox"/> Debit Card	
Street Address 136 West St Ste 102A		City Northampton		State MA
				Zip Code 01060-3709
Purpose of Expenditure (by code) CNSLT	Description Political Consulting	Event #		Amount
Expenditure # (if applicable) 41	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$6,400.00
Name of Payee AKPD Message & Media, LLC		Date of Payment 08/27/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5090 <input type="checkbox"/> Debit Card	
Street Address 730 N Franklin St Ste 40		City Washington		State DC
				Zip Code 60654
Purpose of Expenditure (by code) A-WEB	Description Online Services	Event #		Amount
Expenditure # (if applicable) 49	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,838.49
Name of Payee Eric Emanuelson		Date of Payment 08/29/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 30 Bayberry Ln		City Guilford		State CT
				Zip Code 06437-3135
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 12	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,600.00
Name of Payee ADP		Date of Payment 08/29/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 225 2nd Ave		City Waltham		State MA
				Zip Code 02451-1122
Purpose of Expenditure (by code) Misc *	Description Payroll Taxes	Event #		Amount
Expenditure # (if applicable) 45	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$436.80

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee William W Kampfman		Date of Payment 08/29/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 26 Maiden Ln		City Plainville	State CT	Zip Code 06062-1231
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 24	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,600.00
Name of Payee Chase Paymentech		Date of Payment 09/02/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 14221 Dallas Pkwy		City Dallas	State TX	Zip Code 75254
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$271.18
Name of Payee Swift-CPA		Date of Payment 09/03/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 2452 Vale Way		City Erie	State CO	Zip Code 80516
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$50.00
Name of Payee Authorize.net		Date of Payment 09/03/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 8999		City San Francisco	State CA	Zip Code 94128-8999
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$73.40

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee American Express		Date of Payment 09/05/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 53852		City Phoenix	State AZ	Zip Code 85072
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$694.50
Name of Payee Revolution Messaging, LLC		Date of Payment 09/05/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5094 <input type="checkbox"/> Debit Card	
Street Address 1730 Rhode Island Ave NW Ste 310		City Washington	State DC	Zip Code 20036
Purpose of Expenditure (by code) WEB	Description Website Design	Event #		Amount
Expenditure # (if applicable) 29	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,500.00
Name of Payee ADP		Date of Payment 09/05/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 225 2nd Ave		City Waltham	State MA	Zip Code 02451-1122
Purpose of Expenditure (by code) Misc *	Description Payroll Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$89.97
Name of Payee Peoples United Bank		Date of Payment 09/10/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1 Financial Plz		City Hartford	State CT	Zip Code 06103-2608
Purpose of Expenditure (by code) Misc *	Description Bank Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$56.86

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee College Democrats of Connecticut		Date of Payment 09/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5095 <input type="checkbox"/> Debit Card	
Street Address PO Box 203980		City New Haven		State CT
Zip Code 06520				
Purpose of Expenditure (by code) CNSLT	Description Canvassing Services	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,000.00
Name of Payee O'Neil & Associates		Date of Payment 09/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5096 <input type="checkbox"/> Debit Card	
Street Address 31 New Chardon St		City Boston		State MA
Zip Code 02114				
Purpose of Expenditure (by code) CNSLT	Description Fundraising Consultant	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$3,000.00
Name of Payee Eric Emanuelson		Date of Payment 09/16/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 30 Bayberry Ln		City Guilford		State CT
Zip Code 06437-3135				
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 13	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,600.00
Name of Payee ADP		Date of Payment 09/16/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 225 2nd Ave		City Waltham		State MA
Zip Code 02451-1122				
Purpose of Expenditure (by code) Misc *	Description Payroll Taxes	Event #		Amount
Expenditure # (if applicable) 46	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$436.80

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee William W Kampfman		Date of Payment 09/16/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 26 Maiden Ln		City Plainville	State CT	Zip Code 06062-1231
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 25	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,600.00
Name of Payee New Haven County Marshal's Assoc.		Date of Payment 09/18/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5098 <input type="checkbox"/> Debit Card	
Street Address 2830 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expenditure (by code) Misc *	Description Refund of 09/10/2014 Contribution	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$500.00
Name of Payee Thomas McDonough		Date of Payment 09/18/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5097 <input type="checkbox"/> Debit Card	
Street Address 144 Buckingham St		City Waterbury	State CT	Zip Code 06710
Purpose of Expenditure (by code) Misc *	Description Legal Services	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,000.00
Name of Payee AKPD Message & Media, LLC		Date of Payment 09/19/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5102 <input type="checkbox"/> Debit Card	
Street Address 730 N Franklin St Ste 40		City Washington	State DC	Zip Code 60654
Purpose of Expenditure (by code) A-WEB	Description Online Services	Event #		Amount
Expenditure # (if applicable) 50	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$3,437.25

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee United States Postal Service		Date of Payment 09/19/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5105 <input type="checkbox"/> Debit Card	
Street Address PO Box 7247-0255 Barry Square		City Hartford	State CT	Zip Code 06114
Purpose of Expenditure (by code) POST	Description Postage	Event #		Amount
Expenditure # (if applicable) 32	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$15,000.00
Name of Payee Global Strategies, Inc.		Date of Payment 09/19/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5103 <input type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York	State NY	Zip Code 10003
Purpose of Expenditure (by code) CNSLT	Description Communications Consultant	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$2,500.00
Name of Payee Eric Emanuelson		Date of Payment 09/19/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5100 <input type="checkbox"/> Debit Card	
Street Address 30 Bayberry Ln		City Guilford	State CT	Zip Code 06437
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 8	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$379.42
Name of Payee DNA Campaigns LLC		Date of Payment 09/19/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5099 <input type="checkbox"/> Debit Card	
Street Address 24 Dixwell Ave # 220		City New Haven	State CT	Zip Code 06511
Purpose of Expenditure (by code) CNSLT	Description Canvassing Services	Event #		Amount
Expenditure # (if applicable) 5	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$32,500.00



**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee Mission Control, LLC		Date of Payment 09/19/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5104 <input type="checkbox"/> Debit Card	
Street Address 114A Mansfield Hollow Rd		City Mansfield Center		State CT
Zip Code 06250				
Purpose of Expenditure (by code) PRNT	Description Design and Printing	Event #		Amount
Expenditure # (if applicable) 1	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$52,223.34
Name of Payee Will Kampfman		Date of Payment 09/19/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5101 <input type="checkbox"/> Debit Card	
Street Address 26 Maiden Ln		City Plainville		State CT
Zip Code 06062				
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 20	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$686.80
Name of Payee Words by Jen		Date of Payment 09/24/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5109 <input type="checkbox"/> Debit Card	
Street Address PO Box 453		City Branford		State CT
Zip Code 06405				
Purpose of Expenditure (by code) Misc *	Description Writing Services	Event #		Amount
Expenditure # (if applicable) 39	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$4,815.00
Name of Payee AKPD Message & Media, LLC		Date of Payment 09/24/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5106 <input type="checkbox"/> Debit Card	
Street Address 730 N Franklin St Ste 40		City Washington		State DC
Zip Code 60654				
Purpose of Expenditure (by code) A-WEB	Description Online Services	Event #		Amount
Expenditure # (if applicable) 51	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,643.93

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee Tricia Bohan Photography		Date of Payment 09/24/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5108 <input type="checkbox"/> Debit Card	
Street Address 360 Main St		City Branford	State CT	Zip Code 06405
Purpose of Expenditure (by code) CNSLT	Description Photography Services	Event #		Amount
Expenditure # (if applicable) 31	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$2,286.52
Name of Payee AKPD Message & Media, LLC		Date of Payment 09/26/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5110 <input type="checkbox"/> Debit Card	
Street Address 730 N Franklin St Ste 40		City Washington	State DC	Zip Code 60654
Purpose of Expenditure (by code) A-WEB	Description Online Services	Event #		Amount
Expenditure # (if applicable) 52	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,643.93
Name of Payee United States Postal Service		Date of Payment 09/26/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5111 <input type="checkbox"/> Debit Card	
Street Address PO Box 7247-0255 Barry Square		City Hartford	State CT	Zip Code 06114
Purpose of Expenditure (by code) POST	Description Postage	Event #		Amount
Expenditure # (if applicable) 33	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$33,332.20
Name of Payee United States Postal Service		Date of Payment 09/26/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5112 <input type="checkbox"/> Debit Card	
Street Address PO Box 7247-0255 Barry Square		City Hartford	State CT	Zip Code 06114
Purpose of Expenditure (by code) POST	Description Postage	Event #		Amount
Expenditure # (if applicable) 34	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$8,567.67

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee ADP		Date of Payment 09/26/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 225 2nd Ave		City Waltham		State MA
				Zip Code 02451-1122
Purpose of Expenditure (by code) Misc *	Description Payroll Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$89.97
Name of Payee ADP		Date of Payment 09/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 225 2nd Ave		City Waltham		State MA
				Zip Code 02451-1122
Purpose of Expenditure (by code) Misc *	Description Payroll Taxes	Event #		Amount
Expenditure # (if applicable) 47	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$436.80
Name of Payee William W Kampfman		Date of Payment 09/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 26 Maiden Ln		City Plainville		State CT
				Zip Code 06062-1231
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 26	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,600.00
Name of Payee Eric Emanuelson		Date of Payment 09/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 30 Bayberry Ln		City Guilford		State CT
				Zip Code 06437-3135
Purpose of Expenditure (by code) WAGE	Description Wages	Event #		Amount
Expenditure # (if applicable) 14	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,600.00

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee Mission Control, LLC		Date of Payment 10/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5114 <input type="checkbox"/> Debit Card	
Street Address 114A Mansfield Hollow Rd		City Mansfield Center		State CT
Zip Code 06250				
Purpose of Expenditure (by code) PRNT	Description Design and Printing	Event #		Amount
Expenditure # (if applicable) 2	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$15,517.83
Name of Payee Fred Clarke		Date of Payment 10/01/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 179 Old Quarry Rd		City Guilford		State CT
Zip Code 06437				
Purpose of Expenditure (by code) Misc *	Description Food, Beverage, Venue	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$4,202.48
Name of Payee Laura Clarke		Date of Payment 10/01/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 179 Old Quarry Rd		City Guilford		State CT
Zip Code 06437				
Purpose of Expenditure (by code) Misc *	Description Food, Beverage, Venue	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$4,202.47
Name of Payee O'Neil & Associates		Date of Payment 10/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5115 <input type="checkbox"/> Debit Card	
Street Address 31 New Chardon St		City Boston		State MA
Zip Code 02114				
Purpose of Expenditure (by code) CNSLT	Description Fundraising Consultant	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$3,000.00

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee DSCC Federal		Date of Payment 10/01/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 330 Main St Fl 3		City Hartford	State CT	Zip Code 06106-1851
Purpose of Expenditure (by code) Misc *	Description Reimbursement of operating expenditures (see FEC report)	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$24,986.98
Name of Payee Cesar Pelli		Date of Payment 10/01/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 294 Livingston St		City New Haven	State CT	Zip Code 06511-1310
Purpose of Expenditure (by code) Misc *	Description Food, Beverage, Venue	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$4,202.48
Name of Payee State of CT- Office of Treasurer		Date of Payment 10/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5113 <input type="checkbox"/> Debit Card	
Street Address 55 Elm St		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) Misc *	Description Reimbursement for Mileage	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,673.32
Name of Payee Global Strategies, Inc.		Date of Payment 10/02/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York	State NY	Zip Code 10003
Purpose of Expenditure (by code) CNSLT	Description Communications Consultant	Event #		Amount
Expenditure # (if applicable) 17	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$100,000.00

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee Chase Paymentech		Date of Payment 10/02/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 14221 Dallas Pkwy		City Dallas		State TX
Zip Code 75254				
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$237.01
Name of Payee Authorize.net		Date of Payment 10/02/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 8999		City San Francisco		State CA
Zip Code 94128-8999				
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$65.30
Name of Payee United States Postal Service		Date of Payment 10/03/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5116 <input type="checkbox"/> Debit Card	
Street Address PO Box 7247-0255 Barry Square		City Hartford		State CT
Zip Code 06114				
Purpose of Expenditure (by code) POST	Description Postage	Event #		Amount
Expenditure # (if applicable) 35	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,826.78
Name of Payee United States Postal Service		Date of Payment 10/03/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5119 <input type="checkbox"/> Debit Card	
Street Address PO Box 7247-0255 Barry Square		City Hartford		State CT
Zip Code 06114				
Purpose of Expenditure (by code) POST	Description Postage	Event #		Amount
Expenditure # (if applicable) 36	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$21,317.40

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee Berger Hirschbert Strategies		Date of Payment 10/03/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5117 <input type="checkbox"/> Debit Card	
Street Address 151 W 25th St		City New York		State NY
Zip Code 10001				
Purpose of Expenditure (by code) CNSLT	Description Fundraising Consultant	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$8,621.02
Name of Payee Revolution Messaging, LLC		Date of Payment 10/03/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5118 <input type="checkbox"/> Debit Card	
Street Address 1730 Rhode Island Ave NW Ste 310		City Washington		State DC
Zip Code 20036				
Purpose of Expenditure (by code) WEB	Description Website Design	Event #		Amount
Expenditure # (if applicable) 30	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,500.00
Name of Payee Swift-CPA		Date of Payment 10/03/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 2452 Vale Way		City Erie		State CO
Zip Code 80516				
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$50.00
Name of Payee American Express		Date of Payment 10/06/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 53852		City Phoenix		State AZ
Zip Code 85072				
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$106.09

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee Mission Control, LLC		Date of Payment 10/08/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5122 <input type="checkbox"/> Debit Card	
Street Address 114A Mansfield Hollow Rd		City Mansfield Center		State CT
Zip Code 06250				
Purpose of Expenditure (by code) PRNT	Description Design and Printing	Event #		Amount
Expenditure # (if applicable) 3	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$15,517.83
Name of Payee DNA Campaigns LLC		Date of Payment 10/08/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5120 <input type="checkbox"/> Debit Card	
Street Address 24 Dixwell Ave # 220		City New Haven		State CT
Zip Code 06511				
Purpose of Expenditure (by code) CNSLT	Description Canvassing Services	Event #		Amount
Expenditure # (if applicable) 6	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$32,500.00
Name of Payee Global Strategies, Inc.		Date of Payment 10/08/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5121 <input type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York		State NY
Zip Code 10003				
Purpose of Expenditure (by code) CNSLT	Description Communications Consultant	Event #		Amount
Expenditure # (if applicable) 54	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$7,000.00
Name of Payee Mission Control, LLC		Date of Payment 10/09/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5123 <input type="checkbox"/> Debit Card	
Street Address 114A Mansfield Hollow Rd		City Mansfield Center		State CT
Zip Code 06250				
Purpose of Expenditure (by code) PRNT	Description Design and Printing	Event #		Amount
Expenditure # (if applicable) 4	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$34,078.09



**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

**P. Expenses Paid By Committee**

Name of Payee ADP		Date of Payment 10/10/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 225 2nd Ave		City Waltham	State MA	Zip Code 02451-1122
Purpose of Expenditure (by code) Misc *	Description Payroll Processing Fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$89.97
Name of Payee United States Postal Service		Date of Payment 10/10/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5125 <input type="checkbox"/> Debit Card	
Street Address PO Box 7247-0255 Barry Square		City Hartford	State CT	Zip Code 06114
Purpose of Expenditure (by code) POST	Description Postage	Event #		Amount
Expenditure # (if applicable) 37	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$3,460.65
Name of Payee United States Postal Service		Date of Payment 10/10/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5124 <input type="checkbox"/> Debit Card	
Street Address PO Box 7247-0255 Barry Square		City Hartford	State CT	Zip Code 06114
Purpose of Expenditure (by code) POST	Description Postage	Event #		Amount
Expenditure # (if applicable) 38	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$14,211.60
Name of Payee Global Strategies, Inc.		Date of Payment 10/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # 5126 <input type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York	State NY	Zip Code 10003
Purpose of Expenditure (by code) CNSLT	Description Communications Consultant	Event #		Amount
Expenditure # (if applicable) 18	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$91,436.00

IV. EXPENDITURES (Sections P - T)					
NAME OF COMMITTEE				TYPE OF REPORT	
Democratic State Central Committee				12th Day Preceding General Election - Original	
P. Expenses Paid By Committee					
Name of Payee People's United Bank			Date of Payment 10/16/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1 Financial Plz		City Hartford		State CT	Zip Code 06103
Purpose of Expenditure (by code) BNK	Description Bank Fees		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought				\$6.00
<b>Total of Section P</b>					<b>\$855,405.85</b>

IV. EXPENDITURES (Sections P - T)					
NAME OF COMMITTEE				TYPE OF REPORT	
				12th Day Preceding General Election - Original	
Q. Campaign Expenses Paid By Candidate					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment	Is Reimbursement Claimed? Yes      No	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
<b>Total of Section Q</b>					

IV. EXPENDITURES							
NAME OF COMMITTEE						TYPE OF REPORT	
Democratic State Central Committee						12th Day Preceding General Election - Original	
R. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution				Type of Credit Card:			
				Visa      Master Card      Discover      American Express Other			
Name of Vendor						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable)	Itemization in Addendum R Required		Coordinated with reimbursement sought			
	Coordinated without reimbursement sought	Independent	Organization	A	B	C	D
<b>Total of Section R</b>							

IV. EXPENDITURES							
NAME OF COMMITTEE						TYPE OF REPORT	
Democratic State Central Committee						12th Day Preceding General Election - Original	
S. Expenses Incurred By Committee but Not Paid During this Period							
Name of Creditor						Date Incurred	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount Incurred (Estimate or Actual)
Expenditure# (if applicable)	Type of Expenditure (if applicable)	Itemization in Addendum S Required		Coordinated with reimbursement sought			
	Coordinated without reimbursement sought	Independent	Organization :	A	B	C	D
<b>Total of Section S</b>							

IV. EXPENDITURES					
NAME OF COMMITTEE				TYPE OF REPORT	
Democratic State Central Committee				12th Day Preceding General Election - Original	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant		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			Event #	Amount
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required      Coordinated with reimbursement sought Coordinated without reimbursement sought      Independent      Organization:      A      B      C      D				
<b>Total of Section T</b>					

## 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

<b>Expenditure #</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>
1		<b>\$52,223.34</b>
Name of Candidate Dan Malloy	Office Sought Governor	Cost Allocated to Candidate \$52,223.34

<b>Expenditure #</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>
2		<b>\$15,517.83</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$15,517.83

<b>Expenditure #</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>
3		<b>\$15,517.83</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$15,517.83

<b>Expenditure #</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>
4		<b>\$34,078.09</b>
Name of Candidate Dan Malloy	Office Sought Governor	Cost Allocated to Candidate \$34,078.09

<b>Expenditure #</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>
5		<b>\$32,500.00</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$32,500.00

<b>Expenditure #</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>
6		<b>\$32,500.00</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$32,500.00

<b>Expenditure #</b>	<b>7</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$2,748.15</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$2,748.15	

<b>Expenditure #</b>	<b>8</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$379.42</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$379.42	

<b>Expenditure #</b>	<b>9</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,600.00</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$1,600.00	

<b>Expenditure #</b>	<b>10</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,600.00</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$1,600.00	

<b>Expenditure #</b>	<b>11</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,600.00</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$1,600.00	

<b>Expenditure #</b>	<b>12</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,600.00</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$1,600.00	

<b>Expenditure #</b>	<b>13</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,600.00</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$1,600.00	

<b>Expenditure #</b>	<b>14</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,600.00</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$1,600.00	

<b>Expenditure #</b>	<b>15</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$100,000.00</b>
Name of Candidate Dan Malloy	Office Sought Governor	Cost Allocated to Candidate \$100,000.00	

<b>Expenditure #</b>	<b>16</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$100,000.00</b>
Name of Candidate Dan Malloy	Office Sought Governor	Cost Allocated to Candidate \$100,000.00	

<b>Expenditure #</b>	<b>17</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$100,000.00</b>
Name of Candidate Dan Malloy	Office Sought Governor	Cost Allocated to Candidate \$100,000.00	

<b>Expenditure #</b>	<b>54</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$7,000.00</b>
Name of Candidate Melissa Osborne	Office Sought State Senator	Cost Allocated to Candidate \$7,000.00	

<b>Expenditure #</b>	<b>18</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$91,436.00</b>
Name of Candidate Dan Malloy	Office Sought Governor	Cost Allocated to Candidate \$91,436.00	

<b>Expenditure #</b>	<b>19</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$2,789.74</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$2,789.74	

<b>Expenditure #</b>	<b>20</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$686.80</b>
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator	Cost Allocated to Candidate \$686.80

<b>Expenditure #</b>	<b>21</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,600.00</b>
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator	Cost Allocated to Candidate \$1,600.00

<b>Expenditure #</b>	<b>22</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,600.00</b>
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator	Cost Allocated to Candidate \$1,600.00

<b>Expenditure #</b>	<b>23</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,600.00</b>
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator	Cost Allocated to Candidate \$1,600.00

<b>Expenditure #</b>	<b>24</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,600.00</b>
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator	Cost Allocated to Candidate \$1,600.00

<b>Expenditure #</b>	<b>25</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,600.00</b>
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator	Cost Allocated to Candidate \$1,600.00

<b>Expenditure #</b>	<b>26</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,600.00</b>
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator	Cost Allocated to Candidate \$1,600.00



<b>Expenditure #</b>	<b>27</b>	<input checked="" type="checkbox"/> <b>Supported</b> <input type="checkbox"/> <b>Opposed</b>	<b>Amount of Expenditure</b> <b>\$750.00</b>
Name of Candidate Dan Malloy		Office Sought Governor	Cost Allocated to Candidate \$750.00

<b>Expenditure #</b>	<b>28</b>	<input checked="" type="checkbox"/> <b>Supported</b> <input type="checkbox"/> <b>Opposed</b>	<b>Amount of Expenditure</b> <b>\$1,500.00</b>
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator	Cost Allocated to Candidate \$1,500.00

<b>Expenditure #</b>	<b>29</b>	<input checked="" type="checkbox"/> <b>Supported</b> <input type="checkbox"/> <b>Opposed</b>	<b>Amount of Expenditure</b> <b>\$1,500.00</b>
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator	Cost Allocated to Candidate \$1,500.00

<b>Expenditure #</b>	<b>30</b>	<input checked="" type="checkbox"/> <b>Supported</b> <input type="checkbox"/> <b>Opposed</b>	<b>Amount of Expenditure</b> <b>\$1,500.00</b>
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator	Cost Allocated to Candidate \$1,500.00

<b>Expenditure #</b>	<b>31</b>	<input checked="" type="checkbox"/> <b>Supported</b> <input type="checkbox"/> <b>Opposed</b>	<b>Amount of Expenditure</b> <b>\$2,286.52</b>
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator	Cost Allocated to Candidate \$2,286.52

<b>Expenditure #</b>	<b>32</b>	<input checked="" type="checkbox"/> <b>Supported</b> <input type="checkbox"/> <b>Opposed</b>	<b>Amount of Expenditure</b> <b>\$15,000.00</b>
Name of Candidate Dan Malloy		Office Sought Governor	Cost Allocated to Candidate \$15,000.00

<b>Expenditure #</b>	<b>33</b>	<input checked="" type="checkbox"/> <b>Supported</b> <input type="checkbox"/> <b>Opposed</b>	<b>Amount of Expenditure</b> <b>\$33,332.20</b>
Name of Candidate Dan Malloy		Office Sought Governor	Cost Allocated to Candidate \$33,332.20

<b>Expenditure #</b>	<b>34</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$8,567.67</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$8,567.67	

<b>Expenditure #</b>	<b>35</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,826.78</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$1,826.78	

<b>Expenditure #</b>	<b>36</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$21,317.40</b>
Name of Candidate Dan Malloy	Office Sought Governor	Cost Allocated to Candidate \$21,317.40	

<b>Expenditure #</b>	<b>37</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$3,460.65</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$3,460.65	

<b>Expenditure #</b>	<b>38</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$14,211.60</b>
Name of Candidate Dan Malloy	Office Sought Governor	Cost Allocated to Candidate \$14,211.60	

<b>Expenditure #</b>	<b>39</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$4,815.00</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$4,815.00	

<b>Expenditure #</b>	<b>40</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$9,600.00</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$9,600.00	

<b>Expenditure #</b>	<b>41</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$6,400.00</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$6,400.00	

<b>Expenditure #</b>	<b>42</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$456.00</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$456.00	

<b>Expenditure #</b>	<b>43</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$448.80</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$448.80	

<b>Expenditure #</b>	<b>44</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$436.80</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$436.80	

<b>Expenditure #</b>	<b>45</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$436.80</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$436.80	

<b>Expenditure #</b>	<b>46</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$436.80</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$436.80	

<b>Expenditure #</b>	<b>47</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$436.80</b>
Name of Candidate Ted Kennedy Jr.	Office Sought State Senator	Cost Allocated to Candidate \$436.80	

<b>Expenditure #</b>	<b>49</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,838.49</b>
Name of Candidate Dan Malloy		Office Sought Governor	Cost Allocated to Candidate \$1,838.49

<b>Expenditure #</b>	<b>50</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$3,437.25</b>
Name of Candidate Dan Malloy		Office Sought Governor	Cost Allocated to Candidate \$3,437.25

<b>Expenditure #</b>	<b>51</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,643.93</b>
Name of Candidate Dan Malloy		Office Sought Governor	Cost Allocated to Candidate \$1,643.93

<b>Expenditure #</b>	<b>52</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$1,643.93</b>
Name of Candidate Dan Malloy		Office Sought Governor	Cost Allocated to Candidate \$1,643.93

<b>Expenditure #</b>	<b>53</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b> <b>\$531.75</b>
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator	Cost Allocated to Candidate \$531.75

