## **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT ନହ୍ୟାରଥ୍ୟ ମହାରଥ୍ୟ 2012



Do Not Mark in This Space For Official Use Only

Page 1 of 149

## **COVER PAGE**

1. NAME OF COMMITTEE									
Democratic State Central Committee						_			
2. TREASURER NAME									
First Emma			MI	Last			Suffix		
			w.	Pierce					
3. TREASURER ADDRESS									
Street Address		City		State			Zip Code		
543 Church St		New E	Britain		ст		06051		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Co	omplete only if C	Candidate Committee)		6. DISTR	RICT NUMBER (if applicable)		
7. CANDIDATE NAME (Complete only if Candida	te or Exploratory Cor	mmittee	e)						
First			MI	Last			Suffix		
8. TYPE OF REPORT									
12th Day Preceding General Election - Original									
9. PERIOD COVERED									
Вер	ginning Date			Ending Date					
	(01/2014			10/16/2014					
07,	/01/2014		thru	10/16/2014					
10 CERTIFICATION									
_									
I hereby certify and state, under p Itemized Campaign Finance Di									
complete.	sciosure Statem		i the period		u				
···· · <b>J</b>	nold Skretta	SIGNE	CD		3/2014 1 CERTIFIED		м		
SIGNATURE PRI	NT NAME OF THE	SIGNE	K	DATE	CERTIFIED	,			
PENALTY FOR	FALSE STATEME	ENT IS	5 PUNISHA	BLE BY FINE NOT TO EXCE	ED \$1,000	), OR			
1	MPRISONMENT	FOR M	NOT MORE	THAN ONE YEAR, OR BOTI	н.				

## SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

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

## SUMMARY PAGE TOTALS

Page	3	of	149
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	I. MONETARY RECEIPT	S (Sect	tion A	A-K)				
NAME OF COMMITTEE				Т	YPE OF REPORT			
Democratic State Central Committee					2th Day Preceding Gene	eral Ele	ction - Original	
A. Total Contributions from Small	Contributors Dessived this Desi		TV	<b>I</b>				
				ection A	\$1,390.00	,390.00		
(See instructions for definition of Small Contributor,				ection A				
	B. Itemized Contributions from I	παινιαι	1815					
Last Name			First Na	me			MI	
Kempner		ŕ		chael			W	
Residential Street Address		City				State		
1 Meadowslands Plz Fl 6		Ea	ast Rut	herford		NJ	07073	
Principal Occupation			Nar	ne of Employer			<b>_</b>	
CEO/Pres				MWW				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she a			Yes X No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective sta	ate contra Execu		Yes X No			
Method of Contribution	1			Date Received	Aggregate Contributions			
Cash Personal Check X Credit/D	ebit Card Payroll Deduction	Money Or						
	eon Card Payron Deduction	Money Or	der	07/01/2014	\$5,000.00		\$5,000.00	
Last Name		I	First Na	me			MI	
Shatku			Ad	rian				
Residential Street Address		City				State	Zip Code	
6 Mockingbird Dr # 19B		Co	olts Ne	eck		NJ	07722	
Principal Occupation			Nar	ne of Employer				
CEO				Unifi Comms				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she a			Yes X No		Amount of Contribution	
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective sta	ate contra	actor?	Yes X No			
fundraising event listed in Section L1?     It is in Section L1?       If yes, list Event #     X	If yes, indicate which branch or branches of government the contract is with:		Execu					
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check X Credit/D	ebit Card Payroll Deduction	Money Or	rder	07/02/2014	\$5,000.00		\$5,000.00	
Last Name			First Na	me			MI	
Baker				chard			A	
Residential Street Address		City				State		
3 Manhattanville Rd Ste 202		Ρι	irchas	e		NY	10577	
Principal Occupation			Nar	ne of Employer				
CEO				Hudson's Bay Cor	mpany			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she a	associate		Yes X No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective sta	te contra Execu		Yes X No			
Method of Contribution	:			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/D	ebit Card Deduction	Money Or	rder	07/07/2014	\$10,000.00		\$10,000.00	

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE			Т	YPE OF REPORT						
Democratic State Central Committee			1:	2th Day Preceding Gene	ral Election -	Original				
	B. Itemized Contributions from I	ndividuals								
Last Name		First Na	ame			MI				
Wasserman		M	ichael							
Residential Street Address		City			State	Zip Code				
20 Lake Louise Rd		Morgan	ville		NJ	07751				
Principal Occupation		Na	me of Employer							
Attorney			Marwood Group 8	k Co. USA, LLC						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate conflicer of a municipality does contributor or busines	ss he/she associat		Yes X No	Am	ount of Contribution				
X No	a contract with said municipality valued at more that									
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or prosp If yes, indicate which branch or branches of government the contract is with:	pective state cont		Yes X No						
Method of Contribution	<u> </u>		Date Received	Aggregate Contributions						
Cash Personal Check X Credit/I										
Cash Personal Check X Credit/I	Debit Card Payroll Deduction	Money Order	07/08/2014	\$2,500.00		\$2,500.00				
Last Name		First Na	ame			MI				
Moore			erence							
Residential Street Address		City			State	Zip Code				
9 Old Field Rd		Setauke			NY	11783				
Principal Occupation		Na	ime of Employer							
Health Care			Marwood Group							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate co officer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she associat		Yes X No	Am	ount of Contribution				
Is this contribution associated with a	Is contributor a principal of state contractor or pros	pective state cont	ractor?	Yes X No	_					
fundraising event listed in Section L1?     Yes       If yes, list Event #     X	If yes, indicate which branch or branches of government the contract is with:	Exec								
Method of Contribution	-		Date Received	Aggregate Contributions						
Cash Personal Check Credit/I	Debit Card Deduction	Money Order	07/08/2014	\$5,000.00		\$5,000.00				
Last Name		First Na				MI				
Moore Residential Street Address		City	hn		Stata	T				
442 River Rd		Saint Ja	ames		State NY	Zip Code 11780				
Principal Occupation			ime of Employer			L				
Healthcare Investor			Marwood Group							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate conficer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she associat		Yes X No	Am	ount of Contribution				
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	pective state cont	L	Yes X No						
Method of Contribution			Date Received	Aggregate Contributions						
Cash X Personal Check Credit/I	Debit Card Payroll Deduction	Money Order	07/08/2014	\$10,000.00		\$10,000.00				

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE			Т	YPE OF REPORT					
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original			
	B. Itemized Contributions from I	ndividuals	•						
Last Name		First Nat				MI			
Corridan Residential Street Address		City	ephen		State	G Zip Code			
338 King Charles Dr		Portsmo	uth		RI	02871			
Principal Occupation			ne of Employer			02072			
Real Estate			Roseview Group						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?								
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective state contra		Yes X No					
Method of Contribution	3		Date Received	Aggregate Contributions					
Cash X Personal Check Credit/Du	ebit Card Dayroll Deduction	Money Order	07/08/2014	\$5,000.00		\$5,000.00			
Last Name		First Nat	ne		•	MI			
Кирка			even						
Residential Street Address		City			State	Zip Code			
2738 Chain Bridge Rd NW		Washing	ton		DC	20016			
Principal Occupation		Nar	ne of Employer						
Attorney			Husch Blackwell, I	LLP	-				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Amo	ount of Contribution			
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective state contra	L	Yes X No					
Method of Contribution			Date Received	Aggregate Contributions					
Cash Personal Check X Credit/De	ebit Card Deduction	Money Order	07/08/2014	\$1,000.00		\$1,000.00			
Last Name		First Na	ne	-	•	MI			
Allen			chael			D			
Residential Street Address		City			State	Zip Code			
5313 Cardinal Ct		Bethesd	а		MD	20816			
Principal Occupation		Nar	ne of Employer						
Real Estate			Self						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she associate		Yes X No	Amo	ount of Contribution			
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective state contra	L	Yes X No					
Method of Contribution			Date Received	Aggregate Contributions					
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	07/09/2014	\$1,000.00		\$1,000.00			

Page 6 of 149

	I. MONETARY RECEIPTS	<u>S (Section</u>	<u>A-K)</u>			
NAME OF COMMITTEE			1	TYPE OF REPORT		
Democratic State Central Committee			1	2th Day Preceding Gene	aral Election	- Original
	B. Itemized Contributions from I	ndividuals	· · · · ·			
Last Name		First 1	Jame			MI
Tuminski		т	revor			R
Residential Street Address		City			State	Zip Code
4 Chapel Hill Rd		Westp			СТ	06880
Principal Occupation		P	lame of Employer			
Sr. Vice President			Marwood Group			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate c	ommittee for a	chief executive	Yes X No	Am	nount of Contribution
of dependent child of a fobbyist?	officer of a municipality does contributor or busine a contract with said municipality valued at more that		ated with have			
X No	a contract with said manoparty valued at more th	un \$5000.				
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros	pective state con	ntractor?	Yes X No		
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:	Exe	cutive Legislative	;		
Method of Contribution			Date Received	Aggregate Contributions		
Cash E Personal Check Credit/De	bit Card Payroll Deduction	Money Order				
		Money Order	07/09/2014	\$1,000.00		\$1,000.00
Last Name		First 1	Jame			MI
Young		J	onathan			М
Residential Street Address		City			State	Zip Code
6104 Winnebago Rd		Bethe	sda		MD	20816-3142
Principal Occupation		Ν	lame of Employer			
Attorney			Fox Kiser			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate c	ommittee for a	chief executive	Yes X No	Am	nount of Contribution
of dependent child of a lobbyist?	officer of a municipality does contributor or busine		ated with have	Yes K No		
× No	a contract with said municipality valued at more that	all \$5000?				
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros	pective state con	ntractor?	Yes X No		
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	Exe	cutive Legislative	,		
Method of Contribution			Date Received	Aggregate Contributions		
			Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Order	07/09/2014	\$500.00		\$500.00
					<b>I</b>	
Last Name Byrnes		First 1	vame Kevin			MI J
Residential Street Address		City	evin		State	Zip Code
11756 Great Owl Cir		Restor	ı		VA	20194
Principal Occupation		N	lame of Employer		1	<u> </u>
Ironworker			Ironworkers Inte	rnational		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate c	ommittee for a	hief executive		Am	nount of Contribution
or dependent child of a lobbyist? Yes	officer of a municipality does contributor or busine			Yes X No	7111	built of Contribution
X No	a contract with said municipality valued at more that	an \$5000?				
Is this contribution associated with a	Is contributor a principal of state contractor or pros	pective state con	ntractor?	Yes X No		
fundraising event listed in Section L1?       Yes         If yes, list Event #       No	If yes, indicate which branch or branches of	Eve	cutive Legislative			
	government the contract is with:			1		
Method of Contribution	_		Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/De	bit Card Payroll Deduction	Money Order	07/09/2014	\$100.00		\$100.00

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE			Т	YPE OF REPORT						
Democratic State Central Committee			1:	2th Day Preceding Gene	al Election	- Original				
	B. Itemized Contributions from I	ndividuals								
Last Name		First N	Name			MI				
Dodds		E	Erin			E				
Residential Street Address		City			State	Zip Code				
6 Park Ave			reenwich		СТ	06870-1705				
Principal Occupation		Ν	Name of Employer							
Homemaker			N/A							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busines	ss he/she associ		Yes X No	An	nount of Contribution				
X No		ract with said municipality valued at more than \$5000?								
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or prosp	pective state con	ntractor?	Yes X No						
If yes, list Event # No	If yes, indicate which branch or branches of government the contract is with:	Exe	ecutive Legislative							
Method of Contribution			Date Received	Aggregate Contributions						
Cash X Personal Check Credit/I	Debit Card Payroll Deduction	Money Order	07/09/2014	\$10,000.00		\$10,000.00				
Last Name		First N	Name			MI				
Dubilier		Ν	1ichael			J				
Residential Street Address		City			State	Zip Code				
253 Byram Shore Rd		Green	wich		СТ	06830-6925				
Principal Occupation		Ν	lame of Employer							
Investments			Dubilier & Co.							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate co officer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she associ		Yes X No	An	nount of Contribution				
Is this contribution associated with a	Is contributor a principal of state contractor or pros	pective state cor	ntractor?	Yes X No	_					
fundraising event listed in Section L1?     Yes       If yes, list Event #     X	If yes, indicate which branch or branches of government the contract is with:	Exe	ecutive Legislative							
Method of Contribution	-		Date Received	Aggregate Contributions						
Cash X Personal Check Credit/I	Debit Card Payroll Deduction	Money Order	07/09/2014	\$500.00		\$500.00				
Last Name		First N	Name			MI				
Bender			oyce			A				
Residential Street Address		City	- /		State	Zip Code				
419 Poplar Ct		Moon <sup>-</sup>	Township		PA	15108				
Principal Occupation		Ν	Name of Employer			-1				
CEO			Bender Consulting	g Services, Inc.						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate conflicer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she associ		Yes X No	An	nount of Contribution				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		ntractor?	Yes X No						
Method of Contribution	-		Date Received	Aggregate Contributions	7					
Cash X Personal Check Credit/I	Debit Card Payroll Deduction	Money Order	07/09/2014	\$2,000.00		\$2,000.00				

	I. MONETARY RECEIPT	S (Section	<u>n A-K)</u>					
NAME OF COMMITTEE				YPE OF REPORT				
Democratic State Central Committee			1	2th Day Preceding Gene	ral Electior	ı - Original		
	B. Itemized Contributions from I	ndividual	5					
Last Name			Name				MI	
Doherty Residential Street Address		· · · · ·	Mark		State	7:- 0:	J	
12 Colleen Dr		City Lakev	ville		State MA	Zip Co	7-1663	
Principal Occupation		<u> </u>	Name of Employer		MA	0234	7-1005	
Executive Director			DentaQuest Insti	cute				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate c	committee for a	chief executive	Yes X No	A	mount of Co	ontribution	
or dependent child of a lobbyist? Yes		er of a municipality does contributor or business he/she associated with have						
Is this contribution associated with a fundaming grant listed in Section I 12 Yes	Is contributor a principal of state contractor or pros	spective state co	ontractor?	Yes X No	_			
fundraising event listed in Section L1?     Tes       If yes, list Event #     X	If yes, indicate which branch or branches of government the contract is with:							
Method of Contribution	*		Date Received	Aggregate Contributions				
Cash 🗴 Personal Check Credit/Debit Card Payroll Deduction Money Order								
			07/09/2014	\$200.00		\$200.	00	
Last Name			Name				MI	
Feinberg			Kenneth			7: 0	ļ	
Residential Street Address		City	ada		State MD	Zip Co	de 4-2342	
5200 Edgemoor Ln Principal Occupation		Bethe	Name of Employer		MD	2081	4-2342	
			Name of Employer					
Lawyer			Feinberg Rozen, I	_LP				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of			Yes X No	A	mount of Co	ontribution	
or dependent child of a lobbyist?	officer of a municipality does contributor or busine a contract with said municipality valued at more th		nated with nave					
Is this contribution associated with a guardinated in Section 1.12 Yes	Is contributor a principal of state contractor or pros	spective state co	ontractor?	Yes X No	_			
fundraising event listed in Section L1?     If yes, list Event #       If yes, list Event #     X	If yes, indicate which branch or branches of government the contract is with:	Е	ecutive Legislative					
Method of Contribution	4		Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order						
			07/09/2014	\$5,000.00		\$5,000	.00	
Last Name		First	Name				MI	
Blinkhorn			Ann				В	
Residential Street Address		City			State	Zip Co	de	
23 Grant Ave		<u> </u>	ireenwich		СТ	0687	0	
Principal Occupation			Name of Employer					
Executive Recruiter			Blinkhorn, LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine			Yes X No	A	mount of Co	ontribution	
x No	a contract with said municipality valued at more th							
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state of	ontractor?		—			
fundraising event listed in Section 1.12 Yes Yes								
If yes, list Event # No	government the contract is with:	L Ex	cecutive Legislative					
Method of Contribution	•		Date Received	Aggregate Contributions	$\neg$			
Cash X Personal Check Credit/Do	ebit Card Payroll Deduction	Money Order						
	rayion Deduction	Money Older	07/09/2014	\$1,000.00		\$1,000	.00	

	I. MONETARY RECEIPTS	<u>S (Sec</u>	ction A	<u>4-K)</u>				
NAME OF COMMITTEE				Т	YPE OF REPORT			
Democratic State Central Committee				1:	2th Day Preceding Gene	eral Election	on - Origina	
	B. Itemized Contributions from I	ndivid	luals	<b>*</b>				
Last Name			First Na	me				MI
Ditkoff			Ch	arles				J
Residential Street Address		City				State	Zip C	ode
115 Central Park W Apt 8B		М	lew Yor	k		NY	1002	23-4146
Principal Occupation		-	Na	ne of Employer				
Consultant				Marwood Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	officer of a municipality does contributor or busine	icer of a municipality does contributor or business he/she associated with have Yes X No ontract with said municipality valued at more than \$5000?						ontribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	The state of the s						
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/D	bebit Card Payroll Deduction	Money (	Order	07/09/2014	\$1,000.00		\$1,000	0.00
					\$1,000.00		<i><b></b><i></i><b></b></i>	
Last Name			First Na					MI
Kramer Residential Street Address		City	Or	In		Ct-t-	Zin C	
261 Glenwood Rd		City	Inglewo	od		State NJ	Zip Co 0763	
Principal Occupation				ne of Employer		L	070.	1
			1144	ne or Employer				
General Partner				Boston Provident,	L.P.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more that	ss he/she	e associate		Yes X No		Amount of C	ontribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	pective s	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Rersonal Check Credit/D	bebit Card Deduction	Money (	Order	07/09/2014	\$10,000.00		\$10,00	0.00
Last Name		-	First Na	me				MI
Brewer				irry				D
Residential Street Address		City		,		State	Zip C	
18 Fair St Apt 10		, r	Guilford			СТ	-	37-2649
Principal Occupation				ne of Employer			1	
College Professor				Yale				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more that	ss he/she	e associate		Yes X No		Amount of Co	ontribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	pective s	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/D	bebit Card Deduction	Money (	Order	07/09/2014	\$100.00		\$100	.00

		I. MO	NETARY REC	EIPTS (S	ection .	A-K)					
NAME OF COMMITTEE TYPE OF REPORT											
Democratic State Central Comn	nittee					1	2th Day Preceding Gene	eral Election	ı - Origina	al	
		B. Itemize	d Contributions	from Indiv	iduals						
Last Name					First Na	ame				MI	
Kennedy						ctoria				R	
Residential Street Address				Cit	·			State	Zip C		
PO Box 53354					Washin	-		DC	200	09-9354	
Principal Occupation					INA	me of Employer					
Attorney/Consultant						Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		officer of a mun	s in excess of \$400 to a c icipality does contributor said municipality valued a	or business he/	she associat		Yes X No	Ai	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	If yes, indicate	principal of state contract which branch or branches contract is with:		Exect						
Method of Contribution	Credit/Del	bit Card	Payroll Deduction	Mone	y Order	Date Received	Aggregate Contributions				
					yolder	07/09/2014	\$10,000.00		\$10,00	0.00	
Last Name					First Na	ame				MI	
Mack						ga				L	
Residential Street Address				Cit	·			State	Zip C		
201 Byram Shore Rd					Greenw			СТ	068	30-6925	
Principal Occupation					INA	me of Employer					
None						None					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		officer of a mun	s in excess of \$400 to a ca icipality does contributor said municipality valued a	or business he/	she associat		Yes X No	Ai	nount of C	Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	If yes, indicate	principal of state contract which branch or branches contract is with:		e state contr		105				
Method of Contribution						Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/Del	bit Card	Payroll Deduction	Mone	y Order	07/09/2014	\$180.00		\$180	0.00	
Last Name					First Na	ame				MI	
Shriver					Ma	ark					
Residential Street Address				Cit	·			State	Zip C		
10014 Canter Rd					Betheso	ne of Employer		MD	208	17	
Principal Occupation					INA	1 5					
Senior Vice President						Save The Childre	n				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		officer of a mun	s in excess of \$400 to a ca icipality does contributor said municipality valued a	or business he/	she associat		Yes X No	A	nount of C	Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	If yes, indicate	principal of state contract which branch or branches contract is with:		Exect		Yes X No				
Method of Contribution						Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/Del	bit Card	Payroll Deduction	Mone	y Order	07/09/2014	\$2,000.00		\$2,00	0.00	

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE				YPE OF REPORT					
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original			
	8. Itemized Contributions from Inc	dividuals	<b>I</b>						
		un viuuns							
Last Name		First Na	ame			MI			
Friedberg		Ba	arry						
Residential Street Address		City			State	Zip Code			
134 E 71st St		New Yo	rk		NY	10021			
Principal Occupation		Na	me of Employer						
Investments			Friedberg Millstein	1					
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?								
fundraising event listed in Section L1?	contributor a principal of state contractor or prospe yes, indicate which branch or branches of overnment the contract is with:	ective state cont		Yes X No					
Method of Contribution			Date Received	Aggregate Contributions					
Cash Personal Check X Credit/Debit C	Card Payroll Deduction M	loney Order	07/10/2014	\$1,000.00		\$1,000.00			
Last Name		First Na	• • • • • • • • • • • • • • • • • • •			MI			
Greenberg			avid			A			
Residential Street Address		City			State	Zip Code			
8 Wright St		Westpo	rt		СТ	06880			
Principal Occupation		Na	me of Employer			<u> </u>			
Attorney			Self Employed						
or dependent child of a lobbyist? Yes of	contribution is in excess of \$400 to a candidate con fficer of a municipality does contributor or business contract with said municipality valued at more than	he/she associat		Yes X No	Amo	ount of Contribution			
fundraising event listed in Section L1?	contributor a principal of state contractor or prospe yes, indicate which branch or branches of overnment the contract is with:	ective state cont		Yes X No					
Method of Contribution			Date Received	Aggregate Contributions					
Cash X Personal Check Credit/Debit C	Card Payroll Deduction M	loney Order	07/11/2014	\$10,000.00		\$10,000.00			
L sot Namo		E				· · ·			
Last Name Doolittle		First Na	ame neodore			MI M			
Residential Street Address	I	City		i	State	Zip Code			
2440 Sunset Farm Rd		Ellicott	City		MD	21042-1632			
Principal Occupation			ime of Employer						
Lawyer			LeClair Ryan						
or dependent child of a lobbyist? Yes of	contribution is in excess of \$400 to a candidate con fficer of a municipality does contributor or business contract with said municipality valued at more than	he/she associat		Yes X No	Amo	ount of Contribution			
fundraising event listed in Section L1?	contributor a principal of state contractor or prospe yes, indicate which branch or branches of overnment the contract is with:	Ective state cont		Yes X No					
Method of Contribution			Date Received	Aggregate Contributions					
Cash X Personal Check Credit/Debit C	Card Payroll Deduction M	loney Order	07/14/2014	\$500.00		\$500.00			

-	I. MONETARY RECEIPT	S (Section A	<b>4-K</b> )				
NAME OF COMMITTEE		,		YPE OF REPORT			
Democratic State Central Committee				2th Day Preceding Genera	Election - Original		
	B. Itemized Contributions from I	ndividuals					
Last Name		First Na	me		MI		
Balsam		Cr	aig				
Residential Street Address		City			State Zip Code		
62 Beach St # 19B		New Yor			NY 10021		
Principal Occupation		Na	ne of Employer				
Business Owner			Razor and Tie				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busing a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event #	fundraising event listed in Section L1?						
Method of Contribution			Date Received	Aggregate Contributions			
Cash Personal Check X Credit/D	ebit Card Payroll Deduction	Money Order	07/14/2014	\$500.00	\$500.00		
Last Name		First Na	me		MI		
Wollman			rnice				
Residential Street Address		City			State Zip Code		
200 Central Park S		New Yor	-k		NY 10019		
Principal Occupation		Na	ne of Employer				
Retired			N/A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr	_ L	Yes X No	_		
Method of Contribution	-		Date Received	Aggregate Contributions	7		
Cash Personal Check X Credit/D	ebit Card Deduction	Money Order	07/16/2014	\$250.00	\$250.00		
					'		
Last Name Warner		First Na			MI		
Residential Street Address		City	egory		State Zip Code		
1150 Park Ave # 10F		New Yor	-k		NY 10128		
Principal Occupation			ne of Employer		<u> </u>		
President			Ingleside Investor	s			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash Personal Check Credit/D	ebit Card Dayroll Deduction	Money Order	07/17/2014	\$1,000.00	\$1,000.00		

	I. MONETARY RECEIPT	S (Section	1 A-K)					
NAME OF COMMITTEE				YPE OF REPORT				
Democratic State Central Committee				2th Day Preceding Gener	al Election	n - Original		
	B. Itemized Contributions from I	ndividuals						
Last Name		First 1	Name				MI	
Donovan		J	lohn					
Residential Street Address		City			State	Zip Co		
1033 Swinks Mill Rd		Mc Lea			VA	2210	2-2128	
Principal Occupation		Ņ	Name of Employer					
Creative Director			Purple Strategies					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associ		Yes X No	А	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No								
Method of Contribution	•		Date Received	Aggregate Contributions				
Cash X Personal Check Credit/Do	ebit Card Payroll Deduction	Money Order						
		intoney order	07/18/2014	\$350.00		\$350.0	00	
Last Name		First 1	Name				MI	
Donovan		L	_inda				S	
Residential Street Address		City			State	Zip Co	de	
1033 Swinks Mill Rd		Mc Lea	an		VA	2210	2-2128	
Principal Occupation		Ν	Name of Employer					
Video Producer			Semans Co.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associ		Yes X No	A	mount of Co	ntribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	·	ntractor?	Yes X No				
Method of Contribution	•		Date Received	Aggregate Contributions				
Cash E Personal Check Credit/Do	ebit Card Payroll Deduction	Money Order						
			07/18/2014	\$350.00		\$350.0	00	
Last Name		First 1	Name				MI	
Bear		9	Steven					
Residential Street Address		City			State	Zip Co	de	
77 Park Ave		New Y			NY	1001	6	
Principal Occupation		Ν	Name of Employer					
Travel Agent/Owner			Bear & Bear Trave	2				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?					mount of Co	ntribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	raising event listed in Section L1?							
Method of Contribution			Date Received	Aggregate Contributions				
Cash Personal Check Credit/De	ebit Card Deduction	Money Order	07/18/2014	\$200.00		\$200.0	00	

		I. MO	NETARY REC	EIPTS (	Section	A-K)				
NAME OF COMMITTEE						Т	YPE OF REPORT			
Democratic State Central Co	ommittee					1.	2th Day Preceding Gene	eral Election	- Original	
		B. Itemize	ed Contributions	from Indi	viduals					
Last Name					First Na					MI
Siegelbaum						arvey				C
Residential Street Address 35 Sutton PI # 7C				C	ity New Yo	rla		State NY	Zip Co 1002	
Principal Occupation						ame of Employer		INT	1002	2
Theipur Occupation					110	and of Employer				
Consultant						Self				
of dependent child of a lobbyist?	Yes	officer of a mu	is in excess of \$400 to a c nicipality does contributor said municipality valued	r or business h	e/she associat		Yes X No	An	nount of Co	ntribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	If yes, indicate	ontributor a principal of state contractor or prospective state contractor?							
Method of Contribution						Date Received	Aggregate Contributions			
Cash Rersonal Check	Credit/De	hit Card	Payroll Deduction	Пма	ney Order					
					ley Oldel	07/18/2014	\$2,000.00		\$2,000	.00
Last Name					First Na	ame				MI
Brougher					M	ary		_		L
Residential Street Address				С	ity			State	Zip Co	
415 Poplar Ct						ownship		PA	1510	8
Principal Occupation					Na	ame of Employer				
EVP, Operations						Bender Consulting	g Services, Inc.			
or dependent child of a lobbyist?	Yes	officer of a mu	is in excess of \$400 to a c nicipality does contributor said municipality valued a	r or business h	e/she associat		Yes X No	An	nount of Co	ntribution
Is this contribution associated with a		Is contributor a	principal of state contract	tor or prospect	ive state cont	ractor?	Yes X No	_		
fundraising event listed in Section L1? If yes, list Event #	Yes X No		which branch or branches e contract is with:	of	Exec					
Method of Contribution						Date Received	Aggregate Contributions			
Cash X Personal Check	Credit/De	hit Card	Payroll Deduction	Мог	nev Order					
					ley Order	07/18/2014	\$1,000.00		\$1,000	.00
Last Name					First Na	ame				MI
Blattner					Je	ffrey				
Residential Street Address				С	ity			State	Zip Co	de
5330 Wapakoneta Rd					Bethese			MD	2081	6
Principal Occupation					Na	ame of Employer				
Attorney						Legal Policy Solut	ions, PLLC			
of dependent enne of a lobbyist:	Yes X No	officer of a mu a contract with	is in excess of \$400 to a c nicipality does contributor said municipality valued a	r or business h at more than \$	e/she associat 5000?	ted with have	Yes X No	An	nount of Co	ntribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	X Yes	If yes, indicate	principal of state contract which branch or branches e contract is with:		ive state cont		Yes X No			
Method of Contribution						Date Received	Aggregate Contributions			
Cash Personal Check	X Credit/De	bit Card	Payroll Deduction	Mor	ney Order	07/18/2014	\$500.00		\$500.	00

I. MONE	ETARY RECEIPTS (See	ction A	<b>A-K</b> )			
NAME OF COMMITTEE	× ·			YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gene	ral Election -	· Original
	Contributions from Individ	luals				
Last Name		First Nar	ne			MI
Spicer		Tra	ю			
Residential Street Address	City				State	Zip Code
5105 Nahant St	E	Bethesda	a		MD	20876
Principal Occupation		Nan	ne of Employer			
Consultant			Avenue Solutions			
or dependent child of a lobbyist? Yes officer of a municip	excess of \$400 to a candidate committe pality does contributor or business he/shu municipality valued at more than \$5000	e associate		Yes X No	Ame	ount of Contribution
fundraising event listed in Section L1? Yes If yes, indicate which I	Indraising event listed in Section L1?					
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Debit Card	Payroll Deduction Money	Order	07/18/2014	\$1,000.00		\$1,000.00
Last Name		First Nar	ne			MI
Collins			nothy			C
Residential Street Address	City				State	Zip Code
26 Prescott Ave	E	Bronxvill	le		NY	10708
Principal Occupation	•	Nan	ne of Employer			·
CEO			Ripplewood Holdir	igs		
or dependent child of a lobbyist? Yes officer of a municip	excess of \$400 to a candidate committe sality does contributor or business he/sho municipality valued at more than \$5000	e associate		Yes X No	Amo	ount of Contribution
fundering quant ligted in Section I 12	ncipal of state contractor or prospective s ch branch or branches of trract is with:	Execut		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card	Payroll Deduction Money	Order	07/21/2014	\$5,000.00		\$5,000.00
				40,000,00		
Last Name Zimmel		First Nar				MI
Residential Street Address	City	JOS	eph		State	R Zin Code
159 Parsonage Rd		Greenwi	ch		CT	Zip Code 06830-3951
Principal Occupation	I ``		ne of Employer		~ '	L
Consultant			Self			
or dependent child of a lobbyist? Yes officer of a municip	excess of \$400 to a candidate committe bality does contributor or business he/shu municipality valued at more than \$5000	e associate		Yes X No	Amo	ount of Contribution
fundraising grant listed in Section I 12 Yes	acipal of state contractor or prospective s ch branch or branches of trract is with:	Execut		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Debit Card	Payroll Deduction Money C	Order	07/21/2014	\$2,500.00		\$2,500.00

	I. MONETARY RECEIPT	S (Section A-K)						
NAME OF COMMITTEE			TYPE	OF REPORT				
Democratic State Central Committee			12th Day	y Preceding Gener	al Election -	Original		
	B. Itemized Contributions from I	ndividuals	•					
Last Name		First Name				MI		
Meyers		Stephani	e	r		A		
Residential Street Address 6316 Guinea Ln		City			State NC	Zip Code 28409-2138		
Principal Occupation		Wilmington Name of En	nplover		NC	20409-2130		
Homemaker		N/A	I J					
	<b>1</b>							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associated with h		Yes X No	Amo	ount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	If yes, indicate which branch or branches of							
Method of Contribution		Date R	eceived Aggres	gate Contributions				
Cash X Personal Check Credit/E	Debit Card Deduction	Money Order 07/22	2/2014	\$250.00		\$250.00		
Last Name		First Name				MI		
Friedman		Cynthia						
Residential Street Address		City			State	Zip Code		
300 Seminole Ave Apt 2A		Palm Beach			FL	33480		
Principal Occupation		Name of En	nployer					
Private Investor		N/A						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associated with h		Yes X No	Amo	ount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		Yes Legislative	X No				
Method of Contribution	-	Date R	eceived Aggreg	gate Contributions				
Cash Personal Check Credit/E	Debit Card Payroll Deduction	Money Order 07/22	2/2014	\$250.00		\$250.00		
Last Name		First Name				MI		
Osolinik		Carolyn				P		
Residential Street Address		City			State	Zip Code		
7834 Hampden Ln		Bethesda			MD	20814-1109		
Principal Occupation		Name of En	nployer					
Attorney		Corre	ia & Osolinik					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associated with h		Yes X No	Amo	ount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		Yes Legislative	X No				
Method of Contribution		Date R	eceived Aggres	gate Contributions				
Cash X Personal Check Credit/E	Debit Card Payroll Deduction	Money Order 07/22	2/2014	\$1,000.00		\$1,000.00		

	I. MONETARY RECEIPTS	S (Section A	<u>A-K)</u>					
NAME OF COMMITTEE			Т	YPE OF REPORT				
Democratic State Central Committee			1:	2th Day Preceding Gene	eral Election	- Original		
	B. Itemized Contributions from I	ndividuals						
Last Name		First Na	me			MI		
McKelvy			dney			L		
Residential Street Address		City			State	Zip Code		
13220 Squire Ct Principal Occupation		Gaithers	me of Employer		MD	20878		
		110	the of Employer					
Unemployed			N/A					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ss he/she associate		Yes X No	Am	nount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes No								
Method of Contribution	4		Date Received	Aggregate Contributions	_			
Cash X Personal Check Credit/D	Debit Card Payroll Deduction	Money Order						
	ebit Card Payroli Deduction	Money Order	07/22/2014	\$1,000.00		\$1,000.00		
Last Name		First Na	me			MI		
Pollner		Ma	artin			R		
Residential Street Address		City			State	Zip Code		
270 Clayton Rd		Scarsda			NY	10583		
Principal Occupation		Na	me of Employer					
Attorney			Loeb & Loeb, LLP					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ss he/she associate		Yes X No	Am	nount of Contribution		
Is this contribution associated with a	Is contributor a principal of state contractor or pros	pective state contr	ractor?	Yes X No				
fundraising event listed in Section L1?     Yes       If yes, list Event #     X	If yes, indicate which branch or branches of government the contract is with:	Execu						
Method of Contribution	4		Date Received	Aggregate Contributions				
Cash X Personal Check Credit/D	Debit Card Payroll Deduction	Money Order						
		inoney order	07/22/2014	\$1,500.00		\$1,500.00		
Last Name		First Na	me			MI		
Balsam		Cr	aig					
Residential Street Address		City			State	Zip Code		
62 Beach St # 19B		New Yor			NY	10021		
Principal Occupation		Na	me of Employer					
Business Owner			Razor and Tie					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ss he/she associate an \$5000?	ed with have	Yes X No	Am	nount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	pective state contr	L	Yes X No				
Method of Contribution			Date Received	Aggregate Contributions				
Cash Personal Check X Credit/D	Debit Card Deduction	Money Order	07/23/2014	\$1,000.00		\$500.00		

I. MO	DNETARY RECEIPTS (Se	ction .	A-K)			
NAME OF COMMITTEE	ζ.			YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gene	ral Election -	Original
	ed Contributions from Indivi	duals				
Last Name		First Na	me			MI
Weil		Lo	rne			
Residential Street Address	City				State	Zip Code
51 E 90th St PH B		New Yo	rk		NY	10128-1205
Principal Occupation		Na	me of Employer			
President			Scientific Games			
or dependent child of a lobbyist? Yes officer of a m	n is in excess of \$400 to a candidate committ unicipality does contributor or business he/sł h said municipality valued at more than \$500	e associat		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1? Yes If yes, indicate	a principal of state contractor or prospective te which branch or branches of he contract is with:	Exect		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Debit Card	Payroll Deduction Money	Order	07/24/2014	\$5,000.00		\$5,000.00
Last Name		First Na	ma		•	MI
Ledva			aniel			J
Residential Street Address	City				State	Zip Code
603 Weymouth Ct		New Ho	ре		PA	18938
Principal Occupation	·	Na	me of Employer			
Senior Managing Director			Kelson			
or dependent child of a lobbyist? Yes officer of a m	n is in excess of \$400 to a candidate committe unicipality does contributor or business he/sh h said municipality valued at more than \$500	e associat		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1? Yes If yes, indicate	a principal of state contractor or prospective te which branch or branches of he contract is with:	state conti		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card	Payroll Deduction Money	Order	07/25/2014	\$5,000.00		\$5,000.00
Last Name		First Na	me oris			MI B
Reggie Residential Street Address	City	DU	JIIS		State	Zip Code
111 Girard Park Dr # 24		Lafayeti	te		LA	70503
Principal Occupation	I		me of Employer		-	
Retired			Retired			
or dependent child of a lobbyist? Yes officer of a m	n is in excess of \$400 to a candidate committ unicipality does contributor or business he/sh h said municipality valued at more than \$500	e associat		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1? Yes If yes, indicate	a principal of state contractor or prospective which branch or branches of he contract is with:	Exect		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Debit Card	Payroll Deduction Money	Order	07/25/2014	\$1,000.00		\$1,000.00

-	I. MONETARY RECEIPT	S (Section A	<b>A-K</b> )					
NAME OF COMMITTEE				YPE OF REPORT				
Democratic State Central Committee				2th Day Preceding Gene	ral Election -	Original		
	B. Itemized Contributions from I	ndividuals						
Last Name		First Na	me			MI		
Rathjen		Bri	ian			А		
Residential Street Address		City			State	Zip Code		
6 Roxen Rd		Rockvill	e Centre		NY	11570		
Principal Occupation		Nai	me of Employer					
Consultant			Kelson Group					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	traising event listed in Section L1?							
Method of Contribution			Date Received	Aggregate Contributions				
Cash X Personal Check Credit/Det	bit Card Payroll Deduction	Money Order	07/25/2014	\$5,000.00		\$5,000.00		
Last Name		First Na	ma		•	МІ		
Sullivan			chael			WII		
Residential Street Address		City			State	Zip Code		
85 Brookfield Pl		Pleasant	tville		NJ	10570		
Principal Occupation		Nai	me of Employer					
Consultant			Marwood Group					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	ount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No				
Method of Contribution			Date Received	Aggregate Contributions				
Cash Personal Check X Credit/Det	bit Card Payroll Deduction	Money Order	07/25/2014	\$1,000.00		\$1,000.00		
				+1,000,000				
Last Name		First Na				MI		
Flom Residential Street Address		City	son		State	Zip Code		
146 Central Park W Apt 2E		New Yor	-k		NY	10023-6297		
Principal Occupation			me of Employer					
Chairman/CEO			Java Records					
· · · · · · · · · · · · · · · · · · ·								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	ount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	Exect		Yes X No				
Method of Contribution			Date Received	Aggregate Contributions				
Cash X Personal Check Credit/Det	bit Card Payroll Deduction	Money Order	07/28/2014	\$2,500.00		\$2,500.00		

-	I. MONETARY RECEIPTS	S (Section	A-K)				
NAME OF COMMITTEE				YPE OF REPORT			
Democratic State Central Committee				2th Day Preceding General I	Election - Original		
	B. Itemized Contributions from I	ndividuals	ł				
Last Name		First N	ame		MI		
Levison		A			А		
Residential Street Address		City		S	tate Zip Code		
275 Round Hill Rd		Greenv		C	T 06831-3325		
Principal Occupation		N	ame of Employer				
Managing Partner			Southfield Capital	Advisors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes X No	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	fundraising event listed in Section L1?						
Method of Contribution	-		Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	ebit Card Dayroll Deduction	Money Order	07/28/2014	\$5,000.00	\$5,000.00		
Last Name		First N	ame		MI		
Flom			eter				
Residential Street Address		City		S	tate Zip Code		
515 W End Ave		New Yo	ork	Ν	Y 10024		
Principal Occupation		N	ame of Employer	•			
Statistician			Self Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more that	ess he/she associa		Yes X No	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	·	tractor?	Yes X No			
Method of Contribution			Date Received	Aggregate Contributions	-		
Cash Personal Check X Credit/De	ebit Card Dayroll Deduction	Money Order	07/28/2014	\$1,000.00	\$1,000.00		
Last Name Bronin		First N	ame ndrew		MI J		
Residential Street Address		City	nurew	s	tate Zip Code		
11 Windabout Dr		Greenv	vich		T 06831		
Principal Occupation		<u> </u>	ame of Employer		I		
physician/dermatologist			self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes X No	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		tractor?	Yes X No			
Method of Contribution	-		Date Received	Aggregate Contributions			
Cash Personal Check Credit/De	ebit Card Dayroll Deduction	Money Order	07/28/2014	\$5,000.00	\$5,000.00		

	I. MONETARY RECEIPT	S (Section	n A-K)					
NAME OF COMMITTEE		· ·		TYPE OF REPORT				
Democratic State Central Committee				12th Day Preceding Gene	ral Elec	ction - O	riginal	
	B. Itemized Contributions from I	ndividual	<u> </u>					
Last Name		First	Name					MI
Cornett			David					W
Residential Street Address		City			State		Zip Cod	
29 Oak Ridge Dr		Newt			СТ		06470	)-2458
Principal Occupation			Name of Employer					
Consultant			E-Rate Online, Ll	LC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she assoc		Yes X No		Amour	nt of Con	itribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	aising event listed in Section L1?							
Method of Contribution	•		Date Received	Aggregate Contributions				
Cash X Personal Check Credit/Debit Card Payroll Deduction Money Order 07/28/2014 \$2,500.00							00	
		i		\$2,500.00		¢.	<u>,,,,,,,,</u>	
Last Name			Name					MI
Lundgren			Nicholas		<i>a</i>		7. 0.1	D
Residential Street Address 35 Stratford Rd		City	Hartford		State CT		Zip Cod	
35 Stratford Rd     West Hartford     CT     06117-2839       Principal Occupation     Name of Employer							-2039	
Management				icut, Dept of Housing				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she assoc		Yes X No		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	·	ontractor?	Yes X No				
Method of Contribution			Date Received	Aggregate Contributions				
Cash Personal Check X Credit/D	ebit Card Payroll Deduction	Money Order						
		Money Order	07/29/2014	\$500.00		4	\$500.0	0
Last Name		First	Name					MI
Dodge			Andrew					
Residential Street Address		City			State		Zip Cod	e
1527 Ridge Rd		Lanca	aster		PA		17603	;
Principal Occupation			Name of Employer					
Sales Executive			Ecore Intl					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she assoc		Yes X No		Amour	nt of Con	itribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, indicate which branch or branches of government the contract is with:								
Method of Contribution			Date Received	Aggregate Contributions	7			
Cash Personal Check Credit/D	ebit Card Deduction	Money Order	07/30/2014	\$1,000.00		\$	1,000.	00

-	I. MONETARY RECEIPT	S (Section A	A-K)			
NAME OF COMMITTEE			,	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	ral Election	- Original
	B. Itemized Contributions from I	ndividuals				
		individuals				
Last Name		First Na	me			MI
Gosin		Ba	rry			
Residential Street Address		City			State	Zip Code
617 Croton Lake Rd		Bedford	Corners		NY	10459
Principal Occupation		Na	me of Employer			
CEO			Newmark Grubb k	Knight Frank		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	ndraising event listed in Section L12 Ves No					
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/D	ebit Card Deduction	Money Order	07/31/2014	\$10,000.00		\$10,000.00
				· · ·		
Last Name Daly		First Na	<sup>me</sup> chael			MI C
Residential Street Address		City	chael	I	State	Zip Code
2 Boxwood Rd		Farming	iton		CT	06032-1046
Principal Occupation		· · · · ·	me of Employer			
Attorney			Furey, Donovan, T	Fracy & Daly		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/D	ebit Card Deduction	Money Order	07/31/2014	\$500.00		\$500.00
			07/51/2014	\$200.00		#JUU.00
Last Name		First Na				MI
Seelig		- <u> </u>	arles		~	B
Residential Street Address		City			State NY	Zip Code
66 Leonard St Principal Occupation		New You	rK me of Employer		IN f	10013-3455
		ina	or Employer			
Managing Member			Seelig Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/D	ebit Card Deduction	Money Order	08/01/2014	\$20,000.00		\$10,000.00

	I. MONETARY RECEIPT	S (Section A	4-K)			
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee			12	2th Day Preceding Gene	ral Election -	- Original
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na	me			MI
Abrams			endy			D
Residential Street Address		City			State	Zip Code
405 Sheridan Rd Principal Occupation		Highland	ne of Employer		IL	60035
		1141	ne of Employer			
Environmentalist			Unemployed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event #	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/	Debit Card Payroll Deduction	Money Order	08/01/2014	\$5,000.00		\$5,000.00
Last Name		First Na	me			MI
Goodhart		Joi	nah			
Residential Street Address		City			State	Zip Code
15 W 18th St # 3		New Yor			NY	10011
Principal Occupation		Nai	ne of Employer			
Investor			Point Ventures Gr	oup		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraining quote listed in Section 1.12 Yes	Is contributor a principal of state contractor or pros	spective state contr	actor?	Yes X No	_	
fundraising event listed in Section L1?     If yes, list Event #       If yes, list Event #     X	If yes, indicate which branch or branches of government the contract is with:	Execu				
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash Personal Check Credit/	Debit Card Payroll Deduction	Money Order	08/01/2014	\$10,000.00		\$10,000.00
Last Name		First Na	me			MI
Doherty		Jav				D
Residential Street Address		City			State	Zip Code
210 E Pearson St # 98		Chicago			IL	60611
Principal Occupation		Nai	ne of Employer			
Public Affairs Executive			City Club of Chica	go		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Ame	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/	Debit Card Payroll Deduction	Money Order	08/01/2014	\$2,500.00		\$2,500.00

	I. MONETARY RECEIPTS	<u>S (Section</u>	A-K)				
NAME OF COMMITTEE			Т	YPE OF REPORT			
Democratic State Central Committee				2th Day Preceding Gene	eral Election ·	- Original	
	B. Itemized Contributions from In	ndividuals					
Last Name		First Na	ame			MI	
Shay		Ja	mes			Р	
Residential Street Address		City			State	Zip Code	
9A Wyndemere Dr		Southbo	oro		MA	01772	
Principal Occupation		Na	me of Employer				
Real Estate Sales			Century 21				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more that	ess he/she associat		Yes X No	Am	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	ction L1? Ves If yes, indicate which branch or branches of						
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money Order	08/01/2014	\$2,500.00		\$2,500.00	
Last Name		First Na	ame			MI	
Trager		Mi	ichael				
Residential Street Address		City			State	Zip Code	
2112 Dunmore Ln NW		Washin	gton		DC	20007	
Principal Occupation		Na	me of Employer				
Attorney			Arnold & Porter				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more that	ess he/she associat		Yes X No	Am	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state cont		Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash Personal Check X Credit/D	ebit Card Payroll Deduction	Money Order	08/01/2014	\$1,000.00		\$1,000.00	
Last Name		First Na	ame			MI	
Mitchell			mes				
Residential Street Address		City			State	Zip Code	
9504 Hemswell Pl		Potoma	c		MD	20854-4274	
Principal Occupation		Na	me of Employer			<u>.</u>	
Lobbyist-Retired			General Electric				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more that	ess he/she associat		Yes X No	Am	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	Exective state cont					
Method of Contribution	ebit Card Payroll Deduction	Money Order	Date Received	Aggregate Contributions			
		money Order	08/01/2014	\$1,000.00		\$1,000.00	

	I. MONETARY RECEIPTS	S (Section A	A-K)			
NAME OF COMMITTEE			,	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gene	ral Election ·	- Original
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na	me			MI
Fanning		Ric	chard			w
Residential Street Address		City			State	Zip Code
1057 Brush Hill Rd		Milton	(F 1		MA	02186-1217
Principal Occupation		Na	me of Employer			
Mortgage Banker			Residential Mortga	age Services		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	Exect		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash 🗵 Personal Check 🗌 Credit/Del	bit Card Payroll Deduction	Money Order	00/01/001/			
			08/01/2014	\$1,000.00		\$1,000.00
Last Name		First Na	me			MI
Deutsch		Alv	vin			
Residential Street Address		City	-1.		State NY	Zip Code
260 Madison Ave Fl 18 Principal Occupation		New You	me of Employer		INT	10016
Partner, Attorney			McLaughlin & Ster	'n		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash E Personal Check Credit/Del	bit Card Payroll Deduction	Money Order				
			08/01/2014	\$500.00		\$500.00
Last Name		First Na	me			MI
Doherty		Ge	erard			F
Residential Street Address		City			State	Zip Code
39 Washington St		Charlest			MA	02129
Principal Occupation		Na	me of Employer			
Attorney			Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Del	bit Card Payroll Deduction	Money Order	08/01/2014	\$500.00		\$500.00

	I. MONETARY RECEIPTS	S (Section A	A-K)				
NAME OF COMMITTEE			Т	YPE OF REPORT			
Democratic State Central Committee				2th Day Preceding Gene	eral Election -	· Original	
	B. Itemized Contributions from I	ndividuals					
Last Name		First Na	ime			MI	
Graustein		Wi	illiam			С	
Residential Street Address		City			State	Zip Code	
250 Dyer St		New Ha	-		СТ	06511-1652	
Principal Occupation		Inal	me of Employer				
Private Investor			Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Amo	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	fundraising event listed in Section L1?						
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	08/04/2014	\$2,500.00		\$2,500.00	
Last Name		First Na	ime			MI	
Greenberg		Ga	ary				
Residential Street Address		City			State	Zip Code	
6 High Ledge Rd		Bloomfi			СТ	06002-2112	
Principal Occupation		Na	me of Employer				
President			Birken Manufactu	ring Co.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Amo	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	08/04/2014	\$1,000.00		\$1,000.00	
Last Name		First Na	ime			MI	
Zeff		А.				R	
Residential Street Address		City			State	Zip Code	
17068 Brookwood Dr		Boca Ra			FL	33496	
Principal Occupation		Nai	me of Employer				
Attorney			Zeff and Zeff, P.C				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate an \$5000?	ed with have	Yes X No	Amo	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	08/04/2014	\$5,000.00		\$5,000.00	

	I. MONETARY RECEIPTS	(Section	A-K)			
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original
	Itemized Contributions from In	dividuals	•			
Last Name		First Na	ame			MI
Daniels		Pa	iul			В
Residential Street Address		City			State	Zip Code
129 Collindale Dr		Merider			СТ	06450-8319
Principal Occupation		INB	me of Employer			
Retired			N/A			
or dependent child of a lobbyist? Yes offic	ontribution is in excess of \$400 to a candidate co cer of a municipality does contributor or business ntract with said municipality valued at more than	s he/she associat		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	ontributor a principal of state contractor or prosp es, indicate which branch or branches of ernment the contract is with:	ective state cont		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Car	rd Payroll Deduction	Money Order	08/11/2014	\$85.00		\$85.00
Last Name		First Na				МІ
Santiago			Ida			MI
Residential Street Address		City			State	Zip Code
PO Box 1811		Merider	ı		СТ	06450-8911
Principal Occupation	1	Na	me of Employer	I		
Contitution Liaison			US Senate			
or dependent child of a lobbyist? Yes offic	ontribution is in excess of \$400 to a candidate co- cer of a municipality does contributor or business ntract with said municipality valued at more thar	s he/she associat		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	ontributor a principal of state contractor or prosp es, indicate which branch or branches of ernment the contract is with:	ective state cont		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Car	rd Payroll Deduction	Aoney Order	08/11/2014	\$185.00		\$185.00
			· · ·	+/00	-	
Last Name Daniels		First Na	ime			MI P
Residential Street Address	I	City		r	State	Zip Code
14 Colorado Ct		Merider	ı		CT	06450-8305
Principal Occupation			me of Employer		-	
Majority Leader			Meriden City Cour	ncil		
or dependent child of a lobbyist? Yes offic	ontribution is in excess of \$400 to a candidate co- cer of a municipality does contributor or business ntract with said municipality valued at more than	s he/she associat		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	ontributor a principal of state contractor or prosp es, indicate which branch or branches of ernment the contract is with:	ective state cont		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Car	rd Payroll Deduction N	Money Order	08/11/2014	\$185.00		\$185.00

	I. MONETARY RECEIPT	S (Section A	A-K)				
NAME OF COMMITTEE			Т	YPE OF REPORT			
Democratic State Central Committee				2th Day Preceding Gene	ral Election -	Original	
	B. Itemized Contributions from I	ndividuals					
Last Name		First Na	me			MI	
McGoldrick		Ge	eorge			E	
Residential Street Address		City			State	Zip Code	
91 Harvard Ave		Meriden			CT	06451-3807	
Principal Occupation		INa	me of Employer				
Architect			Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Amo	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # No	fundraising event listed in Section L1?						
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/	Debit Card Payroll Deduction	Money Order	08/11/2014	\$185.00		\$185.00	
Last Name		First Na	me			MI	
Volpini		Jol	hn			S	
Residential Street Address		City			State	Zip Code	
185 Miller Ave		Meriden			CT	06450	
Principal Occupation		Nai	me of Employer				
Retired	-		N/A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No			
Method of Contribution	-		Date Received	Aggregate Contributions			
Cash Rersonal Check Credit/	Debit Card Payroll Deduction	Money Order	08/11/2014	\$85.00		\$85.00	
Last Name		First Na	me			MI	
Harris		Ka	tharine		-	W	
Residential Street Address		City			State	Zip Code	
85 Hillcrest Ter		Meriden	me of Employer		CT	06450	
Principal Occupation Retired		Nai	N/A				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate c	committee for a chi	iaf avagutiva		Am	ount of Contribution	
or dependent child of a lobbyist? Yes	officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Ainc	Juit of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/	Debit Card Payroll Deduction	Money Order	08/11/2014	\$185.00		\$185.00	

I. MONETARY REC	EIPTS (Section A-	·K)			
NAME OF COMMITTEE	κ.		YPE OF REPORT		
Democratic State Central Committee			2th Day Preceding General	al Election -	Original
B. Itemized Contributions	from Individuals				
Last Name	First Name	1			MI
Rohde	Micha	ael			S
Residential Street Address	City			State	Zip Code
30 Tunxis Cir	Meriden	45.1		СТ	06450
Principal Occupation	Name	of Employer			
Mayor/Dir. Comm. Relations	С	City of Meriden/Cl	HC, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a c officer of a municipality does contributor a contract with said municipality valued a	r or business he/she associated v		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, indicate which branch or branches of government the contract is with:					
Method of Contribution	D	Date Received	Aggregate Contributions		
Cash 🗵 Personal Check 🗌 Credit/Debit Card 🔲 Payroll Deduction	Money Order	8/11/2014	\$285.00		\$185.00
Last Name	First Name				МІ
O'Dwyer	Brian				NII .
Residential Street Address	City			State	Zip Code
350 Central Park W	New York			NY	10025
Principal Occupation	Name	of Employer	•		
Partner	0	)'Dwyer & Bernst	ein LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	r or business he/she associated w		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Is contributor a principal of state contract If yes, indicate which branch or branches government the contract is with:			Yes X No		
Method of Contribution	D	Date Received	Aggregate Contributions		
Cash 🗴 Personal Check 🗌 Credit/Debit Card 🔲 Payroll Deduction	Money Order	0/15/2014	¢1 000 00		¢1.000.00
		08/15/2014	\$1,000.00		\$1,000.00
Last Name	First Name				MI
Driscoll	Josep	ph		State.	E
Residential Street Address 8134 Seminole Ave	City Philadelphi	ia		State PA	Zip Code 19118
Principal Occupation	i	of Employer			19110
Biotechnology	E	vol Science LHC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes No	r or business he/she associated w		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # No Is contributor a principal of state contract If yes, indicate which branch or branches government the contract is with:			Yes X No		
Method of Contribution	D	Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card Payroll Deduction	Money Order 0	08/15/2014	\$1,000.00		\$1,000.00

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE		,			YPE OF REPORT			
Democratic State Central Committee					2th Day Preceding Gene	ral Election	on - Original	
	B. Itemized Contributions from I	ndividua	ıls					
Last Name		Fi	rst Name					MI
Johnston Residential Street Address		City	Philip	)		State.	Zin Co 4	W
2 Heritage Dr Ste 302		City Qui	ncv			State MA	Zip Cod 02171	
Principal Occupation		Qui	· ·	of Employer		MA	02171	
			1 tunio	or Employer				
Consultant			P	hilip W. Johnstor	n & Associates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she ass			Yes X No		Amount of Con	tribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state	contracto	or?	Yes X No			
fundraising event listed in Section L1?     If yes, list Event #       If yes, list Event #     No	If yes, indicate which branch or branches of government the contract is with:		Executive					
Method of Contribution			D	ate Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 08/15/2014 \$1,500.00								00
			0	0/15/2014	\$1,500.00		\$1,500.0	0
Last Name		Fit	rst Name					MI
Brownstein			Norm	nan				
Residential Street Address		City				State	Zip Cod	
410 17th St Fl 22		Den		of Employer		CO	80202	
Principal Occupation			Iname	or Employer				
Attorney			В	rownstein, Hyatt	, Farber, Schrek	-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she ass			Yes X No		Amount of Con	tribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	· _	contracto		Yes X No			
	government the contract is with.							
Method of Contribution			D	ate Received	Aggregate Contributions			
Cash X Personal Check Credit/E	ebit Card Payroll Deduction	Money Orde	er 0	8/15/2014	\$1,000.00		\$1,000.	00
Last Name		Fi	rst Name				I	MI
Wilkins			John					С
Residential Street Address		City				State	Zip Cod	e
214 E 70th St		Nev	v York			NY	10021	
Principal Occupation			Name	of Employer				
Private Investments			н	arvest Partners,	L.P			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she ass			Yes X No		Amount of Con	tribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		contracto		Yes X No			
Method of Contribution			D	ate Received	Aggregate Contributions			
Cash X Personal Check Credit/E	ebit Card Payroll Deduction	Money Orde	er O	8/15/2014	\$2,500.00		\$2,500.0	00

	I.	MONETARY RECEIPT	<u> [Secti</u>	on A	<u>-K)</u>				
NAME OF COMMITTEE					T	YPE OF REPORT			
Democratic State Central Committ	tee					th Day Preceding Gene	eral Electic	on - Origi	nal
	B. Ite	mized Contributions from	Individua	ıls	•				
Last Name			Fi	rst Nam	ne				MI
Dewey				R.					В
Residential Street Address			City				State	-	Code
4900 47th St NW			Was	shingt			DC	20	016
Principal Occupation				Nam	e of Employer				
Environmental Consultant					Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	officer of	bution is in excess of \$400 to a candidate of a municipality does contributor or busin ct with said municipality valued at more to	ness he/she ass			Yes X No	P	Amount of	f Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #									
Method of Contribution					Date Received	Aggregate Contributions			
Cash X Personal Check	Credit/Debit Card	Payroll Deduction	Money Orde	er	08/15/2014	\$500.00		\$5(	00.00
Last Name			Fi	rst Nam	ie				MI
Sandberg				Les	lie				J
Residential Street Address			City				State	Ziŗ	Code
3346 Xerxes Ave N			Min	neapo	olis		MN	55	412
Principal Occupation				Nam	e of Employer				
Commercial Real Estate Owner/M	anager				Self Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	officer of	bution is in excess of \$400 to a candidate of a municipality does contributor or busin ct with said municipality valued at more to	ness he/she ass			Yes X No	P	Amount of	f Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes If yes, in	butor a principal of state contractor or pro- ndicate which branch or branches of nent the contract is with:	·	contra		Yes X No			
Method of Contribution					Date Received	Aggregate Contributions			
Cash X Personal Check	Credit/Debit Card	Payroll Deduction	Money Orde	er	08/15/2014	\$1,000.00		\$1,0	00.00
Last Name			Fi	rst Nam	ne				MI
Dreyfous				Ger	alyn				
Residential Street Address			City				State	Zip	Code
2233 E Fardown Ave			Salt	: Lake	,		UT	84	121-1440
Principal Occupation				Nam	e of Employer				
Filmmaker					Impact Partners F	ilm			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	officer of	bution is in excess of \$400 to a candidate of a municipality does contributor or busin ct with said municipality valued at more to	ness he/she ass			Yes X No	P	Amount of	f Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes If yes, in	butor a principal of state contractor or pro indicate which branch or branches of nent the contract is with:	·	contra		Yes X No			
Method of Contribution	Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Received 08/15/2014	Aggregate Contributions \$2,000.00		¢.) (	00.00
					50/ 10/ 2014	ΨΖ,000.00		φ <b>∠</b> ,0	

-	I. MONETARY RECEIPTS	S (Section )	A-K)			
NAME OF COMMITTEE		· ·		YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Genera	al Election -	Original
	B. Itemized Contributions from In	ndividuals				
Last Name		First Na	me			MI
Luciana		Eu	igene			
Residential Street Address		City			State	Zip Code
179 Middlesex Rd		Darien			СТ	06820-3326
Principal Occupation		Na	me of Employer			
Chief Financial Officer			CHARMER SUNBE	LT GROUP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more that	ss he/she associat		Yes X No	Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	pective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Det	bit Card Payroll Deduction	Money Order	08/18/2014	\$2,500.00		\$2,500.00
Last Name		First Na	me		•	MI
Herrmann			lymond			R
Residential Street Address		City	,		State	Zip Code
765 Park Ave # 8A		New Yo	rk		NY	10021
Principal Occupation		Na	me of Employer	•		
Chairman Emeritus			Charmer Sunbelt	Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more that	ss he/she associat		Yes X No	Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	pective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Det	bit Card Payroll Deduction	Money Order	00/10/2014	±1.000.00		+1 000 00
		<b>_</b>	08/18/2014	\$1,000.00		\$1,000.00
Last Name		First Na				MI
Johnson			ary		<u></u>	7.01
Residential Street Address 1051 Cedar Rd		City	ort		State CT	Zip Code 06890-1002
Principal Occupation		Southpo	me of Employer			00090-1002
		. Na				
President			Vertrue			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ss he/she associat		Yes X No	Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	pective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Det	bit Card Payroll Deduction	Money Order	08/18/2014	\$5,000.00		\$5,000.00

I. MONETARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE			,	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Genera	I Election - Original	
	B. Itemized Contributions from I	ndividuals	<b>I</b>			
Last Name		First N	lame		MI	
Wiggins		s	tephen		F	
Residential Street Address		City			State Zip Code	
12 North Rd		Darien			CT 06820-6216	
Principal Occupation		N	ame of Employer			
Managing Director			Essex Woodlands	Health Ventures		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associa		Yes X No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:						
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card Payroll Deduction Money Order 08/18/2014 \$5,000.00 \$5,000.00						
Last Name		First N	Jama		MI	
Stone			Chad		M	
Residential Street Address		City			State Zip Code	
18 Cornwells Beach Rd .		Port W	ashington		NY 11050	
Principal Occupation Name of Employer						
Corporate Director of Finance and Analyt	ics		Charmer Sunbelt	Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate conficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes X No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	· _	tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order				
			08/18/2014	\$1,250.00	\$1,250.00	
Last Name		First N	lame		MI	
Crisses		A	ndrew		м	
Residential Street Address		City			State Zip Code	
907 Fifth Ave Apt 5B		New Ye	-		NY 10020	
Principal Occupation		N	ame of Employer			
EVP, Strategy & Corporate Affairs	-		Charmer Sunbelt	Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?       If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?       If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?       If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5000?       If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5000?       If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5000?       If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5000?       If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5000?       If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5000?       If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5000?       If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5000?       If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5000?					Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # No Is contributor a principal of state contractor or prospective state contractor? Yes X No Executive Legislative Legislat						
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Du	ebit Card Dayroll Deduction	Money Order	08/18/2014	\$1,250.00	\$1,250.00	

	I. MONETARY RECEIPTS	6 (Section	A-K)			
NAME OF COMMITTEE				YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original
	8. Itemized Contributions from In	dividuals				
Last Name		First N	ame			MI
Merinoff		С	harles			
Residential Street Address		City			State	Zip Code
60 E 42nd St		New Yo	ork		NY	10165-0006
Principal Occupation		Na	ame of Employer			
Chairman & Chief Executive Officer			The Charmer Sun	belt Group		
or dependent child of a lobbyist?	contribution is in excess of \$400 to a candidate co fficer of a municipality does contributor or busines contract with said municipality valued at more that	s he/she associa		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prosp yes, indicate which branch or branches of overnment the contract is with:		tractor?	Yes X No		
Method of Contribution Date Received Aggregate Contributions						
Cash X Personal Check Credit/Debit C	Card Payroll Deduction N	Money Order	08/18/2014	\$2,500.00		\$2,500.00
Last Name		First N	ame		•	MI
Zenker			ennifer			A
Residential Street Address		City	-		State	Zip Code
205 W 84th St Apt B		New Yo	ork		NY	10024
Principal Occupation	•	N	ame of Employer			
Attorney			Charmer Sunbelt	Group		
or dependent child of a lobbyist? Yes off	contribution is in excess of \$400 to a candidate co fficer of a municipality does contributor or busines contract with said municipality valued at more that	s he/she associa		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prosp yes, indicate which branch or branches of			Yes X No		
If yes, list Event # No go	overnment the contract is with:	L Exec	cutive Legislative			
Method of Contribution			Date Received	Aggregate Contributions		
Cash 🗴 Personal Check 🗌 Credit/Debit C	Card Payroll Deduction	Money Order	00/10/2014	#1 3F0 00		¢1 350 00
			08/18/2014	\$1,250.00		\$1,250.00
Last Name		First N	ame			MI
Berkoff		М	ichael			
Residential Street Address		City			State	Zip Code
17 Cedar St		Stamfo			СТ	06902
Principal Occupation		N	ame of Employer			
President/CEO			BevMax			
or dependent child of a lobbyist?	contribution is in excess of \$400 to a candidate co fficer of a municipality does contributor or busines contract with said municipality valued at more that	s he/she associa		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prosp yes, indicate which branch or branches of overnment the contract is with:	_	tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Debit C	Card Payroll Deduction N	Money Order	08/19/2014	\$1,000.00		\$1,000.00

I. MONETARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Genera	al Election - (	Original
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na				MI
Chase Residential Street Address		City	eryl		State	A Zip Code
84 High Ridge Rd		West Ha	artford		СТ	06117-1813
Principal Occupation		Na	me of Employer	I	1	
Attorney			Chase Enterprises	;		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amou	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	Exect		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	08/22/2014	\$5,000.00	5	\$5,000.00
Last Name		First Na	me			MI
LaVoie		Ch	iris			
Residential Street Address		City			State	Zip Code
1341 Diamond Lake Rd Principal Occupation		Glaston	me of Employer		СТ	06033
Chiropractor		i va	Family Chiropracti	ic of Wethersfield		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr	L	Yes X No		
Method of Contribution	So common and contract is when		Date Received	Aggregate Contributions	_	
Cash Personal Check X Credit/De	ebit Card Payroll Deduction	Money Order	08/22/2014	\$1,000.00		\$1,000.00
				\$1,000.00	`	
Last Name Egerman		First Na Pa				MI
Residential Street Address		City	ui		State	Zip Code
77 Westcliff Rd		Weston			МА	02493
Principal Occupation		Na	me of Employer	•		
Chairman			eScription Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amou	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr	L	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	08/22/2014	\$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		First Na				MI
Ballog Residential Street Address		City	ula		State	J Zip Code
802 Bonnie Brae Dr .		Coraopo	olis		PA	15108
Principal Occupation Name of Employer						
CFO Bender Consulting Services						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?					ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Legislative					
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Debit Card Payroll Deduction Money Order 08/22/2014 \$1,000.00 \$1,000.00						
Last Name		First Na	me			MI
Clark		Ric	chard			
Residential Street Address     City     State     Zip Code						
71 Wachusetts Ave , PO Box 231     Hyannis Port     MA     02647-0231						
Principal Occupation		Nar	ne of Employer			
Owner Clark Investments						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?						ount of Contribution
Is this contribution associated with a fundraicing quart listed in Section 112 Yes	tion associated with a Is contributor a principal of state contractor or prospective state contractor?					
fundraising event listed in Section L1?	If yes, indicate which branch or branches of government the contract is with:					
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/De	ebit Card Payroll Deduction	Money Order				
			08/22/2014	\$500.00		\$500.00
Last Name First Name						MI
Lierman Terry					<b>G</b> ( )	7.01
Residential Street Address 6931 Arlington Rd Ste 308		City Bethesd	a		State MD	Zip Code 20814
Principal Occupation			ne of Employer		ΝD	20014
Administration Summit Global Ventures						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	officer of a manufacture with the two second of the dissociated with nave					ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Legislative Legislative					
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	ebit Card Depayroll Deduction	Money Order	08/22/2014	\$1,000.00		\$1,000.00

	I. MONETARY RECEIPT	S (Section A	<b>A-K</b> )			
NAME OF COMMITTEE			,	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na	me			MI
Patman		Ca	rrin			
Residential Street Address		City			State	Zip Code
711 Louisiana St Ste 2300		Houston	1		ТΧ	77002-2770
Principal Occupation Name of Employer						
Attorney		Bracewell & Giuliani LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/D	ebit Card Deduction	Money Order	08/22/2014	\$1,000.00		\$1,000.00
		P' - 12				· /
Last Name Glovsky		First Na	me bert			MI
Residential Street Address		City	bert		State	Zip Code
10 Rowes Wharf Unit 901		Boston			MA	02110
Principal Occupation			me of Employer			
Wealth Manager			The Colony Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busing a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash Personal Check X Credit/D	ebit Card Payroll Deduction	Money Order				
			08/22/2014	\$500.00		\$500.00
Last Name		First Na	me			MI
Wolfson		Ste	even			м
Residential Street Address		City			State	Zip Code
1 Moose Hill Rd		Guilford			СТ	06437-2396
Principal Occupation		Nai	me of Employer			
Physician			Yale Medical Scho	ol		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/D	ebit Card Dayroll Deduction	Money Order	08/24/2014	\$500.00		\$500.00

-	I. MONETARY RECEIPT	S (Section A	<b>A-K</b> )			
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Genera	al Election -	Original
	B. Itemized Contributions from I	ndividuals				
		1				
Last Name Patel		First Na	me arad			MI C
Residential Street Address		City	larau	i	State	Zip Code
82 Spring Valley Dr		Berlin			СТ	06037
Principal Occupation		Na	me of Employer			
Mental Health Associate			Connecticut Valley	y Hospital		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/De	ebit Card Payroll Deduction	Money Order	08/25/2014	\$2,000.00		\$1,000.00
Last Name		First Na	me			MI
Osborne		Ch	iris			L
Residential Street Address		City			State	Zip Code
251 W 95th St Apt 2W Principal Occupation		New You	rk me of Employer		NY	10025
		INA				
Financial Services			Sberbank CIB US	A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr	L	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Du	ebit Card Deduction	Money Order	08/25/2014	\$5,000.00		\$5,000.00
Last Name		First Na	me			MI
Patel		Ga	iurav			S
Residential Street Address		City			State	Zip Code
97 Redwood Ln		East Be			CT	06023-1035
Principal Occupation		Na	me of Employer			
Director of Marketing and Sales			Infowave Systems	5		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr	L	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/De	ebit Card Payroll Deduction	Money Order	08/25/2014	\$2,500.00		\$1,000.00

	I. MONETARY RECEIPT	S (Section	<u>A-K)</u>			
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gene	eral Election -	· Original
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na	me			MI
Farley		Rie	chard			E
Residential Street Address		City			State	Zip Code
415 E 57th St PH		New York NY 10022				
Principal Occupation		Na	me of Employer			
Attorney			Paul Hastings LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	officer of a municipality does contributor or busine	contribution is in excess of \$400 to a candidate committee for a chief executive icer of a municipality does contributor or business he/she associated with have ontract with said municipality valued at more than \$5000?				
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credi	/Debit Card Payroll Deduction	Money Order	08/27/2014	\$2,500.00		\$2,500.00
Last Name		First Na	me			MI
McAdams		Ke	vin			
Residential Street Address		City			State	Zip Code
3456 Atlantic Cir		Naples			FL	34119
Principal Occupation		Na	me of Employer			
President/CEO			Cliffoney Capital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associat		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Xes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No	_	
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credi	/Debit Card Payroll Deduction	Money Order	08/27/2014	\$500.00		\$500.00
Last Name		First Na	me			MI
Blinkhorn		An				в
Residential Street Address		City			State	Zip Code
23 Grant Ave		Old Gre	enwich		СТ	06870
Principal Occupation		Na	me of Employer			
Executive Recruiter			Blinkhorn, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associat		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? X No		spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credi	/Debit Card Payroll Deduction	Money Order	08/27/2014	\$6,000.00		\$5,000.00

	I. MONETARY RECEIPTS	S (Section )	<u>A-K)</u>			
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee			1:	2th Day Preceding Gene	aral Election	- Original
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na	ame			MI
Bailey			ederick			J
Residential Street Address		City Savann	ab		State GA	Zip Code 31404
107 Daisy Ct Principal Occupation	Name of Employer					
Managing Director			FTSE, Americas			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associat		Yes X No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution	<b>I</b>		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order				
		woney order	08/29/2014	\$1,000.00		\$1,000.00
Last Name		First Na	ame			MI
Zall		Ri	chard			J
Residential Street Address		City			State	Zip Code
50 W 67th St Apt 7F		New Yo	rk me of Employer		NY	10023
Principal Occupation		INA	me of Employer			
Lawyer			Proskauer Rose Ll	LP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associat		Yes X No	Am	nount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state conti	ractor?	Yes X No	—	
fundraising event listed in Section L1?     Yes       If yes, list Event #     X	If yes, indicate which branch or branches of government the contract is with:	Exec		Yes M No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order				
			08/29/2014	\$500.00		\$500.00
Last Name		First Na	ame			MI
Blank			adley			к
Residential Street Address		City	) h		State	Zip Code
1800 Sunset Harbor Dr Ste 2402 Principal Occupation		Miami E	me of Employer		FL	33139-1465
			1 2			
Sports Attorney			Bradley Blank & A	ssociates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associat		Yes X No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? X so No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr	L	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions	]	
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	08/29/2014	\$2,000.00		\$2,000.00

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-	I. MONETARY RECEIPTS	S (Section A	A-K)			
NAME OF COMMITTEE		,		YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original
	B. Itemized Contributions from I	ndividuals				
		iluiviuuuis				
Last Name		First Na	me			MI
Patel		Ar	vind			
Residential Street Address		City			State	Zip Code
2392 Putnam Pike		Gloceste	er		RI	02814
Principal Occupation Name of Employer						
Retired			Glocester Motor Ir	าท		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate co officer of a municipality does contributor or busine a contract with said municipality valued at more that	ss he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	pective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debi	it Card Payroll Deduction	Money Order	09/03/2014	\$250.00		\$250.00
Last Name		First Na	me		•	МІ
Taylor			mon			
Residential Street Address		City	-		State	Zip Code
239 Rawson Rd # 5		Brooklin	ne		MA	02445
Principal Occupation		Na	me of Employer			
VP, Products			Comtrade Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate conflicer of a municipality does contributor or business a contract with said municipality valued at more that	ss he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or prosp If yes, indicate which branch or branches of government the contract is with:	pective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Deb	it Card Payroll Deduction	Money Order	09/05/2014	\$1,000.00		\$1,000.00
				· · ·	1	
Last Name Lubell		First Na	en			MI
Residential Street Address		City			State	Zip Code
536 Mine Hill Rd		Fairfield	l		CT	06824-2151
Principal Occupation			me of Employer		-	
Attorney			Self			
· · · · · · · · · · · · · · · · · · ·						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate co officer of a municipality does contributor or busine a contract with said municipality valued at more that	ss he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	pective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Deb	it Card Payroll Deduction	Money Order	09/08/2014	\$2,500.00		\$2,500.00

-	I. MONETARY RECEIPTS	S (Section	n A-K)		
NAME OF COMMITTEE				YPE OF REPORT	
Democratic State Central Committee				2th Day Preceding General E	lection - Original
	B. Itemized Contributions from In	ndividuals	I		
			,		
Last Name		First	Name		MI
Hessel			Sue		
Residential Street Address		City		St	ate Zip Code
26 Mt Archer Rd		Lyme		C	T 06371
Principal Occupation		1	Name of Employer		
retired			none		-
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate or officer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she assoc		Yes X No	Amount of Contribution
fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		ecutive Legislative	Yes X No	
Method of Contribution			Date Received	Aggregate Contributions	
Cash Personal Check X Credit/Debi	it Card Payroll Deduction	Money Order	09/08/2014	\$100.00	\$100.00
Last Name		First	Name		MI
Dunleavy			Martin		 J
Residential Street Address		City		St	ate Zip Code
97 W Prospect St		New H	Haven	С	T 06515-1608
Principal Occupation		1	Name of Employer	•	
House Clerk			CT Legislature		
or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate co officer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she assoc		Yes X No	Amount of Contribution
fundraising event listed in Section L1?	Is contributor a principal of state contractor or prosp If yes, indicate which branch or branches of government the contract is with:	·	ecutive Legislative	Yes X No	
Method of Contribution			Date Received	Aggregate Contributions	
Cash Personal Check Credit/Debi	it Card Deduction	Money Order	09/08/2014	\$500.00	\$500.00
Last Name		Dia 4	Name		MI
Miller			Robert		IVII
Residential Street Address		City	Robert	St	ate Zip Code
129 Dora St		Stam	ford	C	*
Principal Occupation			Name of Employer		<b>I</b>
State Marshall			State of Connection	cut	
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate co officer of a municipality does contributor or busines a contract with said municipality valued at more the	ss he/she assoc		Yes X No	Amount of Contribution
fundraising event listed in Section L1?	Is contributor a principal of state contractor or prosp If yes, indicate which branch or branches of government the contract is with:	_	ecutive Legislative	Yes X No	
Method of Contribution			Date Received	Aggregate Contributions	
Cash Rersonal Check Credit/Debit	it Card Payroll Deduction	Money Order	09/10/2014	\$250.00	\$250.00

-	I. MONETARY RECEIPT	S (Section A	<b>A-K</b> )			
NAME OF COMMITTEE				YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original
	B. Itemized Contributions from I	ndividuals	ł			
Last Name		First Na	me			MI
Barbieri		Joł	าท			м
Residential Street Address		City			State	Zip Code
15 Wihbey Dr		Prospect			СТ	06712-1466
Principal Occupation Name of Employer						
State Marshal			State of Connection	cut	-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Dayroll Deduction	Money Order	09/10/2014	\$250.00		\$250.00
				ψ230.00		
Last Name		First Na				MI
Allen Residential Street Address		City	llard	i	Stata	Zin Codo
59 Kathrine Dr		Hamden			State CT	Zip Code 06514-2707
Principal Occupation		<u> </u>	ne of Employer		01	000112/0/
CT State Marshal			State of Connection	cut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order				
			09/10/2014	\$250.00		\$250.00
Last Name		First Na	me			MI
De Angelis		На	rold			М
Residential Street Address		City			State	Zip Code
19 Aberdeen Way		Durham			СТ	06422-3624
Principal Occupation		Nar	ne of Employer			
State Marshal			State of Connection	cut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Du	ebit Card Deduction	Money Order	09/10/2014	\$250.00		\$250.00

-	I. MONETARY RECEIPTS	S (Section )	A-K)			
NAME OF COMMITTEE		,	,	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Genera	I Election -	Original
]	B. Itemized Contributions from In	ndividuals				
Last Name		First Na	ame			MI
Nardini			seph		~ 1	
Residential Street Address 9 Northford Rd		City Branfor	d		State CT	Zip Code 06405-2821
Principal Occupation			me of Employer		CI	00405-2021
Deputy Sheriff			New Haven Count	Σ <b>Υ</b>		
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate co officer of a municipality does contributor or busines a contract with said municipality valued at more the	ss he/she associat		Yes X No	Amo	unt of Contribution
fundraising event listed in Section L1?	Is contributor a principal of state contractor or prosp If yes, indicate which branch or branches of government the contract is with:	pective state control		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit	Card Payroll Deduction	Money Order	09/10/2014	\$250.00		\$250.00
Last Name		First Na	ame	-	-	MI
Sheftel		Sa	anford			
Residential Street Address		City			State	Zip Code
370 Brownstone Rdg		Merider	1		СТ	06451-3626
Principal Occupation		Na	me of Employer			
State Marshal			State of Connection	cut		
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate or officer of a municipality does contributor or busines a contract with said municipality valued at more the	ss he/she associat		Yes X No	Amo	unt of Contribution
fundraising event listed in Section L1?	Is contributor a principal of state contractor or prosp If yes, indicate which branch or branches of government the contract is with:	pective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Debit	Card Payroll Deduction	Money Order	09/10/2014	\$250.00		\$250.00
		1		φ230.00		
Last Name		First Na	ume ndrew			MI F
Anastasio Residential Street Address		City	lurew		State	Zip Code
12 Pleasant Dr		East Ha	ven		CT	06512-4500
Principal Occupation			me of Employer		I	
Personal Trainer			Anastasio Trainers	S		
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate or officer of a municipality does contributor or busines a contract with said municipality valued at more the	ss he/she associat		Yes X No	Amo	unt of Contribution
fundraising event listed in Section L1?	Is contributor a principal of state contractor or prosp If yes, indicate which branch or branches of government the contract is with:	pective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit	Card Payroll Deduction	Money Order	09/10/2014	\$1,000.00	:	\$1,000.00

I. N	<b>IONETARY RECEIPTS (</b>	(Section	A-K)			
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original
	nized Contributions from Ind	lividuals	•			
Last Name		First N				MI
Calabritto			erald		<u></u>	A
Residential Street Address 690 Jones Hill Rd		City West H	2)(0)		State CT	Zip Code 06516
Principal Occupation			ame of Employer		CI	
State Marshal			State of Connection	cut		
or dependent child of a lobbyist? Yes officer of a	tion is in excess of \$400 to a candidate com a municipality does contributor or business h with said municipality valued at more than \$	he/she associa		Yes X No	Amo	unt of Contribution
fundraising event listed in Section L1? Yes If yes, ind	tor a principal of state contractor or prospec icate which branch or branches of nt the contract is with:		tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Debit Card	Payroll Deduction	oney Order				
			09/10/2014	\$100.00		\$100.00
Last Name		First N	ame			MI
Del Vecchio			ames			
Residential Street Address	(	City	1		State	Zip Code
1325 Ridge Rd Principal Occupation		North H	ame of Employer		СТ	06473
		1		rance Crown		
Insurance Agent			Security First Insu	Irance Group		
or dependent child of a lobbyist? Yes officer of a	tion is in excess of \$400 to a candidate come a municipality does contributor or business h with said municipality valued at more than \$	he/she associa		Yes X No	Amo	unt of Contribution
Vaa	itor a principal of state contractor or prospec	tive state con	tractor?	Yes X No		
If yes, ind	icate which branch or branches of nt the contract is with:	Exec	cutive Legislative			
Method of Contribution			Date Received	Aggregate Contributions		
				-		
Cash X Personal Check Credit/Debit Card	Payroll Deduction Mo	oney Order	09/10/2014	\$500.00		\$500.00
Last Name		First N	ame			MI
Krueger		R	ichard			
Residential Street Address	(	City			State	Zip Code
60 Main St		Ansonia	a		СТ	06401-1807
Principal Occupation		N	ame of Employer			
Deputy Sheriff			New Haven Count	у		
or dependent child of a lobbyist? Yes officer of a	tion is in excess of \$400 to a candidate com a municipality does contributor or business h with said municipality valued at more than \$	he/she associa		Yes X No	Amo	unt of Contribution
fundraising event listed in Section L1? Yes If yes, ind	ntor a principal of state contractor or prospec icate which branch or branches of nt the contract is with:		tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card	Payroll Deduction Mo	oney Order	09/10/2014	\$250.00		\$250.00

I. MONETARY R	<b>RECEIPTS (Section A-</b>	-K)			
NAME OF COMMITTEE	κ.		YPE OF REPORT		
Democratic State Central Committee			2th Day Preceding General	Election - Original	
B. Itemized Contribution	ons from Individuals	<b>I</b>			
Last Name	First Name	2		MI	
Longobardi	A. N	eil			
Residential Street Address	City		S	State Zip Code	
PO Box 185643	Hamden		(	CT 06518	
Principal Occupation	Name	e of Employer			
Owner	Ν	Neil Longobardi Do	eputy Sheriff		
Vas	to a candidate committee for a chief ributor or business he/she associated alued at more than \$5000?		Yes X No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No Is contributor a principal of state of If yes, indicate which branch or bra government the contract is with:	anches of Executiv		Yes X No		
Method of Contribution	Ε	Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card Payroll Deduction	ion Money Order	09/10/2014	\$250.00	\$250.00	
Last Name	First Name			MI	
Marinan	Jose				
Residential Street Address	City	r.	S	State Zip Code	
149 Cariati Blvd	Meriden		(	CT 06450	
Principal Occupation	Name	e of Employer	•		
State Marshal	s	State of Connection	cut		
Vag	to a candidate committee for a chief ributor or business he/she associated alued at more than \$5000?		Yes X No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No Is contributor a principal of state contributor a prin	ontractor or prospective state contract anches of Executiv		Yes X No		
Method of Contribution	Ε	Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card Payroll Deduction	ion 🔲 Money Order	09/10/2014	\$250.00	\$250.00	
Last Name Paolillo	First Name			MI J	
Residential Street Address	City	onse		State Zip Code	
152 Huntington Rd	New Have	en		CT 06512-2633	
Principal Occupation		e of Employer			
Deputy Sheriff	л	New Haven Count	y Sheriffs		
Vag	to a candidate committee for a chief ributor or business he/she associated alued at more than \$5000?		Yes X No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No Section L1? If yes, list Event # No Section L1?	anches of Executiv		Yes X No		
Method of Contribution	E	Date Received	Aggregate Contributions		
Cash R Personal Check Credit/Debit Card Payroll Deduction	ion Money Order C	09/10/2014	\$250.00	\$250.00	

-	I. MONETARY RECEIPT	S (Section A	<b>A-K</b> )			
NAME OF COMMITTEE			, ,	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election ·	- Original
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na	me			MI
Porto		Ca	rl			м
Residential Street Address		City			State	Zip Code
2319 Whitney Ave Ste 1-D		Hamder	1		СТ	06518
Principal Occupation		Nai	ne of Employer	-		
Partner		Parrett, Porto, Parese & Colwell, P.C.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	officer of a municipality does contributor or busine	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?				ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	Exect		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Deduction	Money Order	09/10/2014	\$500.00		\$500.00
Last Name		First Na				MI
Sandillo III			ancis			MI
Residential Street Address		City		1	State	Zip Code
100 Rolling Ridge Rd		East Ha	ven		CT	06518
Principal Occupation			ne of Employer		0.	
State Marshal			State of Connection	cut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/De	ebit Card Payroll Deduction	Money Order	09/10/2014	\$250.00		\$250.00
				+20000	I	
Last Name		First Na				MI
Stuart			lliam	I	<i>a</i>	M
Residential Street Address		City			State	Zip Code
PO Box 551 Principal Occupation		Milford	ne of Employer		СТ	06460
		Inai	ne or Employer			
State Marshal	-		Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution	-		Date Received	Aggregate Contributions	7	
Cash X Personal Check Credit/De	ebit Card Deduction	Money Order	09/10/2014	\$250.00		\$250.00

I. MONETARY R	<b>RECEIPTS (Section A-I</b>	K)			
NAME OF COMMITTEE	τ.		YPE OF REPORT		
Democratic State Central Committee			th Day Preceding Genera	al Election - O	)riginal
B. Itemized Contribution	ons from Individuals				
Last Name	First Name				MI
Voigt	Susan	ו			L
Residential Street Address	City			State	Zip Code
PO Box 3186	New Haven CT 06515				
Principal Occupation	Name o	of Employer			
Business Manager	Ya	ale University			
Vas	to a candidate committee for a chief er ributor or business he/she associated wi alued at more than \$5000?		Yes X No	Amou	nt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No Is contributor a principal of state of If yes, indicate which branch or bra government the contract is with:	anches of Executive		Yes X No		
Method of Contribution	Da	ate Received	Aggregate Contributions		
Cash R Personal Check Credit/Debit Card Payroll Deduction	ion Money Order 09	9/10/2014	\$150.00		\$150.00
Last Name	First Name	•			МІ
Casey	John				
Residential Street Address	City		T	State	Zip Code
46 Swing Ln	Wethersfiel	ld		СТ	06109
Principal Occupation	Name o	of Employer			
retired	re	tired			
Vag	to a candidate committee for a chief ex- ributor or business he/she associated wir alued at more than \$5000?		Yes X No	Amou	nt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No Is contributor a principal of state contributor a prin	anches of Executive		Yes X No		
Method of Contribution	Da	ate Received	Aggregate Contributions		
Cash Personal Check X Credit/Debit Card Payroll Deduction	ion Money Order	9/10/2014	\$500.00		\$500.00
	I				·
Last Name	First Name				MI
Sheftel Residential Street Address	City			State	Zin Code
387 Brownstone Rdg	Meriden			CT	Zip Code 06451
Principal Occupation		of Employer			
State Marshal	St	ate of Connectio	cut		
Vag	to a candidate committee for a chief er ributor or business he/she associated wi alued at more than \$5000?		Yes X No	Amour	nt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No Is contributor a principal of state of government the contract is with:	anches of Executive		Yes X No		
Method of Contribution	Da	ate Received	Aggregate Contributions		
Cash Rersonal Check Credit/Debit Card Payroll Deduction	ion Money Order 09	9/10/2014	\$250.00		\$250.00

I. MO	ONETARY RECEIPTS (S	ection .	A-K)			
NAME OF COMMITTEE	x			YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gene	ral Election -	- Original
	zed Contributions from Indiv	duals				
Last Name		First Na	ime			MI
Thiboldeaux		Ki	m			D
Residential Street Address	City				State	Zip Code
2064 Westchester Dr	Silver Spring MD 20902					
Principal Occupation		Na	me of Employer			
Non Profit Executive			Cancer Support C	ommunity		
or dependent child of a lobbyist? Yes officer of a n	on is in excess of \$400 to a candidate commit nunicipality does contributor or business he/s ith said municipality valued at more than \$50	he associat		Yes X No	Am	ount of Contribution
fundraising event listed in Section L1? Yes If yes, indica	r a principal of state contractor or prospective ate which branch or branches of the contract is with:	e state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card	Payroll Deduction Money	Order	09/11/2014	\$250.00		\$250.00
Last Name		First Na	me		•	МІ
Grebow			lward			IVII
Residential Street Address	City				State	Zip Code
1136 Fifth Ave		New Yo	rk		NY	10128
Principal Occupation	•	Na	me of Employer	•		
Banker			Morgan Joseph Tr	iArtisan, LLC		
or dependent child of a lobbyist? Yes officer of a n	on is in excess of \$400 to a candidate commit nunicipality does contributor or business he/s ith said municipality valued at more than \$50	he associat		Yes X No	Am	ount of Contribution
fundraising event listed in Section L1? Yes If yes, indica	r a principal of state contractor or prospective the which branch or branches of the contract is with:	e state contr		Yes X No		
			Dete Deseived	A	_	
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card	Payroll Deduction Money	Order	09/11/2014	\$500.00		\$500.00
Last Name		First Na	ime			MI
Lawford		Ch	nristopher			к
Residential Street Address	City				State	Zip Code
12328 Deerbrook Ln		Los Ang			CA	90049
Principal Occupation		Na	me of Employer			
Writer			Self			
or dependent child of a lobbyist? Yes officer of a n a contract wi	on is in excess of \$400 to a candidate commit nunicipality does contributor or business he/s ith said municipality valued at more than \$50	he associat 00?	ed with have	Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Ves No Is contributor a principal of state contractor or prospective state contractor? Ves X No Is contributor a principal of state contractor or prospective state contractor? Ves X No						
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card	Payroll Deduction Money	order	09/11/2014	\$500.00		\$500.00

	I. MONETARY RECEIPT	S (Section	A-K)			
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gene	aral Election	- Original
	B. Itemized Contributions from I	ndividuals	•			
Last Name		First N	ame			MI
Viscogliosi		Pa	aula			С
Residential Street Address		City			State	Zip Code
505 Park Ave Fl 14		New Yo			NY	10022
Principal Occupation		Na	ame of Employer			
Interior Designer			Textures			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associat		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		utive Legislative	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/D	ebit Card Payroll Deduction	Money Order	09/15/2014	\$10,000.00		\$10,000.00
Last Name		First N	ame			MI
Meresman		St	tephen			E
Residential Street Address		City			State	Zip Code
381 W Neck Rd		Hunting			NY	11743
Principal Occupation		Na	ame of Employer			
Corporate Secretary			The Charmer Sun	belt Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associat		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state cont		100		
Method of Contribution	government the contract is with.		Date Received	Aggregate Contributions	_	
			Date Acteived	a segregate Contributions		
Cash X Personal Check Credit/Do	ebit Card Payroll Deduction	Money Order	09/15/2014	\$2,000.00		\$2,000.00
Last Name		First N				MI
Moran		· · · · · ·	arrett			
Residential Street Address		City	vi ob		State	Zip Code
355 Lake Ave Principal Occupation		Greenw	ame of Employer		СТ	06830-3828
President			Year Up Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associat		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state cont		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	09/17/2014	\$1,000.00		\$1,000.00

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I. MONETARY RECEIP	TS (Section A	-K)			
NAME OF COMMITTEE	,		YPE OF REPORT		
Democratic State Central Committee			2th Day Preceding Gener	al Election -	Original
B. Itemized Contributions from	n Individuals	<b>I</b>			
Last Name	First Name	e			MI
Klee	Mau	irice			
Residential Street Address	City			State	Zip Code
1951 Burr St	Fairfield			СТ	06824
Principal Occupation	Name	e of Employer			
Co-Owner and Attorney	1	Klee Law Firm			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candida officer of a municipality does contributor or bus a contract with said municipality valued at more	siness he/she associated		Yes X No	Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No If yes, list Event # Yes No If yes, list Event # Yes No Yes	Drospective state contrac		Yes X No		
Method of Contribution	I	Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card Payroll Deduction	Money Order	09/17/2014	\$200.00		\$200.00
LetNews	First Name		· · · ·		MI
Last Name Klee	Any				MI
Residential Street Address	City	G	i	State	Zip Code
1951 Burr St	Fairfield			СТ	06824
Principal Occupation	Name	e of Employer	I		
Co-Owner and Attorney		Klee Law Firm			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candida officer of a municipality does contributor or bus a contract with said municipality valued at more	siness he/she associated		Yes X No	Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No Is contributor a principal of state contractor or prin	Executive state contraction		Yes X No		
Method of Contribution	I	Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card Payroll Deduction	Money Order	09/17/2014	\$200.00		\$200.00
	I		+200100	<b>I</b>	· · · · · · · · · · · · · · · · · · ·
Last Name	First Name				MI
Amdur Residential Street Address	City	lla	I	State	B Zip Code
49 Separatist Rd	Storrs			CT	06268-2011
Principal Occupation		e of Employer			
Health Care Consultant		Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes a contribution is in excess of \$400 to a candida officer of a municipality does contributor or bus a contract with said municipality valued at more	siness he/she associated		Yes X No	Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No If yes, list Event # Yes No	prospective state contrac		Yes X No		
Method of Contribution	I	Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Debit Card Payroll Deduction	Money Order	09/17/2014	\$250.00		\$250.00

I. MONETARY	Y RECEIPTS (Section	A-K)			
NAME OF COMMITTEE	, , , , , , , , , , , , , , , , , , ,		YPE OF REPORT		
Democratic State Central Committee			2th Day Preceding Genera	al Election -	Original
	outions from Individuals	•			
Last Name	First Na	ime			MI
Lessne		elda			
Residential Street Address	City			State	Zip Code
42 Shelley Ln Principal Occupation	Glaston	me of Employer		СТ	06033-1135
Theparoccupation	110	ine of Employer			
Dem. Registrar of Voters		Town of Glastonbu	ury		
or dependent child of a lobbyist? Yes officer of a municipality does	\$400 to a candidate committee for a ch contributor or business he/she associat lity valued at more than \$5000?		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No government the contract is with the fundraise of	Even		Yes X No		
Method of Contribution		Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Debit Card Payroll De	eduction Money Order	09/18/2014	\$100.00		\$100.00
Last Name	First Na	· me	•	•	MI
Kennedy		an			В
Residential Street Address	City			State	Zip Code
250 Beacon St	Boston			MA	02116
Principal Occupation	Na	me of Employer			
Retired		None			
or dependent child of a lobbyist? Yes officer of a municipality does	\$400 to a candidate committee for a ch contributor or business he/she associat lity valued at more than \$5000?		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No Volume Vol	Errog		Yes X No		
Method of Contribution		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card Payroll De	eduction Money Order				
		09/19/2014	\$4,000.00		\$4,000.00
Last Name	First Na	ime			MI
Manning		hn	i-		
Residential Street Address	City			State	Zip Code
81 Beacon St Principal Occupation	Boston	me of Employer		MA	02108
	ind				
CEO & President		Boston Capital			
or dependent child of a lobbyist? Yes officer of a municipality does	\$400 to a candidate committee for a ch contributor or business he/she associat lity valued at more than \$5000?		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No government the contract is with the contract is w	Even		Yes X No		
Method of Contribution		Date Received	Aggregate Contributions		
Cash 🗴 Personal Check Credit/Debit Card Payroll De	eduction Money Order	09/19/2014	\$1,000.00		\$1,000.00

I. MONETARY RE	CEIPTS (Section A-	K)			
NAME OF COMMITTEE	x		YPE OF REPORT		
Democratic State Central Committee			th Day Preceding Gener	al Election -	Original
B. Itemized Contribution	s from Individuals				
Last Name	First Name				MI
Lawford	Victor	ria			F
Residential Street Address	City			State	Zip Code
313 Little Falls St	Falls Churc	ch		VA	22046-2635
Principal Occupation	Name of	of Employer			
Tutor	S	elf Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No If contribution is in excess of \$400 to a officer of a municipality does contribut a contract with said municipality value	tor or business he/she associated w		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No Section L1? If yes, list Event # Yes No Section L1?			Yes X No		
Method of Contribution	Da	ate Received	Aggregate Contributions		
Cash Rersonal Check Credit/Debit Card Payroll Deduction	Money Order	9/19/2014	\$1,000.00		\$1,000.00
Last Name	First Name			•	MI
Pomfrey	Rober	rt			W
Residential Street Address	City			State	Zip Code
16 Landgrove Dr	Fayetteville	e		NY	13066
Principal Occupation	Name	of Employer			
President	P	ОМСО			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	tor or business he/she associated w		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No Section L1? Yes			Yes X No		
Method of Contribution	Da	ate Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card Payroll Deduction	Money Order	9/19/2014	\$2,000.00		\$2,000.00
	I	.,,	+=,500100	I	
Last Name	First Name				MI
Conroy Pagidantial Streat Address	Antho	ony		Stata	J Zin Codo
Residential Street Address 579 Kearney Ln	City Oyster Bay	/		State NY	Zip Code 11771
Principal Occupation		of Employer			
Banking	T	ullett Prebon			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes officer of a municipality does contribut x No	tor or business he/she associated w		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No Section L1? Yes No Section L1? Yes No Section L1? Yes Section L1? Yes No Section L1? Yes No Section L1? Yes Section L1? Yes No Section L1? Yes Section L1? Yes No Section L1? Yes No Section L1? Yes No Section L1? Yes Section L1? Yes No Section L1? Yes Yes No Section L1? Yes No Secti			Yes X No		
Method of Contribution	Da	ate Received	Aggregate Contributions		
Cash Rersonal Check Credit/Debit Card Payroll Deduction	Money Order 09	9/19/2014	\$500.00		\$500.00

	I. MONETARY RECEIPT	<u>S (Section</u>	<u>A-K)</u>					
NAME OF COMMITTEE			Т	YPE OF REPORT				
Democratic State Central Committee			1	2th Day Preceding Gene	eral Election	- Original		
	B. Itemized Contributions from I	ndividuals						
Last Name		First N	lame			MI		
Coelhol			nthony			L		
Residential Street Address 6 Trelhi Path		City	town		State PA	Zip Code 18901		
Principal Occupation		Doylestown PA 18901						
Former Real Estate			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	officer of a municipality does contributor or busine	contribution is in excess of \$400 to a candidate committee for a chief executive icer of a municipality does contributor or business he/she associated with have ontract with said municipality valued at more than \$5000?						
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	·	tractor?					
Method of Contribution			Date Received	Aggregate Contributions				
Cash X Personal Check Credit/Do	ebit Card Payroll Deduction	Money Order	00/10/2014	¢1.000.00		¢1 000 00		
			09/19/2014	\$1,000.00		\$1,000.00		
Last Name		First N				MI		
Kaufmann Residential Street Address		City	bbe		State	Tin Colle		
2812 Hardy Ave		Silver	Spring		MD	Zip Code 20902-2007		
Principal Occupation		<u> </u>	ame of Employer			20002 2007		
President/ Sponsorship Marketing			Abbe Kaufmann A	Associates				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associa		Yes X No	Am	nount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	·	tractor?	1.00				
Method of Contribution			Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	09/19/2014	\$100.00		\$100.00		
Last Name		First N	lame			MI		
Lawford		R	obin			E		
Residential Street Address		City			State	Zip Code		
89 Island Creek Rd		Southa	•		NY	11968		
Principal Occupation		N	ame of Employer					
Wildlife Biologist/ Consultant			Self Employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associa		Yes X No	Am	nount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	·	tractor?	Yes X No				
Method of Contribution			Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	ebit Card Dayroll Deduction	Money Order	09/19/2014	\$500.00		\$500.00		

I. M	ONETARY RECEIPTS (S	Section A	<b>A-K</b> )			
NAME OF COMMITTEE	,		,	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original
B. Item	ized Contributions from Indi	viduals	ł			
Last Name		First Na	me			MI
Dutton			incy			н
Residential Street Address	Ci	ity			State	Zip Code
5017 Tilden St NW Principal Occupation		Washing	ne of Employer		DC	20016-2333
		INdi	me of Employer			
Legal Services			Dutton & Dutton F	PC		
or dependent child of a lobbyist?  Yes officer of a	ion is in excess of \$400 to a candidate comm municipality does contributor or business he vith said municipality valued at more than \$5	e/she associate		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	or a principal of state contractor or prospecti cate which branch or branches of t the contract is with:	Exect		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card	Payroll Deduction Mon	ney Order	09/19/2014	\$1,500.00		\$1,500.00
Last Name		First Na	me		•	MI
Brand		S	lite			R
Residential Street Address	Ci	ity			State	Zip Code
19 Sail Point Ln		Key Lar	go		FL	33037
Principal Occupation		Na	me of Employer			
Retired			Retired			
or dependent child of a lobbyist? Yes officer of a	ion is in excess of \$400 to a candidate comm municipality does contributor or business he with said municipality valued at more than \$5	e/she associate		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	or a principal of state contractor or prospecti cate which branch or branches of t the contract is with:	ive state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card	Payroll Deduction Mon	ney Order	09/19/2014	\$1,000.00		\$1,000.00
		1		+ 2/000100		
Last Name Hart		First Na	<sup>me</sup> bert			MI E
Residential Street Address	Ci	ity R0	ibert		State	Zip Code
2582 Wallingford Dr		Beverly	Hills		CA	90210
Principal Occupation			me of Employer			<u> </u>
President			TruAmerica Multif	amily		
or dependent child of a lobbyist? Yes officer of a	ion is in excess of \$400 to a candidate comm municipality does contributor or business he vith said municipality valued at more than \$5	e/she associate		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	or a principal of state contractor or prospecti cate which branch or branches of t the contract is with:	Execu		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card	Payroll Deduction Mon	ney Order	09/19/2014	\$2,000.00		\$2,000.00

-	I. MONETARY RECEIPT	S (Section	A-K)			
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Genera	I Election - Original	
	B. Itemized Contributions from I	ndividuals	<b>I</b>			
Last Name		First Na	ame			MI
Tunney		Jo	hn			
Residential Street Address		City			State Zip Code	e
304 Chautaavqua Blvd		Pacific F	Palisades		CA 90272	
Principal Occupation		Na	me of Employer			
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associat		Yes X No	Amount of Cont	ribution
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state conti		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/De	bit Card Payroll Deduction	Money Order	09/20/2014	\$2,500.00	\$2,500.0	00
Last Name		First Na	ame	-		MI
Zoldan			uce			
Residential Street Address		City			State Zip Code	e
555 Martin Luther King Blvd		Youngst	town		ОН 44502	
Principal Occupation		Na	me of Employer			
CEO			B.J. Alan Co.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associat		Yes X No	Amount of Cont	ribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Order	09/20/2014	\$2,500.00	\$2,500.0	00
Last Name		First Na	ume	-	· 	MI
Snyder		Or				S
Residential Street Address		City			State Zip Code	
45 E 89th St Apt 34E		New Yo	rk		NY 10128	
Principal Occupation		Na	me of Employer	•	•	
Attorney			Gibson, Dunn & C	rutcher		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associat		Yes X No	Amount of Cont	ribution
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Order	09/22/2014	\$10,000.00	\$10,000.	00

_	I. MONETARY RECEIPT	S (Section A	A-K)			
NAME OF COMMITTEE				YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gene	ral Election	- Original
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na	me			MI
Newmark		Cr	aig			
Residential Street Address		City			State	Zip Code
156 Woodland Ave		San Fra	ncisco		CA	94117-3861
Principal Occupation		Na	me of Employer			
Software Engineer			Craigslist, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	An	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Du	ebit Card Payroll Deduction	Money Order				
		Money order	09/22/2014	\$100.00		\$100.00
Last Name		First Na	me			MI
Desai		Pa	rth			м
Residential Street Address		City			State	Zip Code
305 Sterling Dr		Newingt	ton		СТ	06111
Principal Occupation		Na	me of Employer			
Director of Rehabilitation Services			Athena Healthcare	e Systems		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	An	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If ves. list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of			Yes X No		
If yes, list Event # No	government the contract is with:	Execu	itive Legislative			
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/Do	ebit Card Payroll Deduction	Money Order				
			09/22/2014	\$250.00		\$250.00
Last Name		First Na	me			MI
Epstein		St	even			В
Residential Street Address		City			State	Zip Code
10105 Iron Gate Rd		Potoma	-		MD	20854-4727
Principal Occupation		Na	me of Employer			
Attorney			Epstein Becker &	Green		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	An	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions	]	
Cash X Personal Check Credit/De	ebit Card Deduction	Money Order	09/23/2014	\$10,000.00		\$10,000.00

	I. MONETARY RECEIPT	S (Section A	A-K)			
NAME OF COMMITTEE TYPE OF REPORT						
Democratic State Central Committee				2th Day Preceding Gene	ral Election	- Original
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na	me			MI
Hutchens		Jai	mes			J
Residential Street Address		City			State	Zip Code
1537 Avellino Cir		Murfree	sboro		TN	37130
Principal Occupation		Na	me of Employer			
CEO			NHI Nursing & Ho	memakers		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	An	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/D	ebit Card Payroll Deduction	Money Order	09/23/2014	¢2,000,00		¢2.000.00
			09/23/2014	\$3,000.00		\$3,000.00
Last Name		First Na				MI
Crowe		· · · · · · · · · · · · · · · · · · ·	bert		~	
Residential Street Address		City			State MA	Zip Code
1 Avery St Apt 14C Principal Occupation		Boston	me of Employer		MA	02111
Partner			Nelson, Mullins et	al		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	An	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money Order				
			09/23/2014	\$1,000.00		\$1,000.00
Last Name		First Na	me			MI
Louden		Br	uce			
Residential Street Address		City			State	Zip Code
37 Gin Still Ln		West Ha			СТ	06107-2649
Principal Occupation		Nai	me of Employer			
Attorney			Louden, Caisee, H	lanney Family Law		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	An	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/D	ebit Card Dayroll Deduction	Money Order	09/24/2014	\$250.00		\$250.00

	I. MONETARY RECEIPT	S (Section	A-K)			
NAME OF COMMITTEE		,		YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original
	B. Itemized Contributions from I	ndividuals				
		inuiviuuuis				
Last Name		First N	ame			MI
O'Keeney		B	rian			
Residential Street Address		City			State	Zip Code
15 White Water Ln	Egg Harbor Township NJ 08234					
Principal Occupation		Na	ame of Employer			
Owner			Library IV Restau	rant		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associa		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/D	ebit Card Deduction	Money Order	09/24/2014	\$1,000.00		\$1,000.00
		First N				· /
Last Name Kennedy			ame Ory			MI
Residential Street Address		City	ory	I	State	Zip Code
7238 Birdview Ave		Malibu			CA	90265
Principal Occupation		<u> </u>	ame of Employer			
Writer/ Filmmaker			Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Order				
		,	09/24/2014	\$1,000.00		\$1,000.00
Last Name		First N	ame			MI
Dunham		EI	lizabeth			J
Residential Street Address		City			State	Zip Code
39 Cleveland Rd		New Ha			СТ	06515-2708
Principal Occupation		Na	ame of Employer			
Administrator			Pelli Clarke Pelli A	rchitects, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associa		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes No If yes, list Event # No If yes, indicate which branch or branches of government the contract is with:						
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/D	ebit Card Deduction	Money Order	09/24/2014	\$150.00		\$150.00

	I. MONETARY RECEIPTS	S (Section A	<b>A-K</b> )			
NAME OF COMMITTEE				YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na	me			MI
Dattola		Rit	a			с
Residential Street Address		City			State	Zip Code
250 W 90th St Apt 76		New Yor	rk		NY	10024
Principal Occupation		Na	me of Employer			
Attorney			Holland & Knight			
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	Exect		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit	t Card Payroll Deduction	Money Order	09/25/2014	\$200.00		\$200.00
Last Name		First Na	me	•	•	MI
Berger			thany			R
Residential Street Address		City	,		State	Zip Code
85 Fern St		Hartford	i		СТ	06105
Principal Occupation		Na	me of Employer	•		
Professor			University of Conr	necticut Law		
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more that	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state contr	actor?	Yes X No	_	
If you list Example X No	If yes, indicate which branch or branches of government the contract is with:	Execu		Yes 🔼 No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Debit		Manage 1				
Cash Personal Check X Credit/Debit	t Card Payroll Deduction	Money Order	09/25/2014	\$500.00		\$500.00
Last Name		First Na	me			MI
Stephens			incy			
Residential Street Address		City			State	Zip Code
255 N Saltair Ave		Los Ang	eles		CA	90049
Principal Occupation		Na	me of Employer			
Actor			Self			
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	Exective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit	t Card Payroll Deduction	Money Order	09/26/2014	\$5,000.00		\$5,000.00

I. N	<b>IONETARY RECEIPTS</b>	(Section	A-K)			
NAME OF COMMITTEE				YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original
	nized Contributions from Inc	dividuals				
Last Name		First N	ame			MI
Gargan		Jo	oseph			Е
Residential Street Address		City			State	Zip Code
1530 Clarendon Blvd # 914		Arlingt	on		VA	22209
Principal Occupation		N	ame of Employer			
Consultant			The Pension Comp	bany		
or dependent child of a lobbyist? Yes officer of a	es officer of a municipality does contributor or business he/she associated with have					ount of Contribution
fundraising event listed in Section L1? Yes If yes, ind	ator a principal of state contractor or prospe icate which branch or branches of nt the contract is with:		tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card	Payroll Deduction M	Ioney Order	09/26/2014	\$500.00		\$500.00
Last Name		First N	ame		•	MI
McGrath			athleen			
Residential Street Address		City		Ī	State	Zip Code
16000 Ventura Bldv Ste 900		Encino			CA	91436
Principal Occupation		N	ame of Employer	•		
Child Advocate			First Tuesday Med	lia		
or dependent child of a lobbyist? Yes officer of a	tion is in excess of \$400 to a candidate con a municipality does contributor or business with said municipality valued at more than	he/she associa		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1? Yes If yes, indi	tor a principal of state contractor or prospe icate which branch or branches of nt the contract is with:		tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card						
Cash Personal Check Credit/Debit Card	Payroll Deduction	Ioney Order	09/26/2014	\$10,000.00		\$10,000.00
Last Name		First N	ame			MI
Sheehan			rian			D
Residential Street Address		City			State	Zip Code
296 Mason Ter		Brookli	ne		MA	02446-2778
Principal Occupation		N	ame of Employer			
Owner			Sheehan Develop	ment Co.		
or dependent child of a lobbyist? Yes officer of a	tion is in excess of \$400 to a candidate con a municipality does contributor or business with said municipality valued at more than	he/she associa		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes X No If yes, indicate which branch or branches of government the contract is with:						
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card	Payroll Deduction	Ioney Order	09/29/2014	\$200.00		\$200.00

	I. MONETARY RECEIPT	'S (Sect	tion A	<b>A-K</b> )				
NAME OF COMMITTEE TYPE OF REPORT								
Democratic State Central Committee					2th Day Preceding Gene	ral Electio	on - Original	
	B. Itemized Contributions from I	ndividu	als					
Last Name		I	First Na	me				MI
Kornbliet			Joe	el				
Residential Street Address		City				State	Zip Cod	.e
12 Dartmouth Dr		Fa	rming			MA	01701	
Principal Occupation			Nar	ne of Employer				
V.P. of Product Development				Fairway Independ	ent Mortgage Corpo	ration		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	officer of a municipality does contributor or business he/she associated with have				tribution			
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective sta	te contra Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Or	der					
				09/29/2014	\$100.00		\$100.0	0
Last Name		I	First Na	me				MI
Lieberman			Gr	egg				
Residential Street Address		City				State	Zip Cod	.e
1501 Bearine St		Br	ooklin			MA	02446	)
Principal Occupation			Nar	ne of Employer				
Attorney				Lieberman Law Of	ffice P.C.	-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more th	ess he/she a			Yes X No	1	Amount of Con	tribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	· _	te contra Execu	_ L	Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check X Credit/D	ebit Card Payroll Deduction	Money Or	der					
		woney of	uei	09/29/2014	\$250.00		\$250.0	0
Last Name		I	First Na	me				MI
Bontly			Th	omas				
Residential Street Address		City				State	Zip Cod	e
239 W Rock Ave		Ne	w Hav	ven		СТ	06515	i
Principal Occupation			Nar	ne of Employer				
College professor				University of Conr	necticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing a contract with said municipality valued at more th	ess he/she a			Yes X No	1	Amount of Con	tribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective sta	te contra Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check X Credit/D	ebit Card Dayroll Deduction	Money Or	der	09/29/2014	\$100.00		\$100.0	0

	I. MONETARY RECEIPTS	(Section	A-K)			
NAME OF COMMITTEE				YPE OF REPORT		
Democratic State Central Committee				th Day Preceding General	al Election -	Original
	. Itemized Contributions from In	dividuals				
Last Name		First N	lame			MI
Blumenfeld		Ja	ames			м
Residential Street Address		City			State	Zip Code
720 Via Bella		Winter	Park		FL	32789
Principal Occupation Name of Employer						
Marketing Consultant			The WilMark Grou	р		
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?					ount of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prospe yes, indicate which branch or branches of vernment the contract is with:		tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Debit Ca	ard Payroll Deduction M	Ioney Order	09/29/2014	\$2,500.00		\$2,500.00
Last Name		First N	ame			МІ
Cooney			hristopher			NII .
Residential Street Address		City			State	Zip Code
720 Via Bella		Winter	Park		FL	32789
Principal Occupation	•	N	ame of Employer	•		
Marketing Consultant			The WilMark Grou	р		
or dependent child of a lobbyist?	contribution is in excess of \$400 to a candidate con ficer of a municipality does contributor or business contract with said municipality valued at more than	he/she associa		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prospe yes, indicate which branch or branches of vernment the contract is with:		tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Debit Ca	ard Payroll Deduction	Ioney Order	09/29/2014	\$2,500.00		\$2,500.00
				\$2,300.00		
Last Name		First N				MI
Elmendorf			teven	i	State	A
Residential Street Address 900 7th St NW		City Washir	naton		State DC	Zip Code 20001
Principal Occupation			ame of Employer		20	20001
CEO			Elmendorf Ryan			
or dependent child of a lobbyist?	contribution is in excess of \$400 to a candidate cor ficer of a municipality does contributor or business contract with said municipality valued at more than	he/she associa		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prospe yes, indicate which branch or branches of vernment the contract is with:		tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Debit Ca	ard Payroll Deduction M	Ioney Order	09/30/2014	\$1,000.00		\$500.00

	I. MONETARY RECEIPT	S (Section A	A-K)			
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Genera	al Election -	Original
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na				MI
Roth Residential Street Address		City	ivid		State	M Zip Code
50 Whetten Rd		West Ha	artford		CT	06117
Principal Occupation		<u> </u>	me of Employer		-	
Investment Management			South Ocean Capi	ital Partners		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	bendent child of a lobbyist? Lyes officer of a municipality does contributor or business he/she associated with have Yes No					unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	Exect		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/De	ebit Card Payroll Deduction	Money Order	09/30/2014	\$1,000.00		\$1,000.00
Last Name		First Na	me			MI
Dodd		Ch	ristopher			
Residential Street Address		City			State	Zip Code
8 Seventh St NE Principal Occupation		Washing	ne of Employer		DC	20002
		INdi				
INFORMATION REQUESTED			INFORMATION RE	QUESTED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	unt of Contribution
Is this contribution associated with a fundraicing quart listed in Section 112 Yes	Is contributor a principal of state contractor or pros	spective state contr	actor?	Yes X No	_	
fundraising event listed in Section L1?	If yes, indicate which branch or branches of government the contract is with:	Execu				
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Do	ebit Card Payroll Deduction	Money Order				
	. —		10/01/2014	\$10,000.00	\$	\$10,000.00
Last Name		First Na				MI
Bischke		Joi	n		<u></u>	71.01
Residential Street Address 54 Richardson Ave		City San Fra	ncisco		State CA	Zip Code 94123
Principal Occupation		<u> </u>	me of Employer		CA	94125
CEO						
			Entelo			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr	L	Yes X No		
Method of Contribution	-		Date Received	Aggregate Contributions		
Cash Personal Check X Credit/De	ebit Card Deduction	Money Order	10/02/2014	\$1,500.00		\$1,500.00

-	I. MONETARY RECEIPT	S (Section	A-K)		
NAME OF COMMITTEE		· ·		YPE OF REPORT	
Democratic State Central Committee				2th Day Preceding Genera	I Election - Original
	B. Itemized Contributions from I	ndividuals	•		
Last Name		First N	ame		MI
Stanback			nne		E
Residential Street Address		City			State Zip Code
44 Wright Dr		Avon	ama of Employer		CT 06001-2106
Principal Occupation		INA	ame of Employer		
Director of Strategic Partnerships			Equality Federation	on	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	onicel of a multiparty doc solution of busiless in site associated with have				
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		tractor?	Yes X No	
Method of Contribution			Date Received	Aggregate Contributions	
Cash Personal Check Credit/De	ebit Card Deduction	Money Order	10/03/2014	\$3,500.00	\$1,000.00
			10/03/2014	\$3,500.00	\$1,000.00
Last Name		First N			MI
Simonetti			lix		
Residential Street Address		City New Ha			State Zip Code CT 06515-2419
76 Kohary Dr Principal Occupation		<u> </u>	ame of Employer		00515-2419
Attorney				n Human Rights & Opp	portunities
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes X No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yo	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		tractor?	Yes X No	_
Method of Contribution	•		Date Received	Aggregate Contributions	
Cash E Personal Check Credit/De	ebit Card Payroll Deduction	Money Order			
		,	10/03/2014	\$75.00	\$75.00
Last Name		First N	ame		MI
Lombardi		D	iana		R
Residential Street Address		City			State Zip Code
57 Vineyard Dr		Berlin			CT 06037-1832
Principal Occupation		N	ame of Employer		
Retired			N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associa		Yes X No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		tractor?	Yes X No	
Method of Contribution			Date Received	Aggregate Contributions	
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	10/03/2014	\$75.00	\$75.00

	I. MONETARY RECEIPTS	S (Section	A-K)			
NAME OF COMMITTEE			, i i i i i i i i i i i i i i i i i i i	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Genera	al Election -	Original
	B. Itemized Contributions from In	ndividuals	•			
Last Name		First N	ame			MI
Mills			amie			L
Residential Street Address		City			State	Zip Code
1678 Randolph Rd Principal Occupation						
Principal Occupation Name of Employer						
Policy Advisor			State of Connection	cut		
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?					unt of Contribution
Conductation and listed in Continue L 19	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Debi	it Card Payroll Deduction	Money Order	10/03/2014	\$2,750.00		\$250.00
Last Name		First N	iame		•	MI
Donahue			imothy			
Residential Street Address		City	,		State	Zip Code
1 Castle Rock		Branfo	rd		СТ	06405
Principal Occupation		N	ame of Employer			
Attorney			Donahue Durham	& Noonan, PC		
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more that	ss he/she associa		Yes X No	Amo	unt of Contribution
Vaa	Is contributor a principal of state contractor or pros	pective state con	tractor?	Yes X No	-	
fundraising event listed in Section L1?     If ves, list Event #       If yes, list Event #     No	If yes, indicate which branch or branches of government the contract is with:	Exe	cutive Legislative			
Method of Contribution			Date Received	Aggregate Contributions	-	
Cash X Personal Check Credit/Debi	it Card Payroll Deduction	Money Order	10/03/2014	\$100.00		\$100.00
Last Name		First N	ame			MI
Giannaros		D	emetrios			
Residential Street Address		City			State	Zip Code
56 Basswood Rd		Farmin	-		СТ	06032-1142
Principal Occupation		Ν	ame of Employer			
Economic Consultant			Giannaros Associa	ites		
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ss he/she associa		Yes X No	Amo	unt of Contribution
fundraising avant listed in Section 112 Yes	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debi	it Card Dayroll Deduction	Money Order	10/03/2014	\$100.00		\$100.00

	I. MONETARY RECEIPTS	(Section	A-K)			
NAME OF COMMITTEE				YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding General	al Election -	Original
	. Itemized Contributions from In	dividuals	ł			
Last Name		First Na	ame			MI
Zakur			avid			E
Residential Street Address		City			State	Zip Code
95 Kneeland Rd		New Ha			СТ	06512-5008
Principal Occupation		INA	ime of Employer			
Scientist			Pfizer			
or dependent child of a lobbyist?	contribution is in excess of \$400 to a candidate cor ficer of a municipality does contributor or business contract with said municipality valued at more than	s he/she associat		Yes X No	Amo	unt of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prospe yes, indicate which branch or branches of vernment the contract is with:	ective state cont		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Debit Ca	ard Payroll Deduction M	Ioney Order	10/03/2014	\$200.00		\$200.00
Last Name		First Na				MI
Casa			an-Carl			F
Residential Street Address		City			State	Zip Code
70 N Lake Dr		Hamder	n		СТ	06517-2414
Principal Occupation		Na	me of Employer	I		
Undersecretary for Legislative Affairs			State of Connection	cut		
or dependent child of a lobbyist?	contribution is in excess of \$400 to a candidate cor ficer of a municipality does contributor or business contract with said municipality valued at more than	s he/she associat		Yes X No	Amo	unt of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prospe yes, indicate which branch or branches of vernment the contract is with:	ective state cont		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash 🗴 Personal Check Credit/Debit Ca	ard Payroll Deduction	Ioney Order	10/03/2014	\$100.00		\$100.00
		•		\$100.00		φ100.00
Last Name		First Na				MI
Flood			ian		State	Zin Cala
Residential Street Address 206 Middle Haddam Rd		City Portland	H		State CT	Zip Code 06480-1764
Principal Occupation			ume of Employer			00-00-170-
			The Flood Law Fire	mllC		
Attorney						
or dependent child of a lobbyist?	contribution is in excess of \$400 to a candidate cor ficer of a municipality does contributor or business contract with said municipality valued at more than	s he/she associat		Yes X No	Amo	unt of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prospe yes, indicate which branch or branches of vernment the contract is with:	ective state cont		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Ca	ard Payroll Deduction M	Ioney Order	10/03/2014	\$75.00		\$75.00

-	I. MONETARY RECEIPT	S (Section A	A-K)			
NAME OF COMMITTEE TYPE OF REPORT						
Democratic State Central Committee				2th Day Preceding General	Election - Original	
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na	me		MI	
McEvoy		An	nanda		К	
Residential Street Address		City			tate Zip Code	
154 Coldspring Xing     South Glastonbury     CT     06073						
Principal Occupation Name of Employer						
Early Childhood Program Coordinator			Department of So	cial Services		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?					
Is this contribution associated with a fundraising event listed in Section L1? Xes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash E Personal Check Credit/De	bit Card Payroll Deduction	Money Order				
			10/03/2014	\$250.00	\$250.00	
Last Name		First Na	me		MI	
Rousseau		Jai	red			
Residential Street Address		City		S	tate Zip Code	
105 Quinnipiac Ave		North H		(	CT 06473	
Principal Occupation		Nai	me of Employer			
Plumber			Rousseau Plumbir	ng		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr	L	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions	-	
Cash X Personal Check Credit/De		N 0.1				
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Order	10/03/2014	\$75.00	\$75.00	
Last Name		First Na	me		MI	
Birdwhistell		Na	in		М	
Residential Street Address		City		5	tate Zip Code	
9 Tyler Ave		Branford	d	(	CT 06405	
Principal Occupation		Nai	me of Employer			
Counsel			Murtha Cullina LLI	p		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Order	10/03/2014	\$3,000.00	\$500.00	

I. MONETARY	<b>RECEIPTS</b> (Section	on A-K)				
NAME OF COMMITTEE TYPE OF REPOR			TYPE OF REPORT			
Democratic State Central Committee			12th Day Preceding General	Election - Original		
B. Itemized Contribu	tions from Individua	ils				
Last Name	Fir	rst Name		MI		
Hulick		Anne	i	В		
Residential Street Address	City			State Zip Code		
20 Nordland Ave # 1E Principal Occupation	Croi	mwell Name of Employer		CT 06416		
rincipal occupation		Name of Employer				
Coordinator for the Coalition for a Safe and Healt		Clean Water Act	ion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Yes A contract with said municipality	ontributor or business he/she ass		Yes X No	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # No Is contributor a principal of state If yes, indicate which branch or government the contract is with:	branches of	contractor?	Yes X No			
Method of Contribution		Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debit Card Payroll Dedu	uction Money Orde	r 10/03/2014	\$75.00	\$75.00		
Last Name	E	rst Name	1	MI		
Doyle	11	John		Т		
Residential Street Address	City			State Zip Code		
233 Sante Fe Ave	Han	nden		CT 06517		
Principal Occupation	•	Name of Employer	•	•		
Retired (Registerd Communicator Lobbyist)		N/A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No If contribution is in excess of \$4 officer of a municipality does co a contract with said municipality	ontributor or business he/she ass		Yes X No	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Is contributor a principal of state If yes, indicate which branch or government the contract is with:	branches of	contractor? [ Executive Legislativ	Yes X No			
Method of Contribution		Date Received	Aggregate Contributions			
Cash 🗷 Personal Check 🗌 Credit/Debit Card 🔲 Payroll Dedu	uction Money Orde	or 10/03/2014	\$75.00	\$75.00		
	1		ų, 2.30			
Last Name Pierson	Fir	st Name Andree		MI R		
Residential Street Address	City	Andree		State Zip Code		
28 Summer Island Pt		nford		CT 06405		
Principal Occupation		Name of Employer				
Retired		N/A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	ontributor or business he/she ass		Yes X No	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # No Is contributor a principal of state If yes, indicate which branch or government the contract is with:	branches of	contractor? [ Executive Legislativ	Yes X No			
Method of Contribution		Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debit Card Payroll Dedu	uction Money Orde	er 10/03/2014	\$75.00	\$75.00		

I. N	MONETARY RECEIPTS	(Section	A-K)			
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original
	nized Contributions from Inc	lividuals				
Last Name		First N				MI
DeMaio			at	I	<b>a</b>	
Residential Street Address 40 Oak Ridge Rd		City Branfo	rd		State CT	Zip Code 06405
Principal Occupation			ame of Employer		CI	06405
Attorney .			Self			
or dependent child of a lobbyist? Yes officer of	ution is in excess of \$400 to a candidate con a municipality does contributor or business with said municipality valued at more than	he/she associa		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1? Yes If yes, ind	utor a principal of state contractor or prospe- licate which branch or branches of ent the contract is with:		tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions	_	
Cash Rersonal Check Credit/Debit Card	Payroll Deduction	oney Order				
			10/03/2014	\$75.00		\$75.00
Last Name		First N	ame			MI
Capone	i		rank			
Residential Street Address		City			State	Zip Code
164 Foxon Rd		New Ha			СТ	06513
Principal Occupation Retired		IN	ame of Employer			
or dependent child of a lobbyist? Yes officer of	ution is in excess of \$400 to a candidate con a municipality does contributor or business with said municipality valued at more than	he/she associa		Yes X No	Amo	ount of Contribution
Is this contribution associated with a Is contrib	utor a principal of state contractor or prospe-	ctive state con	tractor?	Yes X No	_	
If you list Event #	licate which branch or branches of ent the contract is with:	Exe	cutive Legislative	Yes C No		
Method of Contribution			Date Received	Aggregate Contributions	-	
Cash E Personal Check Credit/Debit Card	Payroll Deduction	oney Order		00.0		
		oney order	10/03/2014	\$100.00		\$100.00
Last Name		First N	ame			MI
Capone		Ju	udith			А
Residential Street Address		City			State	Zip Code
164 Foxon Rd # A		East Ha			CT	06513
Principal Occupation		N	ame of Employer			
retired clerical worker			Yale University re	tiree		
or dependent child of a lobbyist? Yes officer of	ution is in excess of \$400 to a candidate con a municipality does contributor or business with said municipality valued at more than	he/she associa		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1? Yes If yes, inc	utor a principal of state contractor or prospe licate which branch or branches of ent the contract is with:		tractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash R Personal Check Credit/Debit Card	Payroll Deduction	oney Order	10/03/2014	\$100.00		\$100.00

I. MONETARY RECE	IPTS (Section A	A-K)				
NAME OF COMMITTEE		Т	YPE OF REPORT			
Democratic State Central Committee			2th Day Preceding Genera	I Election - (	Original	
B. Itemized Contributions fr	om Individuals					
Last Name	First Na				MI	
Capone Residential Street Address	City	rii		State	Zip Code	
164 Foxon Rd # C	East Hav	ven		СТ	06513-2035	
Principal Occupation		ne of Employer		-		
Manager of Intergovernmental Affairs		State of Connection	cut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a can officer of a municipality does contributor or a contract with said municipality valued at the second	r business he/she associate		Yes X No	Amo	unt of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No If yes, list Event # Yes No			Yes X No			
Method of Contribution		Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debit Card Payroll Deduction	Money Order	10/03/2014	\$75.00		\$75.00	
Last Name	First Na	me			MI	
Gillooly	De	nnis			w	
Residential Street Address	City			State	Zip Code	
1 Ridgewood Ter	North H			СТ	06473-1256	
Principal Occupation	Nar	ne of Employer				
Attorney		D'Elia Gillooly DeF	Palma, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a can officer of a municipality does contributor or a contract with said municipality valued at the	r business he/she associate		Yes X No	Amou	unt of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No government the contract is with:			Yes X No			
Method of Contribution		Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debit Card Payroll Deduction	Money Order	10/03/2014	\$75.00		\$75.00	
Last Name	First Na	me		•	MI	
Shah		ena			1911	
Residential Street Address	City			State	Zip Code	
25 Canal St	New Brit	tain		ст	06052-1559	
Principal Occupation	Nar	ne of Employer	•			
Physician		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a can officer of a municipality does contributor or a contract with said municipality valued at the	r business he/she associate		Yes X No	Amo	unt of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No If yes, list Event # No			Yes X No			
Method of Contribution		Date Received	Aggregate Contributions			
Cash Personal Check X Credit/Debit Card Payroll Deduction	Money Order	10/05/2014	\$250.00		\$250.00	

I. N	MONETARY RECEIPTS (	Section <b>A</b>	<b>A-K</b> )			
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original
	nized Contributions from Indi	viduals	1			
Last Name		First Na	me			MI
Pierson		Wa	alter			G
Residential Street Address	Ci	ity			State	Zip Code
237 Santa Fe Ave Principal Occupation		Hamder			СТ	06517-1531
Principal Occupation		INa	me of Employer			
Attorney at Law			Loughlin FitzGeral	d, P.C.		
or dependent child of a lobbyist? Yes officer of	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?					ount of Contribution
fundraising event listed in Section L1? Yes If yes, ind	utor a principal of state contractor or prospecti licate which branch or branches of ent the contract is with:	ive state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card	Payroll Deduction Mon	ney Order	10/06/2014	\$150.00		\$150.00
		E' AN		1		
Last Name Coady		First Na	me oxanne			MI
Residential Street Address	C	ity	Xanne		State	Zip Code
PO Box 47		Branford	đ		СТ	06405
Principal Occupation		Na	me of Employer			<u>.</u>
Bookseller			RJ Julia Bookselle	r		
or dependent child of a lobbyist? Yes officer of	ution is in excess of \$400 to a candidate comm a municipality does contributor or business he with said municipality valued at more than \$2	e/she associate		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1? Yes If yes, ind	utor a principal of state contractor or prospecti licate which branch or branches of nt the contract is with:	ive state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash 🗵 Personal Check Credit/Debit Card	Payroll Deduction Mon	ney Order	10/06/2014	\$150.00		\$150.00
				÷150.00		
Last Name		First Na				MI
Russo Residential Street Address		ity Pa	tricia		State	M Zip Code
19 Heron Rd		East No	rwalk		CT	21p Code 06855-1604
Principal Occupation			me of Employer		-	
Political Consultant			Self			
or dependent child of a lobbyist? Yes officer of a contract	ution is in excess of \$400 to a candidate comm a municipality does contributor or business he with said municipality valued at more than \$2	e/she associate 5000?	ed with have	Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1? Yes If yes, inc	utor a principal of state contractor or prospecti licate which branch or branches of nn the contract is with:	ive state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash R Personal Check Credit/Debit Card	Payroll Deduction Mon	ney Order	10/06/2014	\$250.00		\$150.00

	I. MONETARY RECEIPTS	S (Section	<u>A-K)</u>				
NAME OF COMMITTEE			Г	YPE OF REPORT			
Democratic State Central Committee				2th Day Preceding Gene	eral Election	- Original	
	B. Itemized Contributions from I	ndividuals					
	D. Itemized Contributions Itom I	inuiviuuuis					
Last Name		First N	lame				MI
Sledge		E	lizabeth				
Residential Street Address		City			State	Zip Code	e
131 Underhill Rd		Hamde	en		СТ	06517	
Principal Occupation		N	ame of Employer		<u> </u>	1	
Teacher/Editor			Yale				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associa		Yes X No	Am	nount of Cont	tribution
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		tractor?	Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/D	Debit Card Payroll Deduction	Money Order	10/06/2014	\$150.00		\$150.0	0
Last Name		First N	lame				MI
Buttenwieser		Р	eter				
Residential Street Address		City			State	Zip Code	e
8325 St Martin's Ln		Philade	elphia		PA	19118	i
Principal Occupation		N	ame of Employer			•	
Educational Consultant			Peter L. Buttenwi	eser & Associates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes X No	Am	nount of Cont	tribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		tractor?	Yes X No			
Method of Contribution	-		Date Received	Aggregate Contributions			
Cash Personal Check X Credit/E	Debit Card Deduction	Money Order	10/06/2014	\$2,500.00		\$2,500.0	00
Last Name		First N	lame				MI
Jarin		к	enneth				М
Residential Street Address		City			State	Zip Code	e
1 Greenbriar Cir		Newto	wn		PA	18940	1
Principal Occupation		N	ame of Employer		-	•	
Attorney			Ballard Spahr, LL	Р			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes X No	Am	nount of Cont	tribution
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		tractor?	Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/E	Debit Card Payroll Deduction	Money Order	10/06/2014	\$1,000.00		\$1,000.0	00

	I. MONETARY RECEIPTS	(Section	A-K)			
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original
	. Itemized Contributions from In	dividuals	•			
Last Name		First Na	ame			MI
Cutler		Ly	nne			
Residential Street Address		City			State	Zip Code
3 N Columbus Blvd Apt 410 Pier 3		Philade	Iphia ime of Employer		PA	19106
Principal Occupation		INA	ine of Employer			
President			Women's Opportu	nities Resource Cent	er	
or dependent child of a lobbyist?	contribution is in excess of \$400 to a candidate co ficer of a municipality does contributor or busines contract with said municipality valued at more that	s he/she associat		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prosp yes, indicate which branch or branches of wernment the contract is with:	ective state cont		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Ca	ard Payroll Deduction	Money Order	10/06/2014	\$100.00		\$100.00
Last Name		First Na			•	MI
Webster			athaniel			J
Residential Street Address		City		1	State	Zip Code
137 Montgomery Dr		Harleys	ville		PA	19438
Principal Occupation		Na	me of Employer	•		
President			Warrior Diamond	Inc.		
or dependent child of a lobbyist?	contribution is in excess of \$400 to a candidate co ficer of a municipality does contributor or busines contract with said municipality valued at more that	s he/she associat		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prosp yes, indicate which branch or branches of vernment the contract is with:	ective state cont		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash 🗵 Personal Check 🗌 Credit/Debit Ca	ard Payroll Deduction	Money Order	10/05/2014	+500.00		+500.00
			10/06/2014	\$500.00		\$500.00
Last Name		First Na				MI
Conway			onald	r		
Residential Street Address		City			State	Zip Code
425 Belvedere Ave Principal Occupation		Belvede	me of Employer		CA	94920
		110				
Investor			SV Angel, LLC		-	
or dependent child of a lobbyist?	contribution is in excess of \$400 to a candidate co ficer of a municipality does contributor or busines contract with said municipality valued at more that	s he/she associat		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prosp yes, indicate which branch or branches of wernment the contract is with:	ective state cont		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Debit Ca	ard Payroll Deduction	Money Order	10/06/2014	\$10,000.00		\$10,000.00

-	I. MONETARY RECEIPT	S (Section A	A-K)			
NAME OF COMMITTEE		· ·	, i i i i i i i i i i i i i i i i i i i	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election - C	Driginal
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na	ime			MI
Sturges		Re	ebakh			н
Residential Street Address		City			State	Zip Code
10 Academy St		New Ha			СТ	06511-6929
Principal Occupation		Na	me of Employer			
Landscape Architect			Reed Hildebrand,	LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ss he/she associate		Yes X No	Amou	int of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	pective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Del	bit Card Payroll Deduction	Money Order	10/06/2014	\$150.00		\$150.00
Last Name		First Na	· · ·		•	MI
Gallant			aith			В
Residential Street Address		City			State	Zip Code
1 Audobon St		New Ha	ven		СТ	06511
Principal Occupation		Na	me of Employer	•		
Lawyer			Day Pitney, LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ss he/she associate		Yes X No	Amou	int of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	pective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash 🗵 Personal Check 🗌 Credit/Del	bit Card Payroll Deduction	Money Order				
		,	10/06/2014	\$150.00		\$150.00
Last Name		First Na	ime			MI
Salas-Romer		Ju	an			
Residential Street Address		City			State	Zip Code
197 Landons Way		Guilford			СТ	06437
Principal Occupation		Na	me of Employer			
Manager/Developer			Sunrise Financial	Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ss he/she associate		Yes X No	Amou	int of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	pective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Del	bit Card Payroll Deduction	Money Order	10/06/2014	\$150.00		\$150.00

	I. MONETARY RECEIPT	S (Section A	4-K)			
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gene	eral Election -	· Original
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na	me			MI
Schreiber		Sa	nford			J
Residential Street Address		City			State	Zip Code
15 Charlson Ln		Hamden			СТ	06517-1602
Principal Occupation		INar	ne of Employer			
Physician			Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution	-		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money Order	10/06/2014	¢150.00		\$150.00
			10/06/2014	\$150.00		\$150.00
Last Name		First Na				MI
Sims Residential Street Address		City	у		State	J Zin Cada
90 Blinnshed Rd		Madison			CT	Zip Code 06443-1928
Principal Occupation		<u> </u>	ne of Employer		0.	
Writer/Teacher			Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution	-		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money Order	10/06/2014	\$150.00		\$150.00
Last Name		First Na	me			MI
Lee		An	лу			S
Residential Street Address		City			State	Zip Code
28 Riverside Ln		Madison			СТ	06443-2108
Principal Occupation		INdi	ne of Employer			
Journalist			Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate an \$5000?	ed with have	Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money Order	10/06/2014	\$150.00		\$150.00

	I. MONETARY RECEIPT	<u>S (Secti</u> o	<u>n A-K)</u>			
NAME OF COMMITTEE			*	TYPE OF REPORT		
Democratic State Central Committee				12th Day Preceding Gene	ral Election	- Original
	B. Itemized Contributions from I	ndividual	S			
Last Name		Firs	t Name			MI
McDonnell			D.			М
Residential Street Address		City			State	Zip Code
172 Alden Ave Principal Occupation		New	Haven		СТ	06515-2110
Principal Occupation			Name of Employer			
Architect			Pellli Clarke Pe	ll Architects		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she asso		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		xecutive Legisla	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Det	bit Card Payroll Deduction	Money Order				
		woney Order	10/06/2014	\$150.00		\$150.00
Last Name		Firs	t Name			MI
Azodi			Masoud			
Residential Street Address		City			State	Zip Code
390 Livingston St		New	Haven		СТ	06511-1336
Principal Occupation			Name of Employer			
Physician			Yale University			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she asso		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	·	xecutive Legisla	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Det	bit Card Payroll Deduction	Money Order				
		Woney Order	10/06/2014	\$400.00		\$400.00
Last Name		Firs	t Name			MI
Emanuel			Janet			R
Residential Street Address		City			State	Zip Code
61 Grist Mill Cir		Guilf	ord		CT	06437-1900
Principal Occupation		T	Name of Employer			
Scientist/Writer			Self-Translatio	nal Technologies		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she asso		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		xontractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Det	bit Card Payroll Deduction	Money Order	10/06/2014	\$150.00		\$150.00

I. MONETARY	<b>RECEIPTS (Section</b> A	A-K)			
NAME OF COMMITTEE		Т	YPE OF REPORT		
Democratic State Central Committee			2th Day Preceding General	Election - Original	
	itions from Individuals				
Last Name	First Na	me		MI	
Tiernan	Sh	awn		G	
Residential Street Address	City		5	State Zip Code	
21 Pleasant Point Rd	Branford	b	(	CT 06405-5607	
Principal Occupation	Nai	me of Employer			
Attorney		State of Connection	cut		
Vac	400 to a candidate committee for a chi ontributor or business he/she associate y valued at more than \$5000?		Yes X No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # No Is contributor a principal of state If yes, indicate which branch or government the contract is with	Errom		Yes X No		
Method of Contribution		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card Payroll Ded	uction Money Order	10/06/2014	\$150.00	\$150.00	
Last Name	First Na	me	•	MI	
Reiter		oward			
Residential Street Address	City		5	State Zip Code	
67 Deer Run Rd	Woodbr	idge		CT 06525	
Principal Occupation	Na	me of Employer	•	•	
Engineer/President		Romag Fasteners			
Vac	400 to a candidate committee for a chi ontributor or business he/she associate y valued at more than \$5000?		Yes X No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes No Is contributor a principal of state which branch or government the contract is with	Errom		Yes X No		
Method of Contribution		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card Payroll Ded	uction Money Order	10/06/2014	\$250.00	\$250.00	
	<b>I</b>				
Last Name Kayne	First Na	me aria		MI C	
Residential Street Address	City			State Zip Code	
1891 Litchfield Tpke	Woodbr	idae		CT 06525	
Principal Occupation		me of Employer			
Consultant		Self			
N	400 to a candidate committee for a chi ontributor or business he/she associate y valued at more than \$5000?		Yes X No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # No Is contributor a principal of state If yes, indicate which branch or government the contract is with	Errom		Yes X No		
Method of Contribution		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card Payroll Ded	uction Money Order	10/06/2014	\$150.00	\$150.00	

I. MONE	TARY RECEIPTS (Sect	ion A-K)		
NAME OF COMMITTEE	κ.		TYPE OF REPORT	
Democratic State Central Committee			12th Day Preceding Gene	ral Election - Original
	ontributions from Individu	ials		
Last Name	I	First Name		MI
Hawkins		Kristin		E
Residential Street Address	City			State Zip Code
2 Wingate Rd	Gu	uilford		CT 06437
Principal Occupation		Name of Employer		
Architect		Pelli Clark Pel	li Architects	
or dependent child of a lobbyist? Yes officer of a municipal	excess of \$400 to a candidate committee I lity does contributor or business he/she a nunicipality valued at more than \$5000?		Yes X No	Amount of Contribution
for training quant lists d in Section 1.12 Yes	ipal of state contractor or prospective stands a branch or branches of ract is with:	te contractor?	Yes X No	
Method of Contribution		Date Received	Aggregate Contributions	
Cash X Personal Check Credit/Debit Card P	ayroll Deduction Deduction Money Or	der 10/06/2014	\$150.00	\$150.00
Last Name	I	First Name	·	MI
Bailey		Paul		
Residential Street Address	City			State Zip Code
14 Lincoln St	Ne	ew Haven		CT 06511
Principal Occupation	•	Name of Employer	•	·
Architect		Self		
or dependent child of a lobbyist? Yes officer of a municipal	excess of \$400 to a candidate committee f lity does contributor or business he/she a nunicipality valued at more than \$5000?		Yes X No	Amount of Contribution
fundraising quant ligted in Section I 12 Yes	ipal of state contractor or prospective sta a branch or branches of ract is with:	te contractor? Executive Legis	Yes X No	
Method of Contribution		Date Received	Aggregate Contributions	_
Cash X Personal Check Credit/Debit Card P	ayroll Deduction Money Or	der 10/06/2014	\$300.00	\$300.00
	1 -			
Last Name Greenberg	F	First Name Nancy		MI I
Residential Street Address	City	Nancy		State Zip Code
35 Highland St	-	w Haven		CT 06511-1329
Principal Occupation		Name of Employer		
Consultant		Self		
or dependent child of a lobbyist? Yes officer of a municipal	excess of \$400 to a candidate committee 1 lity does contributor or business he/she a nunicipality valued at more than \$5000?		Yes X No	Amount of Contribution
fundraising quant listed in Section I 12 Yes	ipal of state contractor or prospective sta n branch or branches of ract is with:	te contractor? Executive Legis	Iative	
Method of Contribution		Date Received	Aggregate Contributions	
Cash X Personal Check Credit/Debit Card P	ayroll Deduction Money Or	<sup>der</sup> 10/07/2014	\$150.00	\$150.00

	I. MONETARY RECEIPTS	S (Section )	A-K)		
NAME OF COMMITTEE				YPE OF REPORT	
Democratic State Central Committee				2th Day Preceding General	Election - Original
	B. Itemized Contributions from I	ndividuals	ł		
Last Name		First Na	ame		MI
Broadus		Ca	arole		D
Residential Street Address		City		S	tate Zip Code
22 Lincoln St		New Ha	ven	C	T 06511-3806
Principal Occupation		Na	me of Employer		
Retired			N/A		
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate co officer of a municipality does contributor or busines a contract with said municipality valued at more the	ss he/she associat		Yes X No	Amount of Contribution
fundraising event listed in Section L1?	Is contributor a principal of state contractor or prosp If yes, indicate which branch or branches of government the contract is with:	pective state contr		Yes X No	
Method of Contribution			Date Received	Aggregate Contributions	
Cash Rersonal Check Credit/Debit	Card Payroll Deduction	Money Order	10/07/2014	\$150.00	\$150.00
Last Name		First Na	ume		MI
Dowling			ine		M
Residential Street Address		City		s	tate Zip Code
30 Long View Rd		West Ha	artford	c	T 06107-1511
Principal Occupation		Na	me of Employer	•	•
Consultant			Self Employed		
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate co officer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she associat		Yes X No	Amount of Contribution
fundraising event listed in Section L1?	Is contributor a principal of state contractor or prosp If yes, indicate which branch or branches of government the contract is with:	pective state contr		Yes X No	-
Method of Contribution			Date Received	Aggregate Contributions	
Cash Rersonal Check Credit/Debit	Card Payroll Deduction	Money Order	10/07/2014	\$150.00	\$150.00
Last Name		First Na			MI
Last Name Binswanger			aren		D
Residential Street Address		City		s	tate Zip Code
81 Taunton Rd		Fairfield	1		T 06824-3840
Principal Occupation		Na	me of Employer	I	
Museum Professional			Self-Employed		
or dependent child of a lobbyist? Yes X	If contribution is in excess of \$400 to a candidate conficer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she associat an \$5000?	ed with have	Yes X No	Amount of Contribution
fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	pective state contr		Yes X No	
Method of Contribution			Date Received	Aggregate Contributions	
Cash X Personal Check Credit/Debit	Card Payroll Deduction	Money Order	10/07/2014	\$150.00	\$150.00

	I. MONETARY RECEIPTS	(Section	A-K)			
NAME OF COMMITTEE				YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Genera	al Election -	Original
	Itemized Contributions from Ind	dividuals	<b>I</b>			
Last Name		First Na	ame			MI
Leone		M	ichael			А
Residential Street Address		City			State	Zip Code
123 Florence Rd Unit 2C		Branfor	ď		СТ	06405-4233
Principal Occupation		Na	ame of Employer			
Attorney			Halloran & Sage, I	LLP		
or dependent child of a lobbyist?  Yes offi	contribution is in excess of \$400 to a candidate cor ficer of a municipality does contributor or business ontract with said municipality valued at more than	he/she associat		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prospe /es, indicate which branch or branches of vernment the contract is with:	ective state cont		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Ca	ard Payroll Deduction M	Ioney Order	10/07/2014	\$150.00		\$150.00
Last Name		First Na	ame		•	MI
Kremer		Jo				R
Residential Street Address		City			State	Zip Code
129 Lawrence St		New Ha	iven		СТ	06511-2543
Principal Occupation		Na	ame of Employer	1		
Physician			Yale University			
or dependent child of a lobbyist?  Yes offi	contribution is in excess of \$400 to a candidate cor icer of a municipality does contributor or business ontract with said municipality valued at more than	he/she associat		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prospe ves, indicate which branch or branches of vernment the contract is with:	ective state cont		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Debit Ca	ard Payroll Deduction M	Ioney Order	10/07/2014	\$150.00		\$150.00
				+250100		
Last Name		First Na				MI
Holzgrefe Residential Street Address		City	allyann		Stata	C Zip Code
2515 Hanover Ave		Richmo	nd		State VA	23220-3405
Principal Occupation			ume of Employer			
Donor Relations			Virgina Commonw	ealth University		
or dependent child of a lobbyist?  Yes offi	contribution is in excess of \$400 to a candidate cor ficer of a municipality does contributor or business ontract with said municipality valued at more than	he/she associat		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	contributor a principal of state contractor or prospe /es, indicate which branch or branches of vernment the contract is with:		ractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Ca	ard Payroll Deduction M	Ioney Order	10/07/2014	\$150.00		\$150.00

	I. MONETARY RECEIPT	S (Section A	<b>A-K</b> )		
NAME OF COMMITTEE				YPE OF REPORT	
Democratic State Central Committee				2th Day Preceding General	Election - Original
	B. Itemized Contributions from I	Individuals	1		
Last Name		First Na	me		MI
Godleski		Lir	nda		S
Residential Street Address		City			State Zip Code
23 Spencer Ave		Guilford			CT 06437-3452
Principal Occupation		Nai	me of Employer		
Physician	<u>.</u>		VA Hospital		_
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busin a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	Exect		Yes X No	_
Method of Contribution	•		Date Received	Aggregate Contributions	
Cash X Personal Check Credit/D	bebit Card Payroll Deduction	Money Order			
		Woney Order	10/07/2014	\$150.00	\$150.00
Last Name		First Na	me		MI
Follett			ter		A
Residential Street Address		City			State Zip Code
10 Maplewood Rd Principal Occupation		New Ha	me of Employer		CT 06515-1815
Architect		110	Pellli Clarke Pell A	rchitects	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	espective state contr	_ L	Yes X No	_
Method of Contribution			Date Received	Aggregate Contributions	
Cash X Personal Check Credit/D	bebit Card Payroll Deduction	Money Order			
			10/07/2014	\$150.00	\$150.00
Last Name		First Na	me		MI
Susman		Ma	atthew		С
Residential Street Address		City			State Zip Code
51 Broadfield Rd		Hamder			CT 06517-1543
Principal Occupation		Nai	me of Employer		
Attorney			Cohen & Wolf		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busin a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No	
Method of Contribution			Date Received	Aggregate Contributions	
Cash X Personal Check Credit/D	bebit Card Deduction	Money Order	10/07/2014	\$150.00	\$150.00

	I. MONETARY RECEIPTS	S (Sectio	on A-K)		
NAME OF COMMITTEE				TYPE OF REPORT	
Democratic State Central Committee				12th Day Preceding Gene	ral Election - Original
	B. Itemized Contributions from I	ndividua	ls	1	
Last Name		Firs	st Name		MI
Shoemaker			Patricia		S
Residential Street Address		City			State Zip Code
900 Dunk Rock Rd		Guilf			CT 06437-2597
Principal Occupation			Name of Employer		
Graphic Design			Self-Employed	1	
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate conficer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she asso		Yes X No	Amount of Contribution
fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		contractor? Executive Legisla	Yes X No	
Method of Contribution			Date Received	Aggregate Contributions	
Cash X Personal Check Credit/Debit	t Card Payroll Deduction	Money Order	10/07/2014	\$150.00	\$150.00
Last Name		Fire	st Name	•	MI
Butler		1	William		E
Residential Street Address		City		ĺ	State Zip Code
155 Linden St		New	Haven		CT 06511
Principal Occupation			Name of Employer		
Architect			Cesar Pelli Ass	sociates	
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate co officer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she asso		Yes X No	Amount of Contribution
fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	·	contractor?	Yes X No	
Method of Contribution			Date Received	Aggregate Contributions	
Cash Rersonal Check Credit/Debit	t Card Dayroll Deduction	Money Order	10/07/2014	\$300.00	\$300.00
Last Name		E.	st Name	4	MI
Last Name		FIE	Jean		G
Residential Street Address		City	Jean		State Zip Code
244 Ridgewood Ave		Ham	iden		CT 06517
Principal Occupation		<u> </u>	Name of Employer		I
Consultant			Educators' Col	laborative	
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate co officer of a municipality does contributor or busine a contract with said municipality valued at more the	ss he/she asso		Yes X No	Amount of Contribution
fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		contractor? Executive Legisla	Yes X No	
Method of Contribution			Date Received	Aggregate Contributions	
Cash X Personal Check Credit/Debit	t Card Payroll Deduction	Money Order	10/07/2014	\$150.00	\$150.00

-	I. MONETARY RECEIPT	S (Section )	A-K)			
NAME OF COMMITTEE				YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gener	al Election	- Original
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na	ime			MI
Errante		St	even			
Residential Street Address		City			State	Zip Code
115 Harbor St		Branfor	d		СТ	06405-4510
Principal Occupation		Na	me of Employer			
Attorney			Lynch Traub Keef	e & Errante		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associat		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr	L	Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Deduction	Money Order	10/07/2014	\$150.00		\$150.00
Last Name		First Na	me		•	MI
Gettinger			enjamin			D
Residential Street Address		City		]	State	Zip Code
17 Orchard Rd		Milford			СТ	06460-7721
Principal Occupation		Na	me of Employer	I		
Attorney			Lynch Traub Keef	e & Errante, PC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associat		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Do	ebit Card Payroll Deduction	Money Order				
		money order	10/07/2014	\$150.00		\$150.00
Last Name		First Na	ime			MI
Renzi		Ro	bert			
Residential Street Address		City		ľ	State	Zip Code
20106 Gleedsville Rd		Leesbur	g		VA	20175
Principal Occupation		Na	me of Employer			
President			The Trizetto Corpo	oration		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associat		Yes X No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Deduction	Money Order	10/07/2014	\$2,000.00		\$2,000.00

I. MONETARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE			Т	YPE OF REPORT			
Democratic State Central Committee				2th Day Preceding Gener	al Election -	Original	
	B. Itemized Contributions from I	ndividuals					
Last Name		First Na	me			MI	
Weiner			rry			Y	
Residential Street Address 3A Curlew Ct		City Glouces	tor		State MA	Zip Code 01930	
Principal Occupation		<u> </u>	ne of Employer		MA	01930	
Partner			Ruberto, Israel, &	Weiner P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	pendent child of a lobbyist? U Yes officer of a municipality does contributor or business he/she associated with have						
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No			
Method of Contribution	•		Date Received	Aggregate Contributions	-		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order					
		Money Order	10/07/2014	\$1,000.00		\$1,000.00	
Last Name		First Na	me			MI	
Gregg		Jol	าท				
Residential Street Address		City			State	Zip Code	
411 Silver Moss Dr Principal Occupation		Vero Be	ach ne of Employer		FL	32963	
Investor		1 vai	Self Employed				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of	ammittaa far a ahi	of avanutiva		A.m.a	ount of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	And		
Is this contribution associated with a fundamining quart listed in Section 112 Yes	Is contributor a principal of state contractor or pros	spective state contr	actor?	Yes X No			
fundraising event listed in Section L1?     If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	Execu					
Method of Contribution	Į		Date Received	Aggregate Contributions	-		
		Manage C. 1		-			
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	10/07/2014	\$10,000.00	9	\$10,000.00	
Last Name		First Na	me			MI	
Margolis		De	borah			н	
Residential Street Address		City			State	Zip Code	
227 Evening Canyon Rd		Corona			CA	92625	
Principal Occupation		Nar	ne of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Amo	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	10/07/2014	\$2,500.00		\$2,500.00	

I. MONETARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Genera	I Election -	Original
	B. Itemized Contributions from I	ndividuals	•			
Last Name		First Na				MI
Hirsch Residential Street Address		City	tchell		State	A Zip Code
47 Field Brook Rd		Madison	I		CT	06443-2468
Principal Occupation		Nar	ne of Employer		-	
Architect			Pellli Clarke Pell A	rchitects		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	officer of a municipality does contributor or busine	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?				
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	Executive state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	10/07/2014	\$150.00		\$150.00
Last Name		First Na	me			MI
Lynch		Ric	chard			
Residential Street Address		City			State	Zip Code
242 Old Sachems Head Rd Principal Occupation		Guilford	ne of Employer		СТ	06437
Lawyer		110	Lynch, Traub, Kee	fe & Errante		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr	L	Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	10/07/2014	\$150.00		\$150.00
Last Name		First Na	me			MI
Tiernan		Ch	arles			
Residential Street Address		City			State	Zip Code
21 Juniper Point Rd		Branford			СТ	06405-5631
Principal Occupation		Nar	ne of Employer			
Attorney			Lynch, Traub, Kee	efe & Errante		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr	L	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	10/07/2014	\$150.00		\$150.00

I. MONETARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE			,	YPE OF REPORT			
Democratic State Central Committee				2th Day Preceding Gener	ral Election -	· Original	
	B. Itemized Contributions from I	ndividuals	•				
Last Name		First Na	me			MI	
Matthes			elissa			М	
Residential Street Address 9 Zak Hill Dr		City	idaa		State CT	Zip Code 06525-1654	
Principal Occupation		Woodbr	me of Employer		CI	06323-1634	
Professor			US Coast Guard A	cademy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	officer of a municipality does contributor or busine	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Is contributor a principal of state contractor or prospective state contractor? Yes Yes Yoo government the contract is with: Executive Legislative							
Method of Contribution	· · · · · · · · · · · · · · · · · · ·		Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	10/07/2014	\$250.00		\$250.00	
Last Name		First Na	me			MI	
Steiner		Jea	anne			L	
Residential Street Address		City			State	Zip Code	
1025 Benham St		Hamder			СТ	06514-1924	
Principal Occupation Physician		Na	me of Employer Yale University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Am	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	ebit Card Deduction	Money Order	10/07/2014	\$150.00		\$150.00	
		First Na		• • •	<b>I</b>		
Last Name Bullock			me anton			MI B	
Residential Street Address		City			State	Zip Code	
5036 Massachusetts Ave NW		Washing	gton		DC	20016	
Principal Occupation		Na	me of Employer	•			
Lobbyist			Ogilvy Governmer	nt Relations			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Am	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # No Is contributor a principal of state contractor or prospective state contractor? Yes No Is contract which branch or branches of government the contract is with: Executive Legislative							
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	10/07/2014	\$500.00		\$500.00	

I. MONETARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE			Т	YPE OF REPORT			
Democratic State Central Committee				2th Day Preceding Gener	ral Election -	· Original	
	Contributions from Indivi	duals	ł				
Last Name		First Na	me			MI	
Zacharias		Cla	audia			А	
Residential Street Address	City				State	Zip Code	
3612 Dunes Vista Dr Principal Occupation			o Beach		FL	33069	
rincipal Occupation		INd	me of Employer				
CE0			BOC International				
or dependent child of a lobbyist? Yes officer of a munic	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?						
		-4-44					
for training group listed in Section 112 Yes	rincipal of state contractor or prospective hich branch or branches of contract is with:	Exect		Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debit Card	Payroll Deduction Money	Order	10/07/2014	\$200.00		\$200.00	
Last Name		First Na	me			MI	
Haber		Jo	n				
Residential Street Address	City				State	Zip Code	
4914 43rd St NW		Washing	jton		DC	20016	
Principal Occupation		Na	me of Employer				
Consultant			Cascade Strategy	, Inc.			
or dependent child of a lobbyist? Yes officer of a munic	in excess of \$400 to a candidate committ cipality does contributor or business he/sl id municipality valued at more than \$500	ne associate		Yes X No	Amo	ount of Contribution	
Is this contribution associated with a Is contributor a pu	rincipal of state contractor or prospective	state contr	actor?	Yes X No			
fundraising event listed in Section L1? If yes, indicate will government the c	hich branch or branches of contract is with:	Execu		Yes 🗂 No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash Personal Check X Credit/Debit Card		Onten					
Cash Personal Check X Credit/Debit Card	Payroll Deduction Money	Order	10/07/2014	\$1,000.00		\$1,000.00	
Last Name		First Na	me			MI	
Popilowski		Ma	atthew				
Residential Street Address	City	•			State	Zip Code	
93 Dark Entry Rd			gton Depot		СТ	06793-1104	
Principal Occupation		Na	me of Employer				
Attorney			Lynch, Traub, Kee	efe & Errante, P. C.			
or dependent child of a lobbyist? Yes officer of a munic	in excess of \$400 to a candidate committ cipality does contributor or business he/sl iid municipality valued at more than \$500	ne associate		Yes X No	Amo	ount of Contribution	
fundraising quant listed in Section L12 Yes	rincipal of state contractor or prospective hich branch or branches of contract is with:	state contr		Yes X No			
Method of Contribution			Date Received	Aggregate Contributions	7		
X Cash Personal Check Credit/Debit Card	Payroll Deduction Money	Order	10/07/2014	\$100.00		\$100.00	

I. MONETARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE				YPE OF REPORT			
Democratic State Central Committee				2th Day Preceding Gener	ral Election	- Original	
	B. Itemized Contributions from I	ndividuals					
Last Name		First Na	me			MI	
Blinkhorn		An	in			В	
Residential Street Address		City			State	Zip Code	
23 Grant Ave		Old Gre	enwich		СТ	06870	
Principal Occupation		Na	me of Employer	-		-	
Executive Recruiter			Blinkhorn, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	officer of a municipality does contributor or busine	contribution is in excess of \$400 to a candidate committee for a chief executive ficer of a municipality does contributor or business he/she associated with have contract with said municipality valued at more than \$5000?					
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No			
Method of Contribution	•		Date Received	Aggregate Contributions			
Cash Personal Check X Credit/De	ebit Card Deduction	Money Order	10/07/2014	\$6,150.00		\$150.00	
Last Name		First Na	me			MI	
Newton			ivid			I	
Residential Street Address		City			State	Zip Code	
428 Humphrey St		New Ha	ven		СТ	06511	
Principal Occupation		Na	me of Employer			1	
President			Elm Advisors, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	An	nount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No			
Method of Contribution	•		Date Received	Aggregate Contributions			
Cash E Personal Check Credit/Do	ebit Card Payroll Deduction	Money Order					
		Money Older	10/07/2014	\$150.00		\$150.00	
Last Name		First Na	me			MI	
Stone		Ka	therine				
Residential Street Address		City			State	Zip Code	
317 Laurelwood Rd		Orange			СТ	06477	
Principal Occupation		Na	me of Employer				
RN			Northwester CT E	ndoscopy Center			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	An	nount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	ebit Card Deduction	Money Order	10/07/2014	\$100.00		\$100.00	

	I. MONETARY RECEIPT	S (Section .	A-K)				
NAME OF COMMITTEE			T	YPE OF REPORT			
Democratic State Central Committee				2th Day Preceding Gene	ral Election	- Original	
	B. Itemized Contributions from I	ndividuals	•				
Last Name		First Na	ime				MI
Emanuel		· · · · · · · · · · · · · · · · · · ·	chard				
Residential Street Address		City			State	Zip Coo	
61 Grist Mill Cir Principal Occupation		Guilford	me of Employer		СТ	06437	7-1900
		140	nie of Employer				
Attorney			Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associat		Yes X No	Am	nount of Con	ntribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	nt listed in Section L1? Yes If yes, indicate which branch or branches of						
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money Order	10/07/2014	\$150.00		\$150.0	00
Last Name		First Na	ime				MI
Derfner		Ju	stin				
Residential Street Address		City			State	Zip Coo	de
450 E 83rd St		New Yo			NY	10028	8
Principal Occupation		Na	me of Employer				
VP			Feil Organization				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associat		Yes X No	Am	nount of Cor	ntribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state cont	ractor?	Yes X No	—		
fundraising event listed in Section L1?       Yes         If yes, list Event #       X         No	If yes, indicate which branch or branches of government the contract is with:	Exec	utive Legislative	Yes X No			
Method of Contribution			Date Received	Aggregate Contributions	$\neg$		
Cash Personal Check Credit/D	ebit Card Deduction	Money Order	10/07/2014	\$2,000.00		\$2,000.	.00
Last Name		First Na	me				MI
Wareck			hn				
Residential Street Address		City			State	Zip Coo	de
112 Huntington St		New Ha	ven		СТ	06513	1-2017
Principal Occupation		Na	me of Employer				
Real Estate			Wareck Real Esta	te			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associat		Yes X No	Am	nount of Cor	ntribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state cont		Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money Order	10/07/2014	\$150.00		\$150.0	00

	I. MONETARY RECEIPT	S (Section A	4-K)					
NAME OF COMMITTEE			Т	YPE OF REPORT				
Democratic State Central Committee				2th Day Preceding Gene	aral Election	- Original		
	B. Itemized Contributions from I	ndividuals						
Last Name		First Na	me				MI	
Geballe		Go	rdon				Т	
Residential Street Address		City			State	Zip Co		
19 Flying Point Rd		Branford	-		СТ	0640	5	
Principal Occupation		Inai	ne of Employer					
Professor			Yale University					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	An	nount of Co	ontribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	ction I 12 Yes Yes No							
Method of Contribution	•		Date Received	Aggregate Contributions				
Cash Personal Check Credit/E	Debit Card Payroll Deduction	Money Order	10/07/2014	\$200.00		\$200.	00	
Last Name		First Na	me				MI	
Getlan			nald					
Residential Street Address		City			State	Zip Co	ode	
14 Weyman Ave		New Ro	chelle		NY	1080	15	
Principal Occupation		Nai	ne of Employer					
Co-Owner			Amusement Cons	ultants				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	An	nount of Co	ontribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No				
Method of Contribution	•		Date Received	Aggregate Contributions				
Cash Rersonal Check Credit/E	Debit Card Payroll Deduction	Money Order	10/08/2014	\$10,000.00		\$10,000	0.00	
Last Name		First Na	me				MI	
Montague			Laddie					
Residential Street Address		City			State	Zip Co	ode	
619-21 Kenilwork St		Philadel	phia		PA	1914	,7	
Principal Occupation		Nai	ne of Employer					
Attorney			Berger & Montagu	ie PC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/she associate aan \$5000?	ed with have	Yes X No	An	nount of Co	Intribution	
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		100				
Method of Contribution			Date Received	Aggregate Contributions				
Cash X Personal Check Credit/E	Debit Card Payroll Deduction	Money Order	10/08/2014	\$5,000.00		\$5,000	).00	

I. MONETARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE				<b>FYPE OF REPORT</b>		
Democratic State Central Committee				12th Day Preceding Gene	ral Election -	· Original
	temized Contributions from In	ndividual	I			
		i u v i u u u u	,			
Last Name		First	Name			MI
Berger			Jonathan			
Residential Street Address		City			State	Zip Code
4101 Timber Ln		Philad	lelphia		PA	19129
Principal Occupation			Name of Employer			
Shareholder			Berger & Montag	ue		
or dependent child of a lobbyist?  Yes officer	officer of a multicipanty does contribution of business nersite associated with nave					
fundraising event listed in Section L1? Yes If yes,	tributor a principal of state contractor or prosp indicate which branch or branches of ument the contract is with:		ecutive Legislative	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card	Payroll Deduction	Money Order	10/08/2014	\$2,500.00		\$2,500.00
Last Name		First	Name Daniel			MI
Berger Residential Street Address		City	Damer		State	Zip Code
1622 Locust St			delphia		PA	19103
Principal Occupation		<u> </u>	Name of Employer			
Attorney			Berger & Montag	ue		
or dependent child of a lobbyist?  Yes officer	tribution is in excess of \$400 to a candidate or r of a municipality does contributor or busine: ract with said municipality valued at more that	ss he/she assoc		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1? Yes If yes,	tributor a principal of state contractor or prosp indicate which branch or branches of nment the contract is with:		ecutive Legislative	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card	Payroll Deduction	Money Order	10/08/2014	\$12,500.00		\$12,500.00
				. ,	-	
Last Name		First	Name			MI
Kwak Regidential Street Address		City	James		Stata	Zin Cada
Residential Street Address 1286 S East St .		City Amhe	arct		State MA	Zip Code 01002
Principal Occupation			Name of Employer		1114	
				montiout Cohered of L		
Associate Professor			University of Con	necticut School of La	w	
or dependent child of a lobbyist?  Yes officer	tribution is in excess of \$400 to a candidate co r of a municipality does contributor or busines ract with said municipality valued at more that	ss he/she assoc		Yes X No	Amo	ount of Contribution
fundraising event listed in Section L1?	tributor a principal of state contractor or prosp indicate which branch or branches of ament the contract is with:		ecutive Legislative	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Debit Card	Payroll Deduction	Money Order	10/08/2014	\$2,000.00		\$2,000.00

I. MONETARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE				YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Gene	ral Election	ı - Original
	B. Itemized Contributions from I	ndividuals	ł			
Last Name		First Na	me			MI
Cohlan		Jol	าท			
Residential Street Address		City			State	Zip Code
241 Kenlyn Rd		Palm Be			FL	33480
Principal Occupation		Nar	ne of Employer			
CEO			Margaritaville Holo	dings		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	officer of a municipality does contributor or business he/she associated with have					mount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Do	ebit Card Payroll Deduction	Money Order				
	-	-	10/10/2014	\$5,000.00		\$5,000.00
Last Name		First Na	me			MI
Vareika		Wi	lliam			м
Residential Street Address		City			State	Zip Code
328 Bellevue Ave		Newport			RI	02840
Principal Occupation Art Dealer		Nar	ne of Employer William Vareika Fi	ne Arts LTD		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Ar	mount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Do	ebit Card Payroll Deduction	Money Order				
			10/10/2014	\$1,000.00		\$1,000.00
Last Name		First Na	me			MI
Buhl		An	ıy			F
Residential Street Address		City			State	Zip Code
26 Cromwell Rd		North H			СТ	06473
Principal Occupation		Nar	ne of Employer			
Mother			N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Ar	mount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Ves No Is contributor a principal of state contractor or prospective state contractor? Ves Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative						
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Deduction	Money Order	10/10/2014	\$150.00		\$150.00

I. MONETARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Genera	al Election -	Original
	B. Itemized Contributions from I	ndividuals	1			
Last Name		First Na	me			MI
Honickman		· · · ·	nne			
Residential Street Address		City			State	Zip Code
210 W Rittenhouse Sq Principal Occupation		Philadel	pnia ne of Employer		PA	19103
		INdi	ne of Employer			
Executive			Honickman Found	ation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?					ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? X so No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Deduction	Money Order	10/10/2014	\$300.00		\$300.00
Last Name		First Na				MI
Clemmens			chael			1011
Residential Street Address		City			State	Zip Code
2321 P St		Sacrame	ento		CA	95816
Principal Occupation		Nar	ne of Employer	•		
CEO			Digital Deploymer	nt		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash Personal Check X Credit/De	ebit Card Depayroll Deduction	Money Order	10/10/2014	\$100.00		\$100.00
				\$100.00	<b>I</b>	
Last Name Corbet		First Na	<sup>me</sup> thleen			MI A
Residential Street Address		City	unieen		State	A Zip Code
49 Cross Ridge Rd		New Car	naan		CT	06840
Principal Occupation			ne of Employer			-
Venture Capital & Consulting			Cross Ridge Capit	al, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # No Is contributor a principal of state contractor or prospective state contractor? Yes X No Executive Legislative Legislative						
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/De	ebit Card Payroll Deduction	Money Order	10/10/2014	\$500.00		\$500.00

	I. MONETARY RECEIPT	S (Section A	<u>4-K)</u>			
NAME OF COMMITTEE TYPE OF REPORT						
Democratic State Central Committee			1:	2th Day Preceding Gene	ral Election	- Original
	B. Itemized Contributions from I	ndividuals	**			
Last Name		First Na	me			MI
Kosinski			chard			<u> </u>
Residential Street Address		City			State	Zip Code
40 Manitook Dr Principal Occupation		Oxford	ne of Employer		СТ	06478
		144				
Dispute Resolver			Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? X No	If yes, indicate which branch or branches of	spective state contr				
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credi	it/Debit Card Payroll Deduction	Money Order	10/12/2014	±100.00		±100.00
			10/12/2014	\$100.00	<u> </u>	\$100.00
Last Name		First Na				MI
Anderson Residential Street Address			seph		State	Zin Codo
5017 E Valle Vista Rd		City Phoenix			AZ	Zip Code 85018
Principal Occupation			ne of Employer		712	
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associate		Yes X No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of	spective state contr				
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credi	it/Debit Card Payroll Deduction	Money Order	10/13/2014	\$5,000.00		\$5,000.00
Last Name		First Na	me			MI
From		Alv	/in			
Residential Street Address		City			State	Zip Code
3753 Thomas Point Rd		Annapol			MD	21403
Principal Occupation		Nai	ne of Employer			
Consultant			The From Compar	ny, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? X No		spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credi	it/Debit Card Dayroll Deduction	Money Order	10/13/2014	\$500.00		\$500.00

I. MONETARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE			Т	YPE OF REPORT		
Democratic State Central Committee				2th Day Preceding Genera	al Election -	Original
	B. Itemized Contributions from I	ndividuals				
Last Name Oxer		First Na	<sup>me</sup> bert			MI G
Residential Street Address		City	bert		State	Zip Code
166 Pear Tree Point Rd		Darien			СТ	06820-5821
Principal Occupation		Nar	ne of Employer			
Owner			City Carting & Rec	cycling		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?					
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	10/14/2014	\$2,500.00		\$2,500.00
Last Name		First Na	me			MI
Klee		Ro	bert			J
Residential Street Address		City			State	Zip Code
33 N Racebrook Rd		Woodbri			СТ	06525-1404
Principal Occupation		Nar	ne of Employer			
Executive Commissioner			CT Dept. Of Energ	y & Env. Protection		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Deduction	Money Order	10/14/2014	\$200.00		\$200.00
Last Name		First Na	me			MI
Klee		An				
Residential Street Address		City			State	Zip Code
33 N Racebrook Rd		Woodbri	-		CT	06525
Principal Occupation		Nar	ne of Employer			
Assistant Professor of Psychiatry			Yale School of Me	dicine		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associate		Yes X No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contr		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	10/14/2014	\$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		First Name				MI
White		Jeffrey				
Residential Street Address	City			State	Zip Cod	le
38 Fawnbrook Ln	S	imsbury		CT	06070	)
Principal Occupation		Name of Employer				
Attorney		Robinson & Cole LL	Р			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	associated with have	Yes X No	Amo	ount of Con	ntribution
Is this contribution associated with a fundraising event listed in Section L1? Yes If yes, list Event # Yes No Vo	·	tate contractor?	Yes X No			
Method of Contribution		Date Received A	ggregate Contributions			
Cash Personal Check X Credit/Debit Card Payroll Deduction	Money C	<sup>Drder</sup> 10/16/2014	\$250.00		\$250.0	
			Total of Section	1 B	\$471,	375.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section	ns A & I	B) (Total on Line 14 of S	Summary Page)		\$472,7	765.00

I. MO	NETAR	<b>XY RECEIPTS</b>	S (Section A	-K)	_	
NAME OF COMMITTEE					TYPE OF REPORT	,
Democratic State Central Committee					12th Day Preceding Ge	neral Election - Original
C1. Contri	butions f	from Other Con	nmittees		I	
Name of Committee				Name of Treasurer		
AFT Connecticut Political Action Committee				Edward Leavy		
Address		Is this contribution as		Yes	x <sub>No</sub>	
35 Marshall Rd		fundraising event list If yes, list Eve				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate	Contributions	\$7,500.00
Rocky Hill	СТ	06067-1400	07/01/2014		\$7,500.00	\$7,500.00
Name of Committee Connecticut Food Industry PAC				Name of Treasurer		
Address		Is this contribution as		Yes	x <sub>No</sub>	
433 S Main St Ste 309		fundraising event list If yes, list Eve				Amount of Contribution
					~ * *	-
City West Hartford	State	Zip Code	Date Received		Contributions \$2,500.00	\$2,500.00
	СТ	06110	07/02/2014	Name of Treasurer		
Name of Committee Connecticut's Children				Michael J. Caca	ace	
Address		Is this contribution as		U Yes	x <sub>No</sub>	
777 Summer St		fundraising event list If yes, list Eve				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate	Contributions	
Stamford	ст	06901	07/24/2014		\$1,850.00	\$1,850.00
		00001	07/21/2011	Name of Treasurer		
Name of Committee Uniformed Professional Fire Fighters Association of CT PAC				Dominic Cutaia	I	
Address		Is this contribution as	ssociated with a	<u> </u>		
30 Sherman St		fundraising event list	ed in Section L1?	Yes	x <sub>No</sub>	Amount of Contribution
		If yes, list Eve	ent #			
City West Hartford	State	Zip Code	Date Received	Aggregate	Contributions \$2,500.00	\$2,500.00
	СТ	06110-1915	07/24/2014		\$2,500.00	
Name of Committee				Name of Treasurer		
CT Association of Optometrists PAC				Paul Werdell		
Address		Is this contribution as fundraising event list		Yes	x <sub>No</sub>	
553 Farmington Ave		If yes, list Eve				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate	Contributions	1
Hartford	СТ	06105-3048	07/28/2014		\$2,500.00	\$2,500.00

I. MO	NETAR	<b>XY RECEIPTS</b>	S (Section A-	-K)		
NAME OF COMMITTEE					TYPE OF REPORT	,
Democratic State Central Committee					12th Day Preceding Ge	neral Election - Original
C1. Contri	butions f	from Other Con	nmittees		L	
Name of Committee				Name of Treasurer		
Third Street PAC				Dean O'Brien		
Address		Is this contribution as		Yes	x <sub>No</sub>	
51 Walbridge Rd Rear		fundraising event list If yes, list Eve		<u> </u>		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate	Contributions	\$250.00
West Hartford	СТ	06110	08/06/2014		\$1,250.00	\$230.00
Name of Committee			-	Name of Treasurer		
UCPEA PAC				Charles Morrell		
Address		Is this contribution as		Yes	x <sub>No</sub>	
18 Dog Ln		fundraising event list If yes, list Eve				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate	Contributions	
Storrs				Aggregate	\$7,500.00	\$3,750.00
	СТ	06268-2225	08/08/2014	Name of Treasurer		
Name of Committee Connecticut Health Care District 1199 PAC				Tamisha Cruz		
		I		1		1
Address		Is this contribution as fundraising event list		Yes	x No	Amount of Contribution
77 Huyshope Ave		If yes, list Eve	ent #	i		
City	State	Zip Code	Date Received	Aggregate	Contributions	\$7,500.00
Hartford	СТ	06106	08/11/2014		\$7,500.00	<i><i><i></i></i></i>
Name of Committee				Name of Treasurer		
C.P.F.U. PAC						
Address		Is this contribution as		Yes	x <sub>No</sub>	
30 Columbus Blvd		fundraising event list If yes, list Eve		1		Amount of Contribution
Cin	Stata	Zip Code	Date Received	Aggregate	Contributions	
City Hartford	State			Aggregate	Contributions \$740.00	\$740.00
	СТ	06106	08/11/2014	Name of Treasurer		
Name of Committee Meriden DTC				Name of Treasurer		
Address		Is this contribution as		Yes	x <sub>No</sub>	
293 Wall St		fundraising event list If yes, list Eve				Amount of Contribution
Cin	Stata	Zip Code	Date Received	A /	Contributions	1
City Meriden	State	06450-4469		Aggregate	\$755.00	\$755.00
1	CT	00450-4469	08/11/2014	1		1

I. MO	NETAR	<b>XY RECEIPTS</b>	S (Section A	-K)	_	
NAME OF COMMITTEE					TYPE OF REPORT 12th Day Preceding Ge	
Democratic State Central Committee					12th Day Preceding Ge	neral Election - Original
C1. Contri	butions f	from Other Con	nmittees			
Name of Committee REALTORS Political Action Committee				Name of Treasurer		
Address 111 Founders Plz Ste 1101		Is this contribution as fundraising event list If yes, list Eve	ed in Section L1?	Yes	X No	Amount of Contribution
City East Hartford	State CT	Zip Code 06108	Date Received 08/11/2014	Aggregate	Contributions \$2,500.00	\$2,500.00
Name of Committee AFSCME Council 4 PAC				Name of Treasurer Sal Luciano		
Address 444 E Main St	_	Is this contribution as fundraising event list If yes, list Eve	ed in Section L1?	Yes	X No	Amount of Contribution
City New Britain	State CT	Zip Code 06051-2055	Date Received 08/15/2014	Aggregate	Contributions \$7,500.00	\$7,500.00
Name of Committee CODPAC, Connecticut Dental PAC				Name of Treasurer Stephen Moran	1	
Address 835 W Queen St		Is this contribution as fundraising event list If yes, list Eve	ed in Section L1?	Yes Yes	X No	Amount of Contribution
City Southington	State CT	Zip Code 06489-1032	Date Received 08/15/2014	Aggregate	Contributions \$7,500.00	\$7,500.00
Name of Committee IRON PAC 424				Name of Treasurer Gary Esposito		
Address 15 Bernhard Rd		Is this contribution as fundraising event list If yes, list Eve	ed in Section L1?	Yes	X No	Amount of Contribution
City North Haven	State CT	Zip Code 06473	Date Received 08/15/2014	Aggregate	Contributions \$7,500.00	\$7,500.00
Name of Committee Waterbury Leadership PAC				Name of Treasurer Christian D'Or	so	
Address 42 Rosemount Ave		Is this contribution as fundraising event list If yes, list Eve	ed in Section L1?	Yes	X No	Amount of Contribution
City Waterbury	State	Zip Code	Date Received	Aggregate	Contributions \$1,480.00	\$1,480.00

I. MO	NETAR	<b>RY RECEIPTS</b>	6 (Section A	-K)	_	
NAME OF COMMITTEE					TYPE OF REPORT	,
Democratic State Central Committee					12th Day Preceding Ge	neral Election - Original
C1. Contri	butions f	from Other Cor	nmittees		I	
Name of Committee				Name of Treasurer		
Connecticut State AFL-CIO OPC Account				Lori J Pelletier		
Address		Is this contribution as		Yes	x <sub>No</sub>	
56 Town Line Rd		fundraising event list If yes, list Eve				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate	Contributions	\$2,500.00
Rocky Hill	СТ	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 as		Yes	x <sub>No</sub>	
51 Walbridge Rd Rear		fundraising event list If yes, list Eve				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate	Contributions	
West Hartford				Aggregate	\$2,850.00	\$1,850.00
	СТ	06110	08/21/2014	Name of Treasurer		
Name of Committee NE Regional Council/Carpenters CT., O.P.C.				John Cunningh	am	
Address		Is this contribution as	esociated with a	-		1
427 Stillson Rd		fundraising event list		Yes	x No	Amount of Contribution
		If yes, list Ev	ent #			-
City	State	Zip Code	Date Received	Aggregate	Contributions	\$7,500.00
Fairfield	СТ	06824-0668	08/29/2014		\$7,500.00	
Name of Committee				Name of Treasurer		
Operating Engineers International Union						
Address		Is this contribution as fundraising event list		Yes	x <sub>No</sub>	
1965 Dixwell Ave		If yes, list Eve				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate	Contributions	
Hamden	ст	06514-2407	09/03/2014		\$7,500.00	\$7,500.00
Name of Committee		1		Name of Treasurer		
New Haven County Marshal's Assoc.						
Address		Is this contribution as		Yes	x <sub>No</sub>	
2830 Whitney Ave		fundraising event list		L I es		Amount of Contribution
		If yes, list Ev				{
City Hamden	State	Zip Code	Date Received		Contributions \$500.00	\$500.00
	CT	06518	09/10/2014	1	+0	1

I. MO	NETAR	Y RECEIPTS	6 (Section A-	-K)		
NAME OF COMMITTEE					TYPE OF REPORT	<b>,</b>
Democratic State Central Committee						eneral Election - Original
C1. Contri	butions f	rom Other Con	nmittees		I	
Name of Committee				Name of Treasu	irer	
Simsbury DTC						
Address		Is this contribution as fundraising event list		<u> </u>	ves <b>x</b> No	
РО Вох 664		If yes, list Eve				Amount of Contribution
City	State	Zip Code	Date Received	Aggre	gate Contributions	
Simsbury	СТ	06070-0664	09/17/2014		\$2,000.00	\$2,000.00
Name of Committee		•		Name of Treasu	ırer	•
Drew PAC				Daniel Pick	ett	
Address		Is this contribution as		у	Zes X No	
77 Prout Hill Rd		fundraising event list If yes, list Eve				Amount of Contribution
City	State	Zip Code	Date Received	Aggre	gate Contributions	
Middletown	CT	06457	09/29/2014	Aggre	\$185.00	\$185.00
Name of Committee		00437	03/23/2014	Name of Treasu	ırer	<u> </u>
Drew PAC				Daniel Pick	ett	
Address		Is this contribution as		Y	ves x No	
77 Prout Hill Rd		fundraising event list If yes, list Eve			10	Amount of Contribution
City	State	Zip Code	Date Received	Aggre	gate Contributions	
Middletown	ст	06457	09/29/2014		\$50.00	\$50.00
Name of Committee		1		Name of Treasu	ırer	1
Connecticut State AFL-CIO OPC Account				Lori J Pelleti	ier	
Address		Is this contribution as	ssociated with a	<u> </u>		
56 Town Line Rd		fundraising event list		L Y	ves X No	Amount of Contribution
		If yes, list Eve				-
City Rocky Hill	State	Zip Code	Date Received	Aggre	gate Contributions \$2,500.00	\$2,500.00
	СТ	06067	09/30/2014	N CT		
Name of Committee				Name of Treasu		
UA Plumbers & Pipefitters Local 777 PAC				Michael Ros	ario	
Address		Is this contribution as fundraising event list		I Y	Ves X No	Amount of Contribution
1250 E Main St		If yes, list Eve	ent #			
City	State	Zip Code	Date Received	Aggre	gate Contributions	\$5,000.00
Meriden	СТ	06450-4806	10/08/2014		\$7,000.00	\$3,000.00

I. MO	<u>NETA</u> R	AY RECEIPTS	6 (Section A	-K)		
NAME OF COMMITTEE					TYPE OF REPORT	
Democratic State Central Committee					12th Day Preceding Ge	neral Election - Original
C1. Contri	butions f	rom Other Con	nmittees			
Name of Committee				Name of Treasurer		
Federation of Technical College Teachers Local 1942						
Address		Is this contribution as		Yes	x No	
193 Lake Rd		fundraising event list If yes, list Eve				Amount of Contribution
Cin	Stata		Date Received	A garagata	Contributions	
City Jewett City	State	Zip Code		Aggregate	Contributions \$5,000.00	\$4,000.00
	СТ	06351	10/09/2014		1-7	
Name of Committee				Name of Treasurer		
CEUI PAC				Leslie Maddock	S	
Address		Is this contribution as fundraising event list		Yes	X No	Amount of Contribution
110 Randolph Rd , PO Box 1268		If yes, list Eve				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate	Contributions	
Middletown				7 iggregate	\$5,000.00	\$2,500.00
	СТ	06457-1268	10/14/2014			
Name of Committee				Name of Treasurer		
Connecticut State Employees Assoc PAC				Robert Rinker		
Address		Is this contribution as fundraising event list		Yes	x No	
760 Capitol Ave		If yes, list Eve				Amount of Contribution
City Hartford	State	Zip Code	Date Received	Aggregate	Contributions \$2,500.00	\$2,500.00
	СТ	06106-1206	10/14/2014		42,000.00	
Name of Committee				Name of Treasurer		
Connecticut Police & Fire (C.P.F.U.) PAC						
Address		Is this contribution as		Yes	X No	
50 Columbus Blvd Fl 3		fundraising event list				Amount of Contribution
		If yes, list Eve	ent #			
City	State	Zip Code	Date Received	Aggregate	Contributions	\$6,500.00
Hartford	СТ	06106	10/16/2014		\$6,500.00	
Name of Committee				Name of Treasurer		
Teamsters Local 1150						
Address		Is this contribution as		Yes	x No	
150 Garfield Ave		fundraising event list				Amount of Contribution
		If yes, list Eve	ent #	1		
City	State	Zip Code	Date Received	Aggregate	Contributions	\$5,000.00
Stratford	СТ	06615-7101	10/16/2014		\$5,000.00	
				ſ	Fotal of Section C1	\$106,410.00

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE TYPE OF REPORT								
Democratic State Central Committee	Democratic State Central Committee 12th Day Preceding General							
C2. Reimbursemen	ts. Payment	s. or Surplus Dist	ributions from other Co	mmittees				
Name of Committee Name of Treasurer								
Address			Date Received		Amount of Receipt			
City	State	Zip Code	Reimbursement for shared exp	bense				
			Payment for goods and service	25				
Surplus Distribution								
Total of Section C2								

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE				TYPE OF	F REPORT			
Democratic State Central Committee				12th Day F	Preceding General E	lection - Original		
D. Loans Received t	this Pe	riod						
Name of Lender		Source of Loan: Bank	Candidate	Individual	Other	Date of Receipt		
Street Address	City			State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applicable)						Amount Received		
Street Address	City			State	Zip Code			
					Total of Section	D		

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

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

Total	of	Section	F
1 otai		Dection	

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

Page 106 of 149

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

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 Reco	eived	Amount				
Street Address	Street Address City State		e	Zip Code			
Total of Section J							

I. MONETARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE TYPE OF REL						
			12th Day Preceding General Election - Original			
K. Miscellan	eous Monetary Receipts not Considered Cor	ntributions				
Name Date of Transact			tion	Amount Received		
Street Address	Citv	State	Zip Code			
Description						
			Total of Section K			

	II. FUNDRAISING EVENT A	CTIVIT	ГҮ (Se	ections L1 - L4)				
NAME OF COMMITTEE					TYPE OF RE	EPORT		
Democratic State Central Com	mittee				12th Day Prece	ding General Ele	ction - Original	
	L1. Fundrais	ser Event	Inform	nation				
Fundraising Event #	Description							
Date of Fundraiser Bench 10/01/2014 B	Reception Event							
Location: Street Address				City		State	Zip Code	
1032 Chapel St .				New Haven		СТ	06510	
Subpart 1: (All Committees) Was this fundraising event hosted at a perso	onal residence?			<i>(If yes</i> , go to Section L4 In-K Contributions and complete required host(s) for food, beverage and in	uired information		ade by	
Did this fundraiser include items donated by a business entity of up to \$100 or       Image: Section L4 In-Kind Donations not Considered Contributions and complete required information.)         Ves       (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)         No       No								
Was this fundraiser a tag sale, auction, or or puchases from an individual of up to \$100?			Yes (If yes, enter Total Receipts here.)			\$0.00		
Subpart 2: Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?				<i>(If yes</i> , go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)				
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage a within the state with this fundraiser?	t a fair or similar mass gathering held		/es lo	( <i>If yes</i> , enter Total Receipts here.) \$			\$0.00	
Fundraising Event # Date of Fundraiser Letter	Description							
10/20/2014 A	Reception Event							
Location: Street Address				City		State	Zip Code	
25 Hopkins Rd				Warren		СТ	06777	
Subpart 1: (All Committees)       Yes       (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.)				ade by				
Did this fundraiser include items donated b items donated by an individual of up to \$10		Yes       (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)         X       No						
Was this fundraiser a tag sale, auction, or or puchases from an individual of up to \$100?			Yes (If yes, enter Total Receipts here.) \$0.0			\$0.00		
Subpart 2:       X       Yes       (If yes, go to Section L3 Purchases of Advertising Space in a Program book or on a sign associated with this fundraiser?         Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?       Image: Construction of the section of the					Program			
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage a within the state with this fundraiser?	t a fair or similar mass gathering held		/es lo	( <i>If yes</i> , enter Total Receipts h	nere.)		\$0.00	
				Tota	al of Section L	1	\$0.00	

Page	108	of	149
i ugo	100	01	112

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)								
NAME OF COMMITTEE					TY	PE OF REPO	RT	
Democratic State Central Committee				12th Day F	Preceding Gener	al Election	on - Original	
L3. Purchases of A	Advertising in a Program B	ook or on a Sign						
Name of Purchaser Hopkins Vineyard, LLC						ade By: ness Entity Proprietorship		Individual
Street Address 25 Hopkins Rd				City			State	Zip Code
				Warren			СТ	06777
Date Received 10/14/2014	Event # 10202014A	Aggregate Purchases for All Events \$250.00	Amou	unt of Program Ad Purchase \$250		Amount of S	Sign Purcl	hase
Total of Section L3						\$250.00		

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)							
NAME OF COMMITTEE TYPE OF REPORT							
Democratic State Central Committee 12th Day Preceding Original					General Ele	ction -	
	L4. In-Kind Donations Not Considered Contributions						
Name of the Donor							
Street Address			City			State	Zip Code
Donation Given by: Business Entity	Description of Donation		•				farket Value of Donation
Individual	Date Received	Event #		Aggregate value for	r this event		
Sole Proprietorship							
Total of Section L4							

III. NONMONETARY RECEIPTS (Sections M - O)									
NAME OF COMMITTEE				TYPE OF REPC	RT				
Democratic State Central Committee				2th Day Preceding Gene Driginal	ral Election -				
	M. In-Kind C	Contributions							
Name Clarke Fred									
Street Address 179 Old Quarry Rd		City Guilford		State CT	Zip Code 06437				
<i>71</i>									
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If 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?									
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event# 10012014B		I of state contractor or prospective state ich branch or branches of intract is with:	contractor?	Yes No	\$4,202.48				
Name Pelli Cesar									
Street Address 294 Livingston St		City New Haven		State CT	Zip Code 06511-1310				
51	Received A 01/2014	Aggregate contributions \$4,202.48	Description of In-Kind Contribut Food, Beverage, Venue	tion					
dependent child of a lobbyist? <b>x</b> No exect asso	utive officer of a municipalit	00 to a candidate committee for a chief ity does contributor or business he/she i with said municipality valued at more			arket Value of this Contribution				
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event# 10012014B		I of state contractor or prospective state ich branch or branches of nntract is with:	contractor?	Yes No	\$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: Committee           X         Individual / Sole Proprietorship         Other	Date Received 10/01/2014	Aggregate contributions \$4,202.47	Description of In-Kind Contribu Food, Beverage, Venue	tion	·				
Is Contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	executive officer of a munici	\$400 to a candidate committee for a chie pality does contributor or business he/she act with said municipality valued at more			Fair Market Value of this Contribution				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# 10012014B Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative					\$4,202.47				
			Total of S	Section M	\$12,607.43				

III. Non Monetary Receipts (Sections M - O)								
NAME OF COMMITTEE					TYPE OF REPORT			
Democratic State Central Committee						eneral Election - Original		
N. Refundable Depos								
Last Name of Individual		First Name			Date I	Deposit Made		
Residential Street Address	Ci	ity State		City State		Zip Code		Amount of Deposit
Name of Telephone company	Name of Telephone company							
Street Address City State			Zip Code					

III. NONMONETARY RECEIPTS (Sections M - O)									
NAME OF COMMITTEE		TYPE OF REPFORT							
Democratic State Central Committee		12th Day Preceding General El	ection - 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								
Total of Section O									

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE				TYPE OF RE	EPORT			
Democratic Sta	te Centra	al Committee			12th Day Precedi	ng General Election	- Original		
		P. Expenses	Paid By Committee						
Name of Payee Chase Paymente	ch			Date of Payment 07/02/2014		Method of Payment Check # X Debit Card			
Street Address 14221 Dallas Pkw	у		City Dallas			State TX	Zip Code 75254		
Purpose of Expenditu (by code) Misc *	Purpose of Expenditure     Description     Event #       (by code) Misc *     Credit Card Processing Fees				Amount				
Expenditure # (if applicable)		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$673.28		
Name of Payee Authorize.net			Date of Payment 07/02/2014		Method of Payment Check X Debit				
Street Address PO Box 8999			City San Francisco			State CA	Zip Code 94128-8999		
Purpose of Expenditu (by code) Misc *	re	Description Credit Card Processing Fees		Event #			Amount		
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       Coordinated with reimbursement sough         Image: Coordinated without reimbursement sough       Independent       Organization       A       B       C       D       \$54.99						\$54.95			
Name of Payee Chad Roy				Date of Payment 07/03/2014		Method of Payment X Check # 5072 Debit Card			
Street Address 60 Featherbead Lu	n		City Branford			State CT	Zip Code 06405		
Purpose of Expenditu (by code) CNSLT	re	Description Photography Services		Event #			Amount		
Expenditure # (if applicable) 53		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen			\$531.75		
Name of Payee Berger Hirschber	rt Strateg	ies		Date of Payment 07/03/2014		Method of Payment           X         Check           Debit         Check			
Street Address 151 W 25th St			City New York			State NY	Zip Code 10001		
Purpose of Expenditu (by code)CNSLT	re	Description Fundraising Consultant		Event #			Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen			\$6,500.00		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE				TYPE OF RI	EPORT			
Democratic Sta	te Centra	al Committee			12th Day Precedi	ng General Election -	Original		
		P. Expenses	Paid By Committee	-		-			
Name of Payee Connecticut Con	vention C	Center		Date of Payment 07/03/2014		Method of Payment           X         Check           Debit 0			
Street Address 100 Columbus Blv	/d		City Hartford			State CT	Zip Code 06103		
Purpose of Expenditure Description (by code) Misc * Venue Rental				Event #		A	Amount		
Expenditure #       Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       Coordinated with reimbursement sought         Coordinated without reimbursement sough       Independent       Organization       A       B       C       D							\$2,000.00		
Name of Payee Global Strategies, Inc.				Date of Payment 07/03/2014		Method of Payment     X   Check     Debit 0			
Street Address     City       895 Broadway     New York				State NY	Zip Code 10003				
Purpose of Expenditu <sup>(by code)</sup> CNSLT	ıre	Description Event # Communications Consultant				A	Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	it sought C D		\$2,500.00		
Name of Payee State of CT- Offi	ce of Trea	asurer		Date of Payment 07/03/2014		Method of Payment     X   Check     Debit 0			
Street Address 55 Elm St			City Hartford			State CT	Zip Code 06106		
Purpose of Expenditu (by code) Misc *	ire	Description Reimbursement for Mileage		Event #		A	Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	ıt sought C D		\$332.80		
Name of Payee Swift-CPA				Date of Payment 07/03/2014		Method of Payment Check X Debit C			
Street Address 2452 Vale Way			City Erie			State CO	Zip Code 80516		
Purpose of Expenditu (by code)Misc *	ire	Description Credit Card Processing Fees		Event #		A	Amount		
Expenditure # (if applicable)		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen	it sought C D		\$50.00		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE	3			TYPE OF RE	EPORT			
Democratic Sta	te Centra	al Committee			12th Day Precedi	ng General Election -	- Original		
		P. Expenses	Paid By Committee						
Name of Payee American Expres	55			Date of Payment 07/07/2014		Method of Payment Check X Debit			
Street Address PO Box 53852			City Phoenix			State AZ	Zip Code 85072		
Purpose of Expenditu (by code) Misc *					1	Amount			
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       Coordinated with reimbursement sought         Coordinated without reimbursement sough       Independent       Organization       A       B       C       D							\$463.00		
Name of Payee ADP			Date of Payment 07/07/2014		Method of Payment Check X Debit				
Street Address City Waltham					State MA	Zip Code 02451-1122			
Purpose of Expenditu <sup>(by code)</sup> Misc *						Amount			
Expenditure # (if applicable)		ixpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	A B G	t sought C D		\$89.97		
Name of Payee State of CT- Offi	ce of Trea	asurer		Date of Payment 07/09/2014		Method of Payment           X         Check # 5075           Debit Card			
Street Address 55 Elm St			City Hartford			State CT	Zip Code 06106		
Purpose of Expenditu (by code) Misc *	ire	Description Reimbursement for Mileage		Event #		Amount			
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen	_		\$621.86		
Name of Payee Global Strategies	s, Inc.			Date of Payment 07/14/2014		Method of Payment X Check Debit			
Street Address 895 Broadway			City New York			State NY	Zip Code 10003		
Purpose of Expenditu (by code)CNSLT	ire	Description Communications Consultant		Event #			Amount		
Expenditure # (if applicable)		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	A B C			\$2,500.00		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	MITTEE				TYPE OF RE	EPORT			
Democratic Sta	te Centra	al Committee			12th Day Precedi	ng General Election -	Original		
		P. Expenses	Paid By Committee			-			
Name of Payee Abacus Associate	25			Date of Payment 07/14/2014		Method of Payment           X         Check           Debit         Check			
Street Address 136 West St Ste 1	02A		<sup>City</sup> Northampton			State MA	Zip Code 01060-3709		
Purpose of Expenditur (by code)CNSLT					Amount				
Expenditure # (if applicable) 40		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	A B G	tt sought C X D		\$9,600.00		
Name of Payee Tonio Burgos				Date of Payment 07/16/2014		Method of Payment Check X Debit			
Street Address 115 Broadway Ste	1504		City New York	-		State NY	Zip Code 10006		
Purpose of Expenditur <sup>(by code)</sup> REF							Amount		
Expenditure #       Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       Coordinated with reimbursement sought         Coordinated without reimbursement sough       Independent       Organization       A       B       C       D       \$9,000.00						\$9,000.00			
Name of Payee Eric Emanuelson				Date of Payment 07/16/2014		Method of Payment Check X Debit			
Street Address 30 Bayberry Ln			City Guilford			State CT	Zip Code 06437-3135		
Purpose of Expenditur <sup>(by code)</sup> WAGE	re	Description Wages		Event #			Amount		
Expenditure # (if applicable) 9		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen	it sought C X D		\$1,600.00		
Name of Payee ADP				Date of Payment 07/16/2014		Method of Payment Check X Debit			
Street Address 225 2nd Ave			City Waltham	-		State MA	Zip Code 02451-1122		
Purpose of Expenditur (by code)WAGE	re	Description Payroll Taxes		Event #			Amount		
Expenditure # (if applicable) 42		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough		A B G			\$456.00		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE				TYPE OF RE	EPORT			
Democratic Sta	te Centra	al Committee			12th Day Precedi	ng General Election -	Original		
		P. Expenses	Paid By Committee						
Name of Payee William W Kamp	fman			Date of Payment 07/16/2014		Method of Payment Check # X Debit Card			
Street Address 26 Maiden Ln			<sup>City</sup> Plainville			State CT	Zip Code 06062-1231		
Purpose of Expenditure Description (by code) WAGE Wages				Event #		Α	Amount		
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       Coordinated with reimbursement sough         (if applicable)       Coordinated without reimbursement sough       Independent       X Organization         21       Coordinated without reimbursement sough       Independent       X Organization       A       B       C       X D							\$1,600.00		
Name of Payee Harty Press				Date of Payment 07/22/2014		Method of Payment           X         Check           Debit 0			
Street Address 25 James St			City New Haven	-		State CT	Zip Code 06513		
Purpose of Expenditu <sup>(by code)</sup> PRNT	ire	Description Printing		Event #		A	Amount		
Expenditure # (if applicable) 27		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$750.00		
Name of Payee Will Kampfman				Date of Payment 07/25/2014		Method of Payment X Check Debit C			
Street Address 26 Maiden Ln			<sup>City</sup> Plainville	*		State CT	Zip Code 06062		
Purpose of Expenditu <sup>(by code)</sup> WAGE	ire	Description Wages		Event #		Α	Amount		
Expenditure # (if applicable) 19		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought C X D		\$2,789.74		
Name of Payee ADP				Date of Payment 07/25/2014		Method of Payment Check X Debit C			
Street Address 225 2nd Ave			<sup>City</sup> Waltham			State MA	Zip Code 02451-1122		
Purpose of Expenditu (by code) Misc *	ire	Description Payroll Processing Fees		Event #		A	Amount		
Expenditure # (if applicable)		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen			\$89.97		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE				TYPE OF RE	EPORT			
Democratic Sta	ite Centra	al Committee			12th Day Precedi	ng General Election -	Original		
		P. Expenses	Paid By Committee	T		Γ			
Name of Payee Eric Emanuelson	I			Date of Payment 07/25/2014		Method of Payment X Check Debit 0			
Street Address 30 Bayberry Ln			City Guilford			State CT	Zip Code 06437		
Purpose of Expenditu <sup>(by code)</sup> WAGE	urpose of Expenditure Description Event # Vy code) WAGE Wages					A	Amount		
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       Coordinated with reimbursement sough         (if applicable)       Coordinated without reimbursement sough       Independent       X Organization         7       7							\$2,748.15		
Name of Payee People's United Bank			Date of Payment 07/25/2014		Method of Payment Check X Debit O				
Street Address 1 Financial Plz			City Hartford			State CT	Zip Code 06103		
Purpose of Expenditure     Description     Event #       (by code)     Bank Fees     Image: Comparison of the second					A	Amount			
Expenditure # (if applicable)									
Name of Payee DSCC Federal				Date of Payment 07/29/2014		Method of Payment Check X Debit O			
Street Address 330 Main St Fl 3			City Hartford			State CT	Zip Code 06106-1851		
Purpose of Expenditu (by code) Misc *	ire	Description Reimbursement of operating expenditures (see FEC report)	2	Event #		A	Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	A B C	t sought C D		\$15,831.52		
Name of Payee Eric Emanuelson	I			Date of Payment 07/31/2014		Method of Payment Check X Debit O			
Street Address 30 Bayberry Ln			City Guilford			State CT	Zip Code 06437-3135		
Purpose of Expenditu (by code) WAGE	ire	Description Wages		Event #		A	Amount		
Expenditure # (if applicable) 10		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen			\$1,600.00		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	MITTEE				TYPE OF RE	EPORT			
Democratic Sta	te Centra	al Committee			12th Day Precedi	ng General Election -	Original		
		P. Expenses	Paid By Committee						
Name of Payee				Date of Payment 07/31/2014		Method of Payment Check			
Street Address 225 2nd Ave			City Waltham			State MA	Zip Code 02451-1122		
Purpose of Expenditure Description <sup>(by code)</sup> WAGE Payroll Taxes				Event #		А	amount		
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       Coordinated with reimbursement sough         43       Coordinated without reimbursement sough       Independent       X Organization       A       B       C       X D							\$448.80		
Name of Payee William W Kampfman				Date of Payment 07/31/2014		Method of Payment Check : X Debit C			
Street Address     City       26 Maiden Ln     Plainville			-			State CT	Zip Code 06062-1231		
Purpose of Expenditu <sup>(by code)</sup> WAGE	re	Description Wages		Event #		А	umount		
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       Coordinated with reimburse         (if applicable)       Coordinated without reimbursement sough       Independent       X Organization         22       Coordinated without reimbursement sough       Independent       X Organization       A					t sought C X D		\$1,600.00		
Name of Payee Global Strategies	s, Inc.			Date of Payment 08/01/2014		Method of Payment X Check Debit C			
Street Address 895 Broadway			City New York			State NY	Zip Code 10003		
Purpose of Expenditu (by code) CNSLT	re	Description Communications Consultant		Event #		А	mount		
Expenditure # (if applicable) 15		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$100,000.00		
Name of Payee Authorize.net				Date of Payment 08/04/2014		Method of Payment Check			
Street Address PO Box 8999			City San Francisco			State CA	Zip Code 94128-8999		
Purpose of Expenditu (by code) Misc *	re	Description Credit Card Processing Fees		Event #		A	umount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	_		\$71.60		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	MITTEE				TYPE OF RE	EPORT			
Democratic Sta	te Centr	al Committee			12th Day Precedi	ng General Election -	Original		
		P. Expenses	Paid By Committee						
Name of Payee Chase Paymente	ch			Date of Payment 08/04/2014		Method of Payment Check # X Debit Card			
Street Address 14221 Dallas Pkw	у		City Dallas			State TX	Zip Code 75254		
Purpose of Expenditure Description (by code) Misc * Credit Card Processing Fees				Event #		A	Amount		
Expenditure #       Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       Coordinated with reimbursement sought         (if applicable)       Coordinated without reimbursement sought       Independent       Organization         A       B       C       D							\$598.40		
Name of Payee Swift-CPA				Date of Payment 08/05/2014		Method of Payment Check X Debit O			
Street Address 2452 Vale Way			City Erie			State CO	Zip Code 80516		
Purpose of Expenditu (by code) Misc *	re	Description Credit Card Processing Fees		Event #		A	Amount		
Expenditure #       Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       Coordinated with reimbursement sough         (if applicable)       Coordinated without reimbursement sough       Independent       Organization         A       B       C       D						\$50.00			
Name of Payee American Expres	is			Date of Payment 08/05/2014		Method of Payment Check X Debit C			
Street Address PO Box 53852			City Phoenix	•		State AZ	Zip Code 85072		
Purpose of Expenditu (by code) Misc *	re	Description Credit Card Processing Fees		Event #		Α	Amount		
Expenditure # (if applicable)		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen			\$655.96		
Name of Payee Revolution Messa	aging, LL	c		Date of Payment 08/07/2014		Method of Payment           X         Check           Debit C			
Street Address 1730 Rhode Island	d Ave NW	/ Ste 310	City Washington			State DC	Zip Code 20036		
Purpose of Expenditu (by code)WEB	re	Description Website Design		Event #		A	Amount		
Expenditure # (if applicable) 28		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen			\$1,500.00		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE				TYPE OF RE	EPORT			
Democratic Sta	te Centra	al Committee			12th Day Precedi	ng General Election -	Original		
		P. Expenses	Paid By Committee	-					
Name of Payee Global Strategie	s, Inc.			Date of Payment 08/07/2014		Method of Payment X Check Debit 0			
Street Address 895 Broadway			City New York			State NY	Zip Code 10003		
Purpose of Expenditu (by code)CNSLT	ire	Description Communications Consultant		Event #		A	Amount		
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       Coordinated with reimbursement sought         Coordinated without reimbursement sough       Independent       Organization       A       B       C       D							\$2,500.00		
Name of Payee ADP				Date of Payment 08/08/2014		Method of Payment Check X Debit 0			
Street Address 225 2nd Ave			City Waltham			State MA	Zip Code 02451-1122		
Purpose of Expenditu <sup>(by code)</sup> Misc *	ire	Description Payroll Processing Fees		Event #		A	Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$89.97		
Name of Payee Peoples United E	Bank			Date of Payment 08/11/2014		Method of Payment Check X Debit O			
Street Address 1 Financial Plz			City Hartford			State CT	Zip Code 06103-2608		
Purpose of Expenditu (by code) Misc *	ire	Description Return Check Fee		Event #		A	Amount		
Expenditure # (if applicable)		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	_		\$13.00		
Name of Payee ADP				Date of Payment 08/14/2014		Method of Payment Check X Debit O			
Street Address 225 2nd Ave			City Waltham			State MA	Zip Code 02451-1122		
Purpose of Expenditu (by code) Misc *	ire	Description Payroll Taxes		Event #		A	Amount		
Expenditure # (if applicable) 44		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen			\$436.80		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE				TYPE OF RE	EPORT			
Democratic Sta	te Centra	al Committee			12th Day Precedi	ng General Election	- Original		
		P. Expenses	Paid By Committee						
Name of Payee William W Kamp	fman			Date of Payment 08/14/2014		Method of Payment Check X Debit			
Street Address 26 Maiden Ln			City Plainville			State CT	Zip Code 06062-1231		
Purpose of Expenditure     Description     Event #       (by code)     Wages     Image: Compare the second se					Amount				
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       Coordinated with reimbursement sought         (if applicable)       Coordinated without reimbursement sough       Independent       X Organization       A       B       C       X D							\$1,600.00		
Name of Payee Eric Emanuelson				Date of Payment 08/14/2014		Method of Payment Check X Debit			
Street Address 30 Bayberry Ln			City Guilford			State CT	Zip Code 06437-3135		
Purpose of Expenditu <sup>(by code)</sup> WAGE	re	Description Wages		Event #			Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$1,600.00		
Name of Payee The Society Roo	m of Hart	ford		Date of Payment 08/15/2014		Method of Payment X Check Debit			
Street Address 31 Pratt St			City Hartford			State CT	Zip Code 06103		
Purpose of Expenditu (by code) Misc *	re	Description Venue Rental		Event #			Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen			\$2,000.00		
Name of Payee Amanda Zabel				Date of Payment 08/15/2014		Method of Payment X Check Debit			
Street Address 185 W Chippens H	lill Rd		City Burlington			State CT	Zip Code 06013		
Purpose of Expenditu (by code)CNSLT	re	Description Voter Outreach Consulting		Event #			Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen			\$1,850.00		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE				TYPE OF RE	EPORT			
Democratic Sta	ate Centr	al Committee			12th Day Precedir	ng General Election -	Original		
		P. Expenses	Paid By Committee	1					
Name of Payee ADP				Date of Payment 08/22/2014		Method of Payment Check X Debit O			
Street Address 225 2nd Ave			<sup>City</sup> Waltham			State MA	Zip Code 02451-1122		
Purpose of Expenditu (by code) Misc *	ire	Description Payroll Processing Fees		Event #		Α	Amount		
Expenditure #       Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       Coordinated with reimbursement sough         Coordinated without reimbursement sough       Independent       Organization       A       B       C       D							\$89.97		
Name of Payee State of CT- Offi	ce of Trea	asurer		Date of Payment 08/27/2014		Method of Payment           X         Check           Debit 0			
Street Address 55 Elm St			City Hartford			State CT	Zip Code 06106		
Purpose of Expenditu <sup>(by code)</sup> Misc *	ire	Description Reimbursement for Mileage		Event #		A	Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	A B G	t sought		\$859.07		
Name of Payee State of CT- Offi	ce of Trea	asurer		Date of Payment 08/27/2014		Method of Payment           X         Check # 5093           Debit Card			
Street Address 55 Elm St			City Hartford			State CT	Zip Code 06106		
Purpose of Expenditu (by code) Misc *	ire	Description Reimbursement for Mileage		Event #		A	Amount		
Expenditure # (if applicable)		ixpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought C D		\$746.16		
Name of Payee Global Strategies	s, Inc.			Date of Payment 08/27/2014		Method of Payment           X         Check           Debit 0			
Street Address 895 Broadway			City New York			State NY	Zip Code 10003		
Purpose of Expenditu <sup>(by code)</sup> CNSLT	ire	Description Communications Consultant		Event #		A	Amount		
Expenditure # (if applicable) 16		expenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen			\$100,000.00		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE				TYPE OF RE	EPORT			
Democratic Sta	te Centra	al Committee			12th Day Precedi	ng General Election -	Original		
		P. Expenses	Paid By Committee			-			
Name of Payee Abacus Associate	es			Date of Payment 08/27/2014		Method of Payment X Check Debit 0			
Street Address 136 West St Ste 1	102A		<sup>City</sup> Northampton			State MA	Zip Code 01060-3709		
Purpose of Expenditu (by code)CNSLT	re	Description Political Consulting		Event #		A	Amount		
Expenditure # (if applicable) 41		\$6,400.00							
Name of Payee     Date of Payment       AKPD Message & Media, LLC     08/27/2014						Method of Payment X Check Debit			
Street Address 730 N Franklin St	Ste 40		City Washington			State DC	Zip Code 60654		
Purpose of Expenditu <sup>(by code)</sup> A-WEB	re	Description Online Services		Event #		1	Amount		
Expenditure # (if applicable) 49		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	tt sought		\$1,838.49		
Name of Payee Eric Emanuelson				Date of Payment 08/29/2014		Method of Payment Check X Debit 0			
Street Address 30 Bayberry Ln			City Guilford			State CT	Zip Code 06437-3135		
Purpose of Expenditu <sup>(by code)</sup> WAGE	re	Description Wages		Event #		A	Amount		
Expenditure # (if applicable) 12		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen	it sought C X D		\$1,600.00		
Name of Payee ADP				Date of Payment 08/29/2014		Method of Payment Check X Debit 0			
Street Address 225 2nd Ave			City Waltham			State MA	Zip Code 02451-1122		
Purpose of Expenditu (by code) Misc *	re	Description Payroll Taxes		Event #		A	Amount		
Expenditure # (if applicable) 45		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough		A B C			\$436.80		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE				TYPE OF RE	REPORT			
Democratic Sta	te Centra	al Committee			12th Day Precedi	ng General Election -	Original		
		P. Expenses	Paid By Committee						
Name of Payee William W Kamp	fman			Date of Payment 08/29/2014		Method of Payment Check X Debit 0			
Street Address 26 Maiden Ln			<sup>City</sup> Plainville			State CT	Zip Code 06062-1231		
Purpose of Expenditu <sup>(by code)</sup> WAGE	re	Description Wages		Event #		A	Amount		
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       Coordinated with reimbursement sough         24       Coordinated without reimbursement sough       Independent       X Organization       A       B       C       X D							\$1,600.00		
Name of Payee Chase Paymente	ch			Date of Payment 09/02/2014		Method of Payment Check X Debit 0			
Street Address 14221 Dallas Pkw	у		City Dallas			State TX	Zip Code 75254		
Purpose of Expenditu <sup>(by code)</sup> Misc *	re	Description Credit Card Processing Fees		Event #		1	Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	A B G	t sought		\$271.18		
Name of Payee Swift-CPA				Date of Payment 09/03/2014		Method of Payment Check X Debit 0			
Street Address 2452 Vale Way			City Erie			State CO	Zip Code 80516		
Purpose of Expenditu (by code) Misc *	re	Description Credit Card Processing Fees		Event #		1	Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen	_		\$50.00		
Name of Payee Authorize.net				Date of Payment 09/03/2014		Method of Payment Check X Debit 0			
Street Address PO Box 8999			City San Francisco			State CA	Zip Code 94128-8999		
Purpose of Expenditu (by code) Misc *	re	Description Credit Card Processing Fees		Event #		Ĩ	Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	A B C			\$73.40		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE				TYPE OF RE	EPORT			
Democratic Sta	te Centra	al Committee			12th Day Precedi	ng General Election -	- Original		
		P. Expenses	Paid By Committee			F			
Name of Payee American Expres	s			Date of Payment 09/05/2014		Method of Payment Check X Debit			
Street Address PO Box 53852			<sup>City</sup> Phoenix			State AZ	Zip Code 85072		
Purpose of Expenditure (by code)     Description     Event #       Credit Card Processing Fees     Event #							Amount		
Expenditure # (if applicable)		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	A B G	t sought C D		\$694.50		
Name of Payee     Date of Payment       Revolution Messaging, LLC     09/05/2014						Method of Payment           X         Check           Debit         Check			
Street Address 1730 Rhode Island	d Ave NW	/ Ste 310	City Washington			State DC	Zip Code 20036		
Purpose of Expenditu (by code) WEB	re	Description Website Design		Event #		1	Amount		
Expenditure # (if applicable) 29		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	A B G	tt sought C X D		\$1,500.00		
Name of Payee ADP				Date of Payment 09/05/2014		Method of Payment Check X Debit			
Street Address 225 2nd Ave			City Waltham			State MA	Zip Code 02451-1122		
Purpose of Expenditu (by code) Misc *	re	Description Payroll Processing Fees		Event #		1	Amount		
Expenditure # (if applicable)		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	A B C	it sought C D		\$89.97		
Name of Payee Peoples United E	Bank			Date of Payment 09/10/2014		Method of Payment Check X Debit			
Street Address 1 Financial Plz			City Hartford			State CT	Zip Code 06103-2608		
Purpose of Expenditu (by code) Misc *	re	Description Bank Fees		Event #			Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	A B			\$56.86		

IV. EXPENDITURES (Sections P - T)									
NAME OF COMMI	ITTEE				TYPE OF RE	EPORT			
Democratic State	Centra	al Committee			12th Day Precedi	ng General Election -	Original		
		P. Expenses	Paid By Committee						
Name of Payee College Democrats	of Con	necticut		Date of Payment 09/11/2014		Method of Payment     X   Check     Debit O			
Street Address PO Box 203980			City New Haven			State CT	Zip Code 06520		
Purpose of Expenditure (by code)CNSLT		Description Canvassing Services		Event #		Α	Amount		
Expenditure #       Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       Coordinated with reimbursement sought         Coordinated without reimbursement sough       Independent       Organization       A       B       C       D							\$1,000.00		
Name of Payee O'Neil & Associates	5			Date of Payment 09/15/2014		Method of Payment           X         Check           Debit 0			
Street Address 31 New Chardon St			City Boston	-		State MA	Zip Code 02114		
Purpose of Expenditure (by code) CNSLT		Description Fundraising Consultant		Event #		A	Amount		
Expenditure # Ty (if applicable)	_	spenditure <i>(if applicable)</i> Itemization in Addendum P Required linated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$3,000.00		
Name of Payee Eric Emanuelson				Date of Payment 09/16/2014		Method of Payment Check X Debit C			
Street Address 30 Bayberry Ln			City Guilford			State CT	Zip Code 06437-3135		
Purpose of Expenditure (by code)WAGE		Description Wages		Event #		Α	Amount		
Expenditure # Ty (if applicable) 13	_	spenditure <i>(if applicable)</i> Itemization in Addendum P Required linated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$1,600.00		
Name of Payee ADP				Date of Payment 09/16/2014		Method of Payment Check X Debit C			
Street Address 225 2nd Ave			<sup>City</sup> Waltham			State MA	Zip Code 02451-1122		
Purpose of Expenditure (by code) Misc *		Description Payroll Taxes		Event #		A	Amount		
Expenditure # Ty (if applicable) 46	_	xpenditure <i>(if applicable)</i> Itemization in Addendum P Required linated without reimbursement sough	<u> </u>	with reimbursemen	t sought		\$436.80		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE	3			TYPE OF RE	REPORT			
Democratic Sta	ate Centr	al Committee			12th Day Precedi	ng General Election	- Original		
		P. Expenses	Paid By Committee	T		Γ			
Name of Payee William W Kamp	fman			Date of Payment 09/16/2014		Method of Payment Check X Debit			
Street Address 26 Maiden Ln			<sup>City</sup> Plainville			State CT	Zip Code 06062-1231		
Purpose of Expenditure     Description     Event #       (by code)     WAGE     Wages						Amount			
Expenditure #       Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       Coordinated with reimbursement sought         25       Coordinated without reimbursement sough       Independent       X Organization       A       B       C       X D							\$1,600.00		
Name of Payee     Date of Payment       New Haven County Marshal's Assoc.     09/18/2014						Method of Payment X Check Debit			
Street Address 2830 Whitney Ave	e		City Hamden	-		State CT	Zip Code 06518		
Purpose of Expenditu (by code) Misc *	ire	Description Refund of 09/10/2014 Contribution		Event #			Amount		
Expenditure # (if applicable)		ixpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$500.00		
Name of Payee Thomas McDono	ough			Date of Payment 09/18/2014		Method of Payment X Check Debit			
Street Address 144 Buckingham	St		<sup>City</sup> Waterbury	•		State CT	Zip Code 06710		
Purpose of Expenditu (by code) Misc *	ire	Description Legal Services		Event #			Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$1,000.00		
Name of Payee AKPD Message 8	& Media, I	LC		Date of Payment 09/19/2014		Method of Payment X Check Debit			
Street Address 730 N Franklin St	Ste 40		City Washington			State DC	Zip Code 60654		
Purpose of Expenditu (by code)A-WEB	ire	Description Online Services		Event #			Amount		
Expenditure # (if applicable) 50		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$3,437.25		

IV. EXPENDITURES (Sections P - T)									
NAME OF COMMITT	EE			TYPE OF RE	REPORT				
Democratic State Ce	ntral Committee			12th Day Precedi	ng General Election -	Original			
	P. Expenses	Paid By Committee	1		Γ				
Name of Payee United States Postal S	ervice		Date of Payment 09/19/2014		Method of Payment           X         Check           Debit 0				
Street Address PO Box 7247-0255 Bar	ry Square	City Hartford			State CT	Zip Code 06114			
Purpose of Expenditure (by code)POST	Description Postage		Event #		A	Amount			
Expenditure # Type (if applicable) 32	t sought		\$15,000.00						
Name of Payee Global Strategies, Inc.			Date of Payment 09/19/2014		Method of Payment           X         Check           Debit 0				
Street Address 895 Broadway		City New York			State NY	Zip Code 10003			
Purpose of Expenditure (by code) CNSLT	Description Communications Consultant		Event #		A	Amount			
(if applicable)	of Expenditure <i>(if applicable)</i> Itemization in Addendum P Required coordinated without reimbursement sough	Coordinated	with reimbursement			\$2,500.00			
Name of Payee Eric Emanuelson			Date of Payment 09/19/2014		Method of Payment     X   Check     Debit 0				
Street Address 30 Bayberry Ln		City Guilford	•		State CT	Zip Code 06437			
Purpose of Expenditure (by code) WAGE	Description Wages		Event #		A	Amount			
(if applicable)	of Expenditure <i>(if applicable)</i> Itemization in Addendum P Required		with reimbursement			\$379.42			
Name of Payee DNA Campaigns LLC			Date of Payment 09/19/2014		Method of Payment X Check Debit 0				
Street Address 24 Dixwell Ave # 220		City New Haven			State CT	Zip Code 06511			
Purpose of Expenditure (by code)CNSLT	Description Canvassing Services		Event #		A	Amount			
(if applicable)	of Expenditure <i>(if applicable)</i> Itemization in Addendum P Required coordinated without reimbursement sough		with reimbursement			\$32,500.00			

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE				TYPE OF RE	EPORT			
Democratic Sta	te Centr	al Committee			12th Day Precedi	ng General Election -	Original		
		P. Expenses	Paid By Committee						
Name of Payee Mission Control,	LLC			Date of Payment 09/19/2014		Method of Payment           X         Check           Debit O			
Street Address 114A Mansfield Ho	ollow Rd		City Mansfield Center			State CT	Zip Code 06250		
Purpose of Expenditure     Description       (by code)     PRNT       Design and Printing			Event #		Α	Amount			
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       Coordinated with reimbursement sough         1       Coordinated without reimbursement sough       Independent       X Organization       A       X B       C       D						\$52,223.34			
Name of Payee Will Kampfman				Date of Payment 09/19/2014		Method of Payment           X         Check           Debit O			
Street Address 26 Maiden Ln			City Plainville			State CT	Zip Code 06062		
Purpose of Expenditu <sup>(by code)</sup> WAGE	ire	Description Wages		Event #		A	Amount		
Expenditure # (if applicable) 20		ixpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$686.80		
Name of Payee Words by Jen				Date of Payment 09/24/2014		Method of Payment X Check Debit C			
Street Address PO Box 453			City Branford			State CT	Zip Code 06405		
Purpose of Expenditu <sup>(by code)</sup> Misc *	ire	Description Writing Services		Event #		Α	Amount		
Expenditure # (if applicable) 39		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	_		\$4,815.00		
Name of Payee AKPD Message 8	k Media, I	LLC		Date of Payment 09/24/2014		Method of Payment           X         Check           Debit C			
Street Address 730 N Franklin St	Ste 40		City Washington			State DC	Zip Code 60654		
Purpose of Expenditu (by code) A-WEB	ire	Description Online Services		Event #		A	Amount		
Expenditure # (if applicable) 51		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen			\$1,643.93		

IV. EXPENDITURES (Sections P - T)									
NAME OF COMMIT	ΓEE			TYPE OF RE	REPORT				
Democratic State C	entral Committee			12th Day Precedi	ng General Election -	Original			
	P. Expenses	Paid By Committee							
Name of Payee Tricia Bohan Photogra	phy		Date of Payment 09/24/2014		Method of Payment           X         Check           Debit 0				
Street Address 360 Main St		City Branford			State CT	Zip Code 06405			
Purpose of Expenditure (by code)CNSLT	Description Photography Services		Event #		A	Amount			
Expenditure # Type (if applicable) 31	t sought $C  \mathbf{X}  \mathbf{D}$		\$2,286.52						
Name of Payee AKPD Message & Med	ia, LLC		Date of Payment 09/26/2014		Method of Payment           X         Check           Debit 0				
Street Address 730 N Franklin St Ste	0	City Washington			State DC	Zip Code 60654			
Purpose of Expenditure <sup>(by code)</sup> A-WEB	Description Online Services		Event #		A	Amount			
Expenditure # Type (if applicable) 52	of Expenditure <i>(if applicable)</i> Itemization in Addendum P Required Coordinated without reimbursement sough	Coordinated	with reimbursement	t sought		\$1,643.93			
Name of Payee United States Postal S	iervice		Date of Payment 09/26/2014		Method of Payment     X   Check     Debit 0				
Street Address PO Box 7247-0255 Ba	rry Square	City Hartford			State CT	Zip Code 06114			
Purpose of Expenditure (by code) POST	Description Postage		Event #		A	Amount			
(if applicable)	of Expenditure <i>(if applicable)</i> Itemization in Addendum P Required Coordinated without reimbursement sough	Coordinated X Organization X	with reimbursement	_		\$33,332.20			
Name of Payee United States Postal S	Service		Date of Payment 09/26/2014		Method of Payment           X         Check           Debit 0				
Street Address PO Box 7247-0255 Ba	rry Square	City Hartford			State CT	Zip Code 06114			
Purpose of Expenditure (by code)POST	Description Postage		Event #		A	Amount			
(if applicable)	of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required Coordinated without reimbursement sough	Coordinated	with reimbursement	t sought		\$8,567.67			

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE				TYPE OF RE	EPORT			
Democratic Sta	ite Centr	al Committee			12th Day Precedi	ng General Election -	Original		
		P. Expenses	Paid By Committee			<b>F</b>			
Name of Payee ADP				Date of Payment 09/26/2014		Method of Payment Check X Debit 0			
Street Address 225 2nd Ave			City Waltham			State MA	Zip Code 02451-1122		
Purpose of Expenditure (by code)     Description     Event #       Payroll Processing Fees     Event #					1	Amount			
Expenditure # (if applicable)		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought C D		\$89.97		
Name of Payee ADP				Date of Payment 09/30/2014		Method of Payment Check X Debit 0			
Street Address 225 2nd Ave			City Waltham			State MA	Zip Code 02451-1122		
Purpose of Expenditu (by code) Misc *	re	Description Payroll Taxes		Event #		1	Amount		
Expenditure # (if applicable) 47		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	tt sought		\$436.80		
Name of Payee William W Kamp	fman			Date of Payment 09/30/2014		Method of Payment Check X Debit of			
Street Address 26 Maiden Ln			<sup>City</sup> Plainville			State CT	Zip Code 06062-1231		
Purpose of Expenditu <sup>(by code)</sup> WAGE	re	Description Wages		Event #		A	Amount		
Expenditure # (if applicable) 26	_	xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought C X D		\$1,600.00		
Name of Payee Eric Emanuelson				Date of Payment 09/30/2014		Method of Payment Check X Debit 0			
Street Address 30 Bayberry Ln			City Guilford			State CT	Zip Code 06437-3135		
Purpose of Expenditu (by code) WAGE	re	Description Wages		Event #			Amount		
Expenditure # (if applicable) 14		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen			\$1,600.00		

IV. EXPENDITURES (Sections P - T)								
NAME OF COM	IMITTEE				TYPE OF RI	PORT		
Democratic Sta	te Centr	al Committee			12th Day Precedi	ng General Election -	Original	
		P. Expenses	Paid By Committee					
Name of Payee Mission Control,	LLC			Date of Payment 10/01/2014		Method of Payment           X         Check           Debit O		
Street Address 114A Mansfield Ho	ollow Rd		<sup>City</sup> Mansfield Center	-		State CT	Zip Code 06250	
Purpose of Expenditu <sup>(by code)</sup> PRNT	ire	Description Design and Printing		Event #		A	Amount	
Expenditure #       Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       Coordinated with reimbursement sought         2       Coordinated without reimbursement sough       Independent       X Organization       A       X B       C       D							\$15,517.83	
Name of Payee Fred Clarke				Date of Payment 10/01/2014		Method of Payment Check X Debit O		
Street Address     City       179 Old Quarry Rd     Guilford			-			State CT	Zip Code 06437	
Purpose of Expenditure Description <sup>(by code)</sup> Misc * Food, Beverage, Venue				Event #		A	Amount	
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	it sought		\$4,202.48	
Name of Payee Laura Clarke	-			Date of Payment 10/01/2014		Method of Payment Check X Debit C		
Street Address 179 Old Quarry Ro	d		City Guilford			State CT	Zip Code 06437	
Purpose of Expenditu (by code)Misc *	ıre	Description Food, Beverage, Venue		Event #		Α	Amount	
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	it sought C D		\$4,202.47	
Name of Payee O'Neil & Associates				Date of Payment 10/01/2014		Method of Payment           X         Check           Debit C		
Street Address 31 New Chardon S	St		City Boston			State MA	Zip Code 02114	
Purpose of Expenditure Description <sup>(by code)</sup> CNSLT Fundraising Consultant				Event #		A	Amount	
Expenditure # (if applicable)		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen	it sought C D		\$3,000.00	

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	4MITTEE	3			TYPE OF RE	EPORT			
Democratic Sta	ate Centr	al Committee			12th Day Precedi	ng General Election -	Original		
		P. Expenses	Paid By Committee	1					
Name of Payee DSCC Federal				Date of Payment 10/01/2014		Method of Payment Check X Debit			
Street Address 330 Main St Fl 3			City Hartford			State	Zip Code 06106-1851		
Purpose of Expenditure Description Event (by code) Misc * Reimbursement of operating expenditures (see FEC report)						1	Amount		
Expenditure #       Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       Coordinated with reimbursement sought         D Coordinated without reimbursement sough       Independent       Organization       A       B       C       D							\$24,986.98		
Name of Payee     Date o       Cesar Pelli     10/0						Method of Payment Check X Debit			
Street Address     City       294 Livingston St     New Haven					State CT	Zip Code 06511-1310			
Purpose of Expenditure     Description     Even       (by code)     Misc *     Food, Beverage, Venue						1	Amount		
Expenditure # (if applicable)		ixpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$4,202.48		
Name of Payee State of CT- Offi	ice of Tre	asurer		Date of Payment 10/01/2014		Method of Payment           X         Check # 5113           Debit Card			
Street Address 55 Elm St			City Hartford			State CT	Zip Code 06106		
Purpose of Expenditu (by code)Misc *	ıre	Description Reimbursement for Mileage		Event #		1	Amount		
Expenditure # (if applicable)		ixpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	_		\$1,673.32		
Name of Payee Global Strategies	s, Inc.			Date of Payment 10/02/2014		Method of Payment Check X Debit			
Street Address 895 Broadway			City New York			State NY	Zip Code 10003		
Purpose of Expenditure     Description       (by code)     CNSLT       Communications     Consultant				Event #			Amount		
Expenditure # (if applicable) 17	Type of E	t sought		\$100,000.00					

IV. EXPENDITURES (Sections P - T)								
NAME OF COM	IMITTEE				TYPE OF RE	EPORT		
Democratic Sta	te Centra	al Committee			12th Day Precedi	ng General Election -	- Original	
		P. Expenses	Paid By Committee	•		<b>F</b>		
Name of Payee Chase Paymente	ech			Date of Payment 10/02/2014		Method of Payment Check X Debit		
Street Address 14221 Dallas Pkw	у		City Dallas			State TX	Zip Code 75254	
Purpose of Expenditure Description (by code) Misc * Credit Card Processing Fees							Amount	
Expenditure #       Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       Coordinated with reimbursement sought         (if applicable)       Coordinated without reimbursement sough       Independent       Organization         A       B       C       D							\$237.01	
Name of Payee Authorize.net						Method of Payment Check X Debit		
Street Address     City       PO Box 8999     San Francisco					State CA	Zip Code 94128-8999		
Purpose of Expenditure     Description       (by code)     Misc *       Credit Card Processing Fees				Event #			Amount	
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$65.30	
Name of Payee United States Po	ostal Serv	ice		Date of Payment 10/03/2014		Method of Payment X Check # 5116 Debit Card		
Street Address PO Box 7247-025	5 Barry S	Square	City Hartford			State CT	Zip Code 06114	
Purpose of Expenditu (by code)POST	ire	Description Postage		Event #			Amount	
Expenditure # (if applicable) 35		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	—		\$1,826.78	
Name of Payee United States Po	ostal Serv	ice		Date of Payment 10/03/2014		Method of Payment           X         Check           Debit         Check		
Street Address PO Box 7247-025	5 Barry S	Square	City Hartford			State CT	Zip Code 06114	
Purpose of Expenditure     Description       (by code)     POST   Postage				Event #			Amount	
Expenditure # (if applicable) 36		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen			\$21,317.40	

IV. EXPENDITURES (Sections P - T)								
NAME OF COM	IMITTEE				TYPE OF RI	EPORT		
Democratic Sta	te Centra	al Committee			12th Day Precedi	ng General Election -	Original	
		P. Expenses	Paid By Committee					
Name of Payee Berger Hirschbei	rt Strateg	ies		Date of Payment 10/03/2014		Method of Payment           X         Check           Debit O		
Street Address 151 W 25th St			City New York			State NY	Zip Code 10001	
Purpose of Expenditu (by code)CNSLT	re	Description Fundraising Consultant		Event #		Α	Amount	
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       Coordinated with reimbursement sought         Coordinated without reimbursement sough       Independent       Organization       A       B       C       D							\$8,621.02	
Name of Payee Revolution Messaging, LLC				Date of Payment 10/03/2014		Method of Payment           X         Check           Debit C		
Street Address     City       1730 Rhode Island Ave NW Ste 310     Washir			City Washington	-		State DC	Zip Code 20036	
Purpose of Expenditure Description (by code)WEB Website Design				Event #		A	Amount	
Expenditure # (if applicable) 30		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	tt sought		\$1,500.00	
Name of Payee Swift-CPA				Date of Payment 10/03/2014		Method of Payment Check X Debit C		
Street Address 2452 Vale Way			City Erie			State CO	Zip Code 80516	
Purpose of Expenditu (by code) Misc *	re	Description Credit Card Processing Fees		Event #		Amount		
Expenditure # (if applicable)		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	it sought C D		\$50.00	
Name of Payee American Express				Date of Payment 10/06/2014		Method of Payment Check X Debit C		
Street Address PO Box 53852			City Phoenix			State AZ	Zip Code 85072	
Purpose of Expenditu (by code) Misc *	Description Credit Card Processing Fees		Event #		A	Amount		
Expenditure # (if applicable)		xpenditure ( <i>if applicable</i> ) Itemization in Addendum P Required dinated without reimbursement sough		with reimbursemen	it sought C D		\$106.09	

IV. EXPENDITURES (Sections P - T)								
NAME OF COMMIT	TEE			TYPE OF RE	EPORT			
Democratic State C	entral Committee			12th Day Precedi	ng General Election -	Original		
	P. Expenses	Paid By Committee			-			
Name of Payee Mission Control, LLC			Date of Payment 10/08/2014		Method of Payment           X         Check           Debit O			
Street Address 114A Mansfield Hollow	Rd	<sup>City</sup> Mansfield Center	-		State CT	Zip Code 06250		
Purpose of Expenditure (by code) PRNT	Description Design and Printing		Event #		Α	Amount		
Expenditure # Typ (if applicable) 3		\$15,517.83						
Name of Payee DNA Campaigns LLC			Date of Payment 10/08/2014		Method of Payment           X         Check           Debit O			
Street Address 24 Dixwell Ave # 220	City New Haven			State CT	Zip Code 06511			
Purpose of Expenditure Description (by code)CNSLT Canvassing Services			Event #		A	Amount		
Expenditure # Typ (if applicable) 6	e of Expenditure <i>(if applicable)</i> Itemization in Addendum P Required Coordinated without reimbursement sough	Coordinated	with reimbursement			\$32,500.00		
Name of Payee Global Strategies, Inc	1.		Date of Payment 10/08/2014		Method of Payment     X   Check     Debit C			
Street Address 895 Broadway		City New York			State NY	Zip Code 10003		
Purpose of Expenditure (by code)CNSLT	Description Communications Consultant		Event #		Α	Amount		
Expenditure # Typ (if applicable) 54	e of Expenditure <i>(if applicable)</i> Itemization in Addendum P Required Coordinated without reimbursement sough	Coordinated	with reimbursement	_		\$7,000.00		
Name of Payee Mission Control, LLC		Date of Payment 10/09/2014		Method of Payment           X         Check           Debit C				
Street Address 114A Mansfield Hollow	City Mansfield Center			State CT	Zip Code 06250			
Purpose of Expenditure (by code) PRNT	Description Design and Printing		Event #		A	Amount		
Expenditure # Typ (if applicable)	e of Expenditure <i>(if applicable)</i> Itemization in Addendum P Required Coordinated without reimbursement sough		with reimbursement			\$34,078.09		

IV. EXPENDITURES (Sections P - T)								
NAME OF COM	MITTEE				TYPE OF RE	EPORT		
Democratic Stat	te Centra	al Committee			12th Day Precedi	ng General Election -	Original	
		P. Expenses	Paid By Committee					
Name of Payee ADP			Date of Payment 10/10/2014			Method of Payment Check # X Debit Card		
Street Address 225 2nd Ave			<sup>City</sup> Waltham			State MA	Zip Code 02451-1122	
Purpose of Expenditur (by code) Misc *	re	Description Payroll Processing Fees		Event #		А	amount	
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       Coordinated with reimbursement sough         Coordinated without reimbursement sough       Independent       Organization       A       B       C       D							\$89.97	
Name of Payee United States Pos	stal Serv	ice		Date of Payment 10/10/2014		Method of Payment     X   Check     Debit C		
Street Address PO Box 7247-0255 Barry Square			City Hartford			State CT	Zip Code 06114	
Purpose of Expenditur <sup>(by code)</sup> POST	re	Description Postage		Event #		A	umount	
Expenditure # (if applicable) <b>37</b>		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$3,460.65	
Name of Payee United States Pos	stal Serv	ice		Date of Payment 10/10/2014		Method of Payment     X   Check     Debit C		
Street Address PO Box 7247-0255	5 Barry S	Square	City Hartford			State CT	Zip Code 06114	
Purpose of Expenditur (by code)POST	re	Description Postage		Event #		А	mount	
Expenditure # (if applicable) 38		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated X Organization X	with reimbursemen	t sought		\$14,211.60	
Name of Payee Global Strategies	s, Inc.			Date of Payment 10/11/2014		Method of Payment           X         Check           Debit C		
			City New York			State NY	Zip Code 10003	
Purpose of Expenditur <sup>(by code)</sup> CNSLT	re	Description Communications Consultant		Event #		A	umount	
Expenditure # (if applicable) 18		xpenditure <i>(if applicable)</i> Itemization in Addendum P Required dinated without reimbursement sough	Coordinated	with reimbursemen	t sought		\$91,436.00	

Page 138 of 149

	IV. EXPENDITURES (Sections P - T)							
NAME OF COM	1MITTEE		, , , , , , , , , , , , , , , , , , ,		TYPE OF RE	EPORT		
Democratic Sta	ate Centr	al Committee			12th Day Precedi	ng General Election -	Original	
		P. Expenses	Paid By Committee					
Name of Payee People's United	Bank			Date of Payment 10/16/2014		Method of Payment Check X Debit O		
Street Address			City	-		State	Zip Code	
1 Financial Plz			Hartford		СТ	06103		
Purpose of Expenditu (by code)BNK			Event #		A	Amount		
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       Coordinated with reimbursement sough         Coordinated without reimbursement sough       Independent       Organization       A       B       C       D					\$6.00			
				]	Fotal of Section P		\$855,405.85	

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

	IV. EXPENDITURES								
NAME OF COM	IMITTEE						TYPE OF R	EPORT	
Democratic Sta	Democratic State Central Committee					12th Day Preceding General Election - Original			
		R. Expenses Incurred on Commi	ttee	Credit Car	·d				
Name of Issuing Instit	ution		Ту	pe of Credit Card	1:				
	Name of Issuing Institution				Maste	r Card	Discover	American Express	3
Other									
Name of Vendor								Date of Transaction	1
									1
Street Address			City State					Zip Code	
Purpose of Expenditu	re	Description				Event #	Ł	Am	ount
(by code)									
								-	
Expenditure #	Type of Expendi	ture (if applicable) Itemization in Addendum R Required		Coordinated	with rein	nbursement s	sought		
(if applicable)	Coordinated	l without reimbursement sough Independent	(	Organization	А	В	C D		
							Total of Section R		

	IV. EXPENDITURES							
NAME OF COMM	NAME OF COMMITTEE TYPE OF					FREPORT		
Democratic State	e Centr	al Committee		12th Day Pre	ceding General	eding General Election - Original		
		S. Expenses Incurred By Committee but Not Pa	aid During this Period					
Name of Creditor	Name of Creditor							
Street Address		Ci	ity		State	Zip Code		
Purpose of Expenditure (by code)		Description	Event #		Amount Incurred (Estimate or Actual)			
Expenditure# Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum S Required Coordinated with reimbursement sought ( <i>if applicable</i> )								
	Co	ordinated without reimbursement sough Independent Organizat	tion: A B C	D				
	I				I			

Total of Section S	
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IV. EXPENDITURES								
NAME OF COMMITTEE TYPE OF REPORT								
Democratic State Central Committee 12th Day Prec						Preceding Ge	neral Election	ı - Original
	T. Itemization of Reimbursements to Committee Workers and Consultants							
Last Name of Worker/Consu	ltant	First	MI	Date of Payment			yment 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 Addendem T Required       Coordinated with reimbursement sought         Coordinated without reimbursement sough       Independent       Organization:       A       B       C       D								
					Tota	of Section T		

Section P. A	ADDEND	UM						
NAME OF COMMITTEE			TYPE OF RE					
Democratic State Central Committee			12th Day Precedin	g General Election - Original				
P. Expenses Paid By Committee - Addendum								
Expenditure # 1	X Sup	ported Opposed		Amount of Expenditure \$52,223.34				
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$52,223.34				
Expenditure # 2	X Sup	ported Opposed		Amount of Expenditure \$15,517.83				
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator		Cost Allocated to Candidate \$15,517.83				
Expenditure # 3	X Sup	ported Opposed		Amount of Expenditure \$15,517.83				
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator		Cost Allocated to Candidate \$15,517.83				
Expenditure # 4	X Sup	ported Opposed		Amount of Expenditure \$34,078.09				
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$34,078.09				
Expenditure # 5	X Sup	ported Opposed		Amount of Expenditure \$32,500.00				
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator		Cost Allocated to Candidate \$32,500.00				
Expenditure # 6	X Sup	ported Opposed		Amount of Expenditure \$32,500.00				
Name of Candidate Ted Kennedy Jr.		Office Sought State Senator		Cost Allocated to Candidate \$32,500.00				

Expenditure # 7	X Supj	ported	Opposed	Amount of Expenditure \$2,748.15
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$2,748.15
Expenditure # 8	X Supj	ported	Opposed	Amount of Expenditure \$379.42
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$379.42
Expenditure # 9	X Sup	ported	Opposed	Amount of Expenditure \$1,600.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$1,600.00
Expenditure # 10	X Supj	ported	Opposed	Amount of Expenditure \$1,600.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$1,600.00
Expenditure # 11	X Supj	ported	Opposed	Amount of Expenditure \$1,600.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$1,600.00
Expenditure # 12	X Sup	ported	Opposed	Amount of Expenditure \$1,600.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$1,600.00
Expenditure # 13	X Supj	ported	Opposed	Amount of Expenditure \$1,600.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$1,600.00

Expenditure # 14	X Sup	ported	Opposed	Amount of Expenditure \$1,600.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$1,600.00
Expenditure # 15	X Sup	ported	Opposed	Amount of Expenditure \$100,000.00
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$100,000.00
Expenditure # 16	X Sup	ported	Opposed	Amount of Expenditure \$100,000.00
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$100,000.00
Expenditure # 17	X Sup	ported	Opposed	Amount of Expenditure \$100,000.00
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$100,000.00
Expenditure # 54	X Sup	ported	Opposed	Amount of Expenditure \$7,000.00
Name of Candidate Melissa Osborne		Office Sought State Sena	ator	Cost Allocated to Candidate \$7,000.00
Expenditure # 18	X Sup	ported	Opposed	Amount of Expenditure \$91,436.00
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$91,436.00
Expenditure # 19	X Sup	ported	Opposed	Amount of Expenditure \$2,789.74
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$2,789.74

Expenditure # 20	X Sup	ported	Opposed	Amount of Expenditure \$686.80
Name of Candidate Ted Kennedy Jr.		Office Sought State Sen	ator	Cost Allocated to Candidate \$686.80
Expenditure # 21	X Sup	ported		Amount of Expenditure \$1,600.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sen	ator	Cost Allocated to Candidate \$1,600.00
Expenditure # 22	x Sup	ported		Amount of Expenditure \$1,600.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sen	ator	Cost Allocated to Candidate \$1,600.00
Expenditure # 23	X Sup	ported	Opposed	Amount of Expenditure \$1,600.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sen	ator	Cost Allocated to Candidate \$1,600.00
Expenditure # 24	X Sup	ported		Amount of Expenditure \$1,600.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sen	ator	Cost Allocated to Candidate \$1,600.00
Expenditure # 25	× Sup	ported	Opposed	Amount of Expenditure \$1,600.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sen	ator	Cost Allocated to Candidate \$1,600.00
Expenditure # 26	X Sup	ported	Opposed	Amount of Expenditure \$1,600.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sen	ator	Cost Allocated to Candidate \$1,600.00

Expenditure # 27	X Sup	ported	Opposed	Amount of Expenditure \$750.00
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$750.00
Expenditure # 28	X Sup	ported	Opposed	Amount of Expenditure \$1,500.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sen	ator	Cost Allocated to Candidate \$1,500.00
Expenditure # 29	X Sup	ported	Opposed	Amount of Expenditure \$1,500.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sen	ator	Cost Allocated to Candidate \$1,500.00
Expenditure # 30	X Sup	ported	Opposed	Amount of Expenditure \$1,500.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sen	ator	Cost Allocated to Candidate \$1,500.00
Expenditure # 31	X Sup	ported	Opposed	Amount of Expenditure \$2,286.52
Name of Candidate Ted Kennedy Jr.		Office Sought State Sen	ator	Cost Allocated to Candidate \$2,286.52
Expenditure # 32	X Sup	ported	Opposed	Amount of Expenditure \$15,000.00
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$15,000.00
Expenditure # 33	X Sup	ported	Opposed	Amount of Expenditure \$33,332.20
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$33,332.20

Expenditure # 34	X Sup	ported	Opposed	Amount of Expenditure \$8,567.67
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$8,567.67
Expenditure # 35	X Sup	ported	Opposed	Amount of Expenditure \$1,826.78
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$1,826.78
Expenditure # 36	X Sup	ported	Opposed	Amount of Expenditure \$21,317.40
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$21,317.40
Expenditure # 37	X Sup	ported	Opposed	Amount of Expenditure \$3,460.65
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$3,460.65
Expenditure # 38	X Sup	ported	Opposed	Amount of Expenditure \$14,211.60
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$14,211.60
Expenditure # 39	X Sup	ported	Opposed	Amount of Expenditure \$4,815.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$4,815.00
Expenditure # 40	X Sup	ported	Opposed	Amount of Expenditure \$9,600.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$9,600.00

Expenditure # 41	X Sup	ported	Opposed	Amount of Expenditure \$6,400.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$6,400.00
Expenditure # 42	X Sup	ported	Opposed	Amount of Expenditure \$456.00
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$456.00
Expenditure # 43	X Sup	ported	Opposed	Amount of Expenditure \$448.80
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$448.80
Expenditure # 44	X Sup	ported	Opposed	Amount of Expenditure \$436.80
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$436.80
Expenditure # 45	X Sup	ported	Opposed	Amount of Expenditure \$436.80
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$436.80
Expenditure # 46	X Sup	ported	Opposed	Amount of Expenditure \$436.80
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$436.80
Expenditure # 47	X Sup	ported	Opposed	Amount of Expenditure \$436.80
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	ator	Cost Allocated to Candidate \$436.80

Expenditure # 49	X Supj	ported	Opposed	Amount of Expenditure \$1,838.49
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$1,838.49
Expenditure # 50	X Sup	ported	Opposed	Amount of Expenditure \$3,437.25
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$3,437.25
Expenditure # 51	X Supj	ported	Opposed	Amount of Expenditure \$1,643.93
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$1,643.93
Expenditure # 52	X Supj	ported	Opposed	Amount of Expenditure \$1,643.93
Name of Candidate Dan Malloy		Office Sought Governor		Cost Allocated to Candidate \$1,643.93
Expenditure # 53	X Supj	ported	Opposed	Amount of Expenditure \$531.75
Name of Candidate Ted Kennedy Jr.		Office Sought State Sena	tor	Cost Allocated to Candidate \$531.75

Page 149 of 149