SEEC FORM 20

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

131523

Page 1 of 17

FILED SEEC

Do Not Mark in This Space For Official Use Only

COVER PAGE ORT 24 PM 2 19

| 1. NAME OF COMMITTEE | | | | | | | T. Sandar | |
|--|------------------------------------|-------------------|----------------|-------------------------|------------------|---------------------------|------------------------------------|---------|
| Connecticut Republica | ın SCC | | | | | | | |
| 2. TREASURER NAME | | | | \$4304.45 -4783. | | 3 | | |
| First | | MI | Last | _ | | | Suffix | |
| Gary | | М. | Schaff | rick | | | | |
| 3. TREASURER ADDRESS Street Address | | City | | Activities was | | State | Zip Code | |
| 515 Emmett ST Apt. 1 | 4 | 1 1 | Bristol | | | CT | 06010 | |
| 4. ELECTION/REFERENDUM DATE | 5. OFFICE SOUG | HT (Complete only | if Candidate C | ommittee) | • | | 6. DISTRICT NUM (if applicable) | BER |
| (mm/dd/yyyy) 11/05/2013 | | | | | | | (1) аррисавне) | |
| 7. CANDIDATE NAME (Complete only if | Candidate or Explorato | ry Committee) | | | | | | |
| First | | MI | Last | | | | Suffix | |
| 8. TYPE OF REPORT (Check One Box) | | | - 13 | | | | | |
| ☐ January 10 filing | ☐ 7th day preced | ding primary | ☐ 7th da | y preceding referendum | _ | nitial Contr ACs ONLY) | ribution or Disbursen | nent |
| ☐ April 10 filing | ☐ 30 days follow | wing primary | □ 45 da | ys following referendum | , | mendmen | | |
| ☐ July 10 filing | ☐ 7th day preced | ding election | ☐ Defic | t | Ту | pe of Rep | ort: | ļ |
| ☐ October 10 filing | 12th day prece | eding election | ☐ Termi | nation | _ | | , | |
| ☐ Independent Expenditure O Primary O Election | □ 45 days follow not held in No | ving election | | | | | | |
| 9. PERIOD COVERED | 11.00 | | | | | | | |
| | Beginning Da | te | | Ending Date | | | | |
| - | 07/01/201 | 13 | thru - | 10/17/2013 | | | | |
| 10. CERTIFICATION | | | | | | | | |
| I hereby certify and state, under p Disclosure Statement for the per | | | | | nis Ite n | nized Ca | mpaign Finance | |
| TREASURING OR DEPUTY TREASURE | ER (SIGNATURE) | PRI | T NAME OF | M, YMAHMASC SIGNER | | | DA/TE (m/h/dd/yyy) | _ y) |
| | | | | | | | | |
| PENALTY FOR FALSE STATEMENT | IS PUNISHABLE BY | FINE NOT TO EX | XCEED \$1,000 | , OR IMPRISONMENT FOR N | NOT MO | RE THAN C | ONE YEAR, OR BOTH. | |

Page 2 of 2

SUMMARY PAGE TOTALS

| TOTALS | REPORT TYPE | |
|---|------------------------|--------------|
| Connecticut Republican scc | 12th Day Preceding Ele | |
| | COLUMN A | COLUMN B |
| | This Period | Aggregate |
| Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from from day committee was formed for all other committees | | \$11,734.12 |
| 12. Balance on hand at the beginning of Reporting Period | \$14,097.24 | |
| 13. Contributions received from Individuals (Sections A and B) | \$42,985.00 | \$78,846.00 |
| 14. Receipts from Other Committees (Sections C1 + C2) | \$10,250.00 | \$22,853.83 |
| 15. Other Monetary Receipts (Sections D-K) | \$1.68 | \$1.68 |
| 16a. Total Proceeds from Small Purchases (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 (L3) Municipal and Town Committees ONLY | \$2,750.00 | \$2,750.00 |
| 17. Total Monetary Receipts (add totals for lines 13-16c) | \$55,986.68 | \$104,451.51 |
| 18. Subtotal (add totals in line 12 + line 17 in Column A and in lines 11 + 17 in Column B) | \$70,083.92 | \$116,185.63 |
| 19. Expenses Paid by Committee (Section P) | \$23,333.61 | \$69,435.32 |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns) | \$46,750.31 | \$46,750.31 |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | \$0.00 | \$0.00 |
| 22. In-Kind Contributions Received (Section M) | \$0.00 | \$0.00 |
| 23. Refundable Deposit to Telephone Company (Section N) | \$0.00 | \$0.00 |
| 24. Receipts of Organization Expenditures (Section O) OPTIONAL | \$0.00 | \$0.00 |
| 25. Beginning Loan Balance | \$0.00 | |
| 25a. + Loan(s) Received (Section D) | \$0.00 | \$0.00 |
| 25b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 25c Payments on Loan(s) | \$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 | \$0.00 |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | \$0.00 | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | \$0.00 | |

| | | I. MONE | TARY R | ECEIPT | S (Sections | A-I) Pa | ge 1 of 37 | |
|--|----------------|--------------------|----------------|--|---|---|---|--------------|
| NAME OF COMMITTEE 3 | | | | | | REPORT TYPE | | |
| Connecticut Republican scc | | | | | | 12th day | preceding elec. 1 | 1/05/13 |
| A. Total Contributions from Sm. (See instructions for definition of Small Cont.) | | tributors-Receive | d this P | | NLY btotal Section | \$110.00 | | |
| Last Name | First | B. Itemized C | <u>ontribu</u> | tions fr | om Indiv | | Contribution ID # | Amount of |
| Lemetta | Kenne | eth | | L. | Cash Money Order | Personal Check Credit/Debit Card | 0ECE8A6A-ED00-4F3C-B 737-2C4A2B57479E | Contribution |
| Residential Street Address | .1 | City | | | State | Zip Code | Date Received | \$400.00 |
| 13 Hitchcock Road | | Westport | | | СТ | 06880-2630 | 10/02/2013 | JP400.00 |
| Principal Occupation | | Name of Employer | | | • | Is this contribution associa | | |
| Contractor | | Lemetta & Sons | | | | fundraising event listed in If yes, list Event # | Section J1? | |
| Is contributor a principal of a state contractor or prospectif yes, indicate which branch or branches of government the contract is with: | ctive state c | | ☐ Yes ☑ No | or depende | itor a lobbyist, sp ent child of a lob | | Aggregate contributions \$400.00 | |
| Last Name | First | | | МІ | Method of contr | Personal Check | Contribution ID # DDFC454C-9414-49DD-B | Amount of |
| Longo Residential Street Address | Patrici | City | | <u>i </u> | ☐ Money Order State | Credit/Debit Card Zip Code | EB3-7E21E7DE3687 Date Received | Contribution |
| 10102 Avalon Gates | | Trumbull | | | СТ | 06611-5836 | 09/09/2013 | \$150.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa | | |
| Homemaker | | None | | | | fundraising event listed in I If yes, list Event # | Section J1? No | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | Execu | | ☐ Yes ☑ No | | tor a lobbyist, sp ent child of a lob | | Aggregate contributions \$250.00 | |
| Last Name | First | | | мі | Method of contr | ibution: Personal Check | Contribution ID # 77180B95-3227-414C-8C0 | Amount of |
| Longo Residential Street Address | Patrici | | · | <u></u> | Money Order | 1 | 2-059CCERE9FD9 Date Received | Contribution |
| 10102 Avalon Gates | | City Trumbull | | | State CT | Zip Code 06611-5836 | 09/24/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa | | |
| Homemaker | | None | | | | fundraising event listed in If yes, list Event # | Section J1? No 10213A | |
| is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state co | | Yes No | | tor a lobbyist, sp ent child of a lob | | Aggregate contributions \$250.00 | |
| Last Name | First | | | MI | Method of contr | ibution: | Contribution ID # DAD2EE4F-5153-409F-B8 | Amount of |
| Frantz Residential Street Address | Leroy | | | s | ☐ Money Order | Credit/Debit Card | SC-7BCD710ABA53 | Contribution |
| 123 Meadow Rd Apt 123 | | Riverside | | | State | Zip Code 06878-2521 | 07/19/2013 | \$5,000.00 |
| Principal Occupation | | Name of Employer | | | ************************************** | Is this contribution associate | | |
| President | | Habler Capital | | | | fundraising event listed in : If yes, list Event # | Section J1? | |
| is contributor a principal of a state contractor or prospectif yes, indicate which branch or branches of government the contract is with: | ctive state co | | Yes No | | tor a lobbyist, sp int child of a lob | | Aggregate contributions \$10,000.00 | |
| Last Name | First | | | Mi | Method of contr | ibution: | Contribution ID # | Amount of |
| Hudson | Jeffery | <i>!</i> | | | Cash Money Order | Personal Check Credit/Debit Card | 882ACC84-58F1-4D04-A9 6D-FE3FF9F2E4CE | Contribution |
| Residential Street Address 15 Midbrook Ln | | City Darien | | | State | Zip Code 06820-3421 | Date Received 09/30/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | L | Is this contribution associat | ed with a Yes | |
| Investment Advisor | | Cedar Ridge Par | tners Llo | ; | | fundraising event listed in 1 If yes, list Event # | l l | |
| s contributor a principal of a state contractor or prospe If yes, indicate which branch or branches | | | ☐ Yes ☑ No | | tor a lobbyist, sp ent child of a lob | oouse, | Aggregate contributions | |
| of government the contract is with: | ☐ Execu | tive Legislative | | 1 | | | \$100.00 | |
| | | | | | | | | |

| SUBTOTAL Section B-This Page | \$500.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,375.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| <u> </u> | | I. MONETARY | Y REC | EIPT | S (Sections | A-I) Pa | ge 2 | 2 of 37 | |
|--|---------------|---------------------------------------|---------|------|---|--|------|--|--------------|
| NAME OF COMMITTEE | | | | | | REPORT TYPE | | | |
| Connecticut Republican scc | | | | | | Form 20 | | | |
| A. Total Contributions from Sma | | ributors-Received this | s Perio | | NLY stotal Section | \$110.00 | | | |
| Get incirations for achieves of Great Cours | (Paror) | B. Itemized Contri | butio | | | | | | |
| Last Name | First | | мі | | Method of contri | bution: | | Contribution ID # | Amount of |
| Carrier | Franci | ne | Н | | Cash Money Order | ☐ Personal Check ☐ Credit/Debit Card | | C9CBA9B8-B0DE-482C-9 43-3A30B1E19223 | Contribution |
| Residential Street Address | | City | | | State | Zip Code | Ī | Date Received | \$200.00 |
| 19 Winston Ct | | Bristol | | | СТ | 06010-2691 | | 09/30/2013 | |
| Principal Occupation | | Name of Employer | | | | Is this contribution associate fundraising event listed in the contract of th | | | |
| Assistant Manager | | JFC Endeavors Incorp | orated | | | If yes, list Event # | 1021 | | |
| Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with: | etive state c | ` No | | | tor a lobbyist, sp nt child of a lob | | Aggı | egate contributions \$200.00 | |
| Last Name | First | · · · · · · · · · · · · · · · · · · · | MI | | Method of contri | bution: | | Contribution ID # 336ABD33-C42D-4FB0-A | Amount of |
| Porter | Mary | | E | | Money Order | | _ | '8D-B06C14251980 | Contribution |
| Residential Street Address | - | City | | | State | Zip Code | - 1 | Date Received | \$250.00 |
| 314 Olivia St | | Derby | | | СТ | 06418-1528 | | 09/27/2013 | |
| Principal Occupation | | Name of Employer | _ | | | Is this contribution associa | | the second secon | |
| Disabled Veteran | | N/a | | | | fundraising event listed in If yes, list Event # | 1021 | | - |
| Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with: | ctive state c | ☑ No | | | tor a lobbyist, sp int child of a lob | oouse, | Aggı | egate contributions \$250.00 | |
| Last Name | First | | MI | | Method of contri | ibution: | | Contribution ID# | Amount of |
| Farrell | Gerald | <u> </u> | E | | Money Order | | | EDD8202-E7B4-4A13-86 BB-9EDA6022D76A | Contribution |
| Residential Street Address | | City | | | State | Zip Code | | Date Received | \$100.00 |
| 54 N Elm St | | Wallingford | | | СТ | 06492-3802 | | 10/02/2013 | · |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa fundraising event listed in | | _ | |
| Attorney/consultant | | Self Employed | | | | If yes, list Event # | 1021 | | |
| Is contributor a principal of a state contractor or prosper If yes, indicate which branch or branches of government the contract is with: | ctive state o | ■ No | | | tor a lobbyist, sp ent child of a lob | | Agg | regate contributions \$100.00 | |
| Last Name | First | | MI | | Method of contr ☐ Cash | ibution: | | Contribution ID # D9CAA181-41B9-4BA0-9 | Amount of |
| Mocabee | Arthur | · | ٧ | ٧ | Money Order | | | RA0-5EC63EC278FA | Contribution |
| Residential Street Address | | City | | | State | Zip Code | | Date Received | \$200.00 |
| PO Box 1943 | | Bristol | | | СТ | 06011-1943 | | 09/27/2013 | |
| Principal Occupation | | Name of Employer | | | - | Is this contribution associa fundraising event listed in | | | |
| Financial Consultant | | Axa Advisors Llc | | | | If yes, list Event # | 1021 | | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state o | . ■ No | | | tor a lobbyist, sp ent child of a lob | | Agg | regate contributions \$200.00 | |
| Last Name | First | | MI | | Method of contr | ibution: | | Contribution ID # | Amount of |
| Reagen | Sally | | | | Cash Money Order | Personal Check Credit/Debit Card | | 2FF56F9C-2AE7-4F0D-A R9E-E49823B5C6E7 | Contribution |
| Residential Street Address | | City | | | State | Zip Code | | Date Received | \$100.00 |
| 303 River Run | | Greenwich | | | СТ | 06831-4166 | | 10/02/2013 | |
| Principal Occupation | | Name of Employer | - | | | Is this contribution associa fundraising event listed in | | | |
| Financial Advisor | | Wells Fargo Bank | | | | If yes, list Event # | 1021 | | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state o | ℤ No | | | itor a lobbyist, sp ent child of a lob | | Agg | regate contributions \$100.00 | · |
| | | | | | | | | | |

| SUBTOTAL Section B-This Page | \$500.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,375.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | | I. MONETARY I | RECEIP | TS (Section: | s A-I) Pa | ge 3 of 37 | |
|--|---------------|--|--------------|---|--|---|------------------------|
| NAME OF COMMITTEE | | 31.14 | | | REPORT TYPI | | |
| Connecticut Republican scc | | | | | Form 20 | | |
| A. Total Contributions from Sm | | tributors-Received this I | | ONLY abtotal Sectio | \$110.00 | | |
| | T | B. Itemized Contribu | | | riduals | | |
| Last Name Puskar | First John | | Мі | Cash Money Order | Personal Check | Contribution ID # A1CF4C3F-587A-41B6-91 AB-3F7E9367529E | Amount of Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 14 Haverhill Place | | Trumbull | | СТ | 06611-1812 | 10/11/2013 | |
| Principal Occupation Press | | Name of Employer CT House of Representa | ntives | | Is this contribution association fundraising event listed in | Section J1? No | |
| Is contributor a principal of a state contractor or prospe | ctive state o | 1 | | utor a lobbyist, s | If yes, list Event # | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exec | ⊠ No | 1 | lent child of a lob | | \$100.00 | |
| Last Name | First | | мі | Method of conti | Personal Check | Contribution ID # FB0A3BFA-2413-401F-8F | Amount of |
| Flynn Residential Street Address | Thom | | M | Money Order | Credit/Debit Card | 34-E403B7078EFE Date Received | Contribution |
| 87 Coral Drive | | City Fairfield | | State CT | Zip Code 06825-3231 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associa | | |
| Consultant/CFO | | Coral Drive Partners | | | fundraising event listed in If yes, list Event # | Section J1? No No 10213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches | ctive state c | 🔼 No | | utor a lobbyist, s lent child of a lob | pouse, | Aggregate contributions | |
| of government the contract is with: | First | | MI | Method of contr | ribution: | Contribution ID # | Amount of |
| Brickley | Ann | | М | Cash Money Order | Personal Check | BA70C928-BDA1-411D-A 703-4CD74F371E36 | Contribution |
| Residential Street Address | | City | • | State | Zip Code | Date Received | \$100.00 |
| 143 Highcrest Rd | | Wethersfield | | СТ | 06109-4000 | 09/30/2013 | 3 100.00 |
| Principal Occupation | | Name of Employer General Electric | | • | Is this contribution associa fundraising event listed in | | |
| Organizational Change Manager | | l., <u>.</u> | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state c | ☑ No | | utor a lobbyist, s lent child of a lob | · | Aggregate contributions \$100.00 | |
| Last Name | First | | мі | Method of contr | | Contribution ID # | Amount of |
| DePino | Chris | · . | | ☐ Cash ☐ Money Order | Personal Check Credit/Debit Card | F7670347-72C4-4B7B-B0 DE-3982FE61739C | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 1160 Townsend Ave | | New Haven | | СТ | 06512-1931 | 09/27/2013 | |
| Principal Occupation | | Name of Employer | | | Is this contribution associa fundraising event listed in | | |
| Lobbyist | | Depino Associates Llc | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state c | ™ No | | utor a lobbyist, sp ent child of a lob | | Aggregate contributions \$100.00 | |
| Last Name | First | Degislative | MI | Method of contr | ibution | Contribution ID # | Amount of |
| Kernan | Gilber | ł | S. | Cash Money Order | Personal Check | ACA08919-7409-4D14-90 LC-A365E7C709CC | Contribution |
| Residential Street Address | <u> </u> | City | ' | State | Zip Code | Date Received | mina na |
| 74 Rowayton Ave | | Norwalk | | СТ | 06853-1635 | 09/30/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | • | Is this contribution associa | | |
| Director-Business Development | | Soluxe Energy Solutions | | | fundraising event listed in If yes, list Event # | Section J1? No | |
| Is contributor a principal of a state contractor or prospe | ctive state c | | | utor a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exec | utive Legislative | or depend | ent child of a lob | obyist? 🔼 No | \$100.00 | |
| | | | | | | | |

| SUBTOTAL Section B-This Page | \$500.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,375.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

Report Type: 12th day preceding election: 11/05/2013 I. MONETARY RECEIPTS (Sections A-I) Page 4 of 37 NAME OF COMMITTEE REPORT TYPE Form 20 Connecticut Republican scc A. Total Contributions from Small Contributors-Received this Period ONLY \$110.00 (See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals Method of contribut ontribution ID # Amount of Last Name irst Cash Personal Check D43FC38-1ABE-43C4-8 Contribution Jakab Carol Money Order ☐ Credit/Debit Card AC-C815422389A0 Residential Street Address State Zip Code \$125.00 09/20/2013 CT 30 Rosedale Cir 06484-2535 Shelton Principal Occupation Is this contribution associated with a ₹ Yes Name of Employer □No fundraising event listed in Section J1? Canmbridge Manor Health Care Nurse If yes, list Event # 10213A Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse ☐ Yes Aggregate contributions If yes, indicate which branch or branches ₫ No No or dependent child of a lobbyist? \$125.00 of government the contract is with: ■ Executive ☐ Legislative Method of contribution Contribution ID # Last Name Amount of Cash
Money Order Personal Check
Credit/Debit Card FC22263-A62C-464D-A Fillmore Contribution McPherson BA-D8E54B231BED Residential Street Address State Zip Code \$100.00 CT 09/24/2013 29 Evarts Ln 06443-2564 Madison Principal Occupation Name of Employer Is this contribution associated with a Yes fundraising event listed in Section J1? □No First Selectman If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse, ☐ Yes Aggregate contributions If yes, indicate which branch or branches Ď No No or dependent child of a lobbyist? \$100.00 □ Executive ☐ Legislative of government the contract is with: MI Method of contribution Contribution ID # Last Name Amount of ITS 1: ☑ Personal Check ☑ Credit/Debit Card Cash
Money Order OC6A3A62-4B23-4A48-9 T. Contribution **Bavis** Louise 032-43EC1F0F059D Residential Street Address Date Received State City Zip Code \$100.00 10/02/2013 74 Alexander St CT 06830-6204 Greenwich Principal Occupation Is this contribution associated with a Yes fundraising event listed in Section J1? □No None Retired If yes, list Event # ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse, Aggregate contributions If yes, indicate which branch or branches 🖪 No ☑ No or dependent child of a lobbyist? \$100.00 of government the contract is with: ☐ Executive Legislative Method of contribution Contribution ID # Last Name Amount of irst n:
Personal Check
Credit/Debit Card Cash
Money Order A49A854-4FEE-450D-9F Contribution Hrubala Rudolph 9-0597E5580328 Residential Street Address Date Received State Zip Code \$100.00 09/20/2013 CT 06040-6464 252 Budwell ST Unit 10 Manchester Is this contribution associated with a Yes Principal Occupation Name of Employer fundraising event listed in Section J1? None Retired If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse, □ Yes Aggregate contributions If yes, indicate which branch or branches 🖪 No ■ No or dependent child of a lobbyist? \$100.00 ■ Legislative □ Executive of government the contract is with Mi Method of contribution Contribution ID # Last Name irst Amount of Cash
Money Order Personal Check RCF481CA-DA72-4FE6-9 Sheehan Victoria Contribution Credit/Debit Card 57-C89B57C10C67 Residential Street Address Date Received State City Zip Code \$100.00 СТ 10/11/2013 06410-1701 288 Beacon Hill Drive Cheshire Principal Occupation Is this contribution associated with a Yes Yes lame of Employer fundraising event listed in Section J1? □ No L'Oreal Marketing If yes, list Event # 10213A ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse, Aggregate contributions If yes, indicate which branch or branches 🗷 No or dependent child of a lobbyist? 🖪 No \$100.00 ■ Executive ■ Legislative of government the contract is with:

| SUBTOTAL Section B-This Page | \$500.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,375.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

Report Type: 12th day preceding election: 11/05/2013 I. MONETARY RECEIPTS (Sections A-I) Page 5 of 37 REPORT TYPE NAME OF COMMITTEE Connecticut Republican scc Form 20 A. Total Contributions from Small Contributors-Received this Period ONLY \$110.00 See instructions for definition of Small Contributor) **Subtotal Section A** B. Itemized Contributions from Individuals Method of contribution
Cash
Money Order Last Name irst Amount of Personal Check 0554C6C-79B8-4E41-B3 K. Peter Contribution Torrano Credit/Debit Card 3-68A D40A 9 D901 Residential Street Address State Ditv Zip Code \$200.00 10/02/2013 CT 104 Dry Hill Rd 06851-3127 Norwalk Is this contribution associated with a Yes Principal Occupation Name of Employer fundraising event listed in Section J1? □ No None Retired If ves. list Event # Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ Yes Is contributor a lobbyist, spouse Aggregate contributions If yes, indicate which branch or branches No No 🗖 No or dependent child of a lobbyist? \$200.00 ■ Executive ■ Legislative of government the contract is with: Method of contribution
Cash
Money Order Contribution ID # Last Name Amount of Personal Check BB20EF96-C9E9-4F12-A8 Α Contribution Maldonado Eva Credit/Debit Card 6-2CB99C1A3A1 esidential Street Address City State Zip Code \$900.00 09/30/2013 639 Summer St Apt 15 CT 06901-1409 Stamford Principal Occupation Name of Employer Is this contribution associated with a ₹ Yes fundraising event listed in Section J1? □ No City Of Stamford Law Enforcement If ves, list Event # Is contributor a principal of a state contractor or prospective state contractor ☐ Yes Is contributor a lobbyist, spouse ☐ Yes Aggregate contributions If yes, indicate which branch or branches ■ No ☑ No or dependent child of a lobbyist? ■ Executive ■ Legislative of government the contract is with: ΜI Method of contribut Contribution ID # Last Name irst Amount of n:
Personal Check
Credit/Debit Card BF37D25F-E949-4529-86 Contribution Srinivsasan Prasad Money Order A-E7BCBB6F87C Residential Street Address City State Zip Code \$100.00 09/26/2013 268 Grandview Drive CT 06033-3946 Glastonbury Principal Occupation Name of Employer Is this contribution associated with a Yes fundraising event listed in Section J1? □No State Of Ct Legislator If ves. list Event # ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse, Aggregate contribution: If yes, indicate which branch or branches ■ No ☑ No or dependent child of a lobbyist? \$100.00 of government the contract is with: ■ Executive ■ Legislative Method of contribution:

☐ Cash

Personal Check Contribution ID # ΜI Last Name irst Amount of 14970F73-E302-451D-825 Wright A. Contribution Jeffrey Money Order Credit/Debit Card -80EBB7DD430 Residential Street Address State Zip Code \$100.00 10/02/2013 1925 Huntington Tpke Trumbull CT 06611-5109 Is this contribution associated with a Principal Occupation Name of Employer Yes fundraising event listed in Section J1? □No J. A. Wright Co., Inc. Contractor If yes, list Event #

| SUBTOTAL Section B-This Page | \$1,100.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$41,775.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

☐ Yes

☑ No

☐ Yes

🖪 No

ΜI

■ Legislative

■ Legislative

Is contributor a lobbyist, spouse,

or dependent child of a lobbyist?

State

CT

Is contributor a lobbyist, spouse,

or dependent child of a lobbyist?

Method of contributio

Money Order

Is contributor a principal of a state contractor or prospective state contractor

Is contributor a principal of a state contractor or prospective state contractor

☐ Executive

■ Executive

Michael Charles

City

Stamford

Name of Employer

Self Employed

If yes, indicate which branch or branches

If yes, indicate which branch or branches

of government the contract is with:

of government the contract is with

Last Name

Jachimczyk

Principal Occupation

Attorney

Residential Street Address

40 Wallacks Ln

☐ Yes

🔼 No

is this contribution associated with a

fundraising event listed in Section J1?

☐ Yes

🗖 No

Personal Check

06902-7126

If yes, list Event #

Zip Code

Credit/Debit Card

Aggregate contributions

36F050D-AAC1-451E-92

0-C8E40BA 728D

09/27/2013

Aggregate contributions

\$100.00

Yes

□No

\$100.00

Amount of

Contribution

\$100.00

Report Type: 12th day preceding election: 11/05/2013 I. MONETARY RECEIPTS (Sections A-I) Page 6 of 37 NAME OF COMMITTEE REPORT TYPE Connecticut Republican scc Form 20 A. Total Contributions from Small Contributors-Received this Period ONLY \$110.00 (See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals Method of contribution Contribution ID # irst Amount of Cash Personal Check CEF91A2-A9EB-4854-9 М Contribution McGorty Noreen Money Order Credit/Debit Card D70-FABD7217660F Residential Street Address City State Zip Code \$100.00 10/02/2013 СТ 3 Wigwam Drive 06484-2453 Shelton Principal Occupation Name of Employer Is this contribution associated with a **⊠** Yes fundraising event listed in Section J1? ■ No Spruce Pvt. Investors Finance If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse, ☐ Yes Aggregate contributions If yes, indicate which branch or branches ▼ No or dependent child of a lobbyist? 🗖 No \$100.00 of government the contract is with ■ Executive ☐ Legislative MI Method of contribution Contribution ID # iret Amount of Personal Check
Credit/Debit Card 9AC8F22-1AB0-486B-A Contribution Dvkas Melanie Money Order 6A-B4DF28E72709 Residential Street Address State Zip Code \$75.00 09/27/2013 CT 221 Saybrook Road 06441-4104 Higganum Principal Occupation Name of Employer Is this contribution associated with a Yes fundraising event listed in Section J1? □No Harrioran & Sage LLP Attorney If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, ☐ Yes Aggregate contributions If yes, indicate which branch or branches ☑ No ☑ No or dependent child of a lobbyist? \$75.00 of government the contract is with □ Executive ■ Legislative Method of contribution MI Contribution ID # Last Name Amount of irst Personal Check 9D8059D-B1D6-4A0A-9 J. Contribution Stevenson Jayme Money Order Credit/Debit Card 3B-5C1947FB2821 Residential Street Address ate Received State City Zip Code \$200.00 10/11/2013 65 Saint Nicholas Rd CT 06820-2823 Darien Principal Occupation Name of Employer Is this contribution associated with a Yes fundraising event listed in Section J1? □No Town Of Darien Selectman If yes, list Event # 10213A Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse, ☐ Yes Aggregate contributions If yes, indicate which branch or branches Ď No ■ No or dependent child of a lobbyist? \$200.00 ☐ Executive of government the contract is with ☐ Legislative ΜI Method of contribution Contribution ID # Last Name irst Amount of n:
Personal Check
Credit/Debit Card 9B1301D-A6A7-4C58-91 F. Patrick Contribution Donovan Money Order E-9E89E5F47F5B Residential Street Address State Zip Code \$100.00 10/11/2013 CT 06840-3104 189 Brookwood Ln **New Canaan** Principal Occupation Name of Employer Is this contribution associated with a **₹** Yes fundraising event listed in Section J1? □No Merrill Lynch Financial Advisor If ves. list Event # Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse, ☐ Yes Aggregate contributions If yes, indicate which branch or branches 🖪 No No No or dependent child of a lobbyist? \$100.00 ■ Legislative of government the contract is with ☐ Executive Last Name ΜI Method of contributio Contribution ID # irst Amount of Cash
Money Order Personal Check A8C86DD-B799-4C29-B F Intrieri Michael Contribution Credit/Debit Card F5-6A035C977CB Residential Street Address Date Received City State Zip Code \$100.00 СТ 10/02/2013 1 Island Drive Unit 3 06855-2718 Norwalk Principal Occupation Name of Employer Is this contribution associated with a Yes fundraising event listed in Section J1? □ No Self Employed Educatial/R.E. Inventor 10213A If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse, ☐ Yes Aggregate contributions If yes, indicate which branch or branches No. or dependent child of a lobbyist? 🗖 No \$100.00 ■ Executive of government the contract is with ■ Legislative

| SUBTOTAL Section B-This Page | \$450.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,425.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | | I. MONETARY | RECEIP' | | | ge 7 of 37 | |
|--|---------------|-------------------------|------------------|--|--|---|---------------------------|
| NAME OF COMMITTEE | | | | | REPORT TYPE | | |
| Connecticut Republican scc | | | | | Form 20 | | |
| A. Total Contributions from Sm2 | | ributors-Received this | | ONLY abtotal Sectio | \$110.00 | | |
| Dec with at two s for activities of Small Colle | in and in the | B. Itemized Contrib | | | | | |
| Last Name | First | D. IR.III IZEU EVIIRIIO | MI | Method of contr | | Contribution ID # | Amount of |
| Levy | Allen | | R. | Cash Money Order | ☐ Personal Check ☐ Credit/Debit Card | BF747F61-D74B-42AD-A B17-20C801E2D97B | Contribution |
| Residential Street Address | 7 111011 | City | | State | Zip Code | Date Received | #100 0 0 |
| 19 Fillow St | | Westport | | СТ | 06880-1218 | 09/30/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | - | Is this contribution associate fundraising event listed in S | | |
| Real Estate | | Wenconn | | | | 10213A | |
| Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with: | ctive state c | No | | outor a lobbyist, s dent child of a lob | · | Aggregate contributions \$100.00 | |
| | First | | мі | Method of contr | ribution: | Contribution ID # | Amount of |
| Bacchiochi | Linda | | ·м | Cash Money Order | Personal Check Credit/Debit Card | A79E6677-10D8-4AA5-B 517-4CC1592EB525 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | ¢200.00 |
| 12 Hopyard | | Stafford Springs | | СТ | 06076-1317 | 10/02/2013 | \$200,00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associated in Stundraising event listed in Stundraising | | |
| State Representative | | State Of Ct | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with: | ctive state c | ₫ No | | utor a lobbyist, s lent child of a lob | | Aggregate contributions \$200.00 | |
| Last Name | First | | MI · | Method of contr | | Contribution ID # | Amount of |
| Brooks | Frede | ric | H. | Cash Money Order | Personal Check Credit/Debit Card | EC9C5B90-11B3-49DE-A 965-99E9637552C3 | Contribution |
| Residential Street Address | | City | • | State | Zip Code | Date Received | \$100.00 |
| 6 Jofran Lane | | Greenwich | | СТ | 06830-4706 | 09/30/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | - | Is this contribution associat | | |
| Executive | | CT Economic Corporation | on | | fundraising event listed in S If yes, list Event # | Section J1? No | |
| Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches | | ₫ No | | utor a lobbyist, s lent child of a lob | | Aggregate contributions \$100.00 | |
| of government the contract is with: | ☐ Execu | tive Legislative | l a | 1 | | · , | |
| Last Name | First | | мі А . | Method of conti | Personal Check | Contribution ID # D5D171B6-C7F4-4A3C-B | Amount of Contribution |
| Franzese Residential Street Address | Sara | City | 1 7. | Money Order State | | 51F-F33F748CBA36 Date Received | Contribution |
| 39 Intervale Rd | | Darien | | CT | Zip Code 06820-3826 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associat | | |
| Homemaker | | None | | | fundraising event listed in S If yes, list Event # | Section J1? | |
| Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches | ctive state c | ontractor? ☐ Yes ☑ No | | utor a lobbyist, s | pouse, | Aggregate contributions | |
| of government the contract is with: | ☐ Execu | tive Legislative | | | · | \$100.00 | |
| Last Name | First | | MI | Method of contr | fibution: Rersonal Check | Contribution ID # E163EEF8-CD9F-4A02-A | Amount of |
| Millington | Jamie | | | Money Order | | DD9-E425A A RD5B49 | Contribution |
| Residential Street Address 245 Unquowa Road #18 | | City Fairfield | | CT | Zip Code 06824-5021 | Date Received 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | - | <u></u> | Is this contribution associat | ed with a Yes | |
| Police Officer | | City Of Shelton | | | fundraising event listed in S If yes, list Event # | Section J1? No | |
| Is contributor a principal of a state contractor or prospec | ctive state c | ontractor? | Is contrib | utor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | ™ No | | lent child of a lob | | \$100.00 | |
| | | • | | | | | |

| SUBTOTAL Section B-This Page | \$525.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,350.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | | I. MONETA | RY RI | ECEIPT | | | _ | 8 of 37 |)13 |
|---|-------------------|-------------------|--------|---|---|--|------|--|--------------|
| VIVAT OF OSDAUTTOR | | | | | (====================================== | REPORT TY | | | |
| NAME OF COMMITTEE Connecticut Republican scc | | | | | | Form 20 | Res. | | |
| | | | | | N## N7 | | | | |
| A. Total Contributions from Sma | | butors-Received t | nis Pe | | NLY stotal Section | \$110.00 | | | • |
| Jate manuchors for terminon of criain Contri | caroey | B. Itemized Cont | ribut | | | | | | |
| Last Name | First | | | Mi | Method of contri | bution: | | Contribution ID # | Amount of |
| Cavallo | Victor | | | J. | ☐ Cash ☐ Money Order | ☐ Personal Check ☐ Credit/Debit Card | | 6295DBC1-C840-4438-8F FA-44B291FA3727 | Contribution |
| Residential Street Address | | ity | | | State | Zip Code | | Date Received | \$100.00 |
| 186 Rowayton Woods Dr | | Norwalk | | | СТ | 06854-3944 | | 10/14/2013 | Φ100.00 |
| Principal Occupation | N | ame of Employer | | | | Is this contribution assoc | | | * |
| Attorney | : | Self Employed | | | | fundraising event listed i If yes, list Event # | 102 | | |
| ls contributor a principal of a state contractor or prospec | tive state cont | | Yes | Is contribut | or a lobbyist, sp | | Ag | gregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Executiv | | No | or depende | nt child of a lob | byist? | | \$100.00 | |
| | First | | | MI | Method of contri | | • | Contribution ID # | Amount of |
| Budkins | Carmella | a | | C. | Cash Money Order | ☐ Personal Check Credit/Debit Card | | D3CCE86B-8B1D-4AC8-A 6BB-2D6E81E650DC | Contribution |
| Residential Street Address | | ity | | | State | Zip Code | | Date Received | \$100.00 |
| 56 Alexander St | - 1 | Greenwich | | | СТ | 06830-6204 | | 10/11/2013 | \$100,00 |
| Principal Occupation | N | ame of Employer | | | | Is this contribution assoc | | | |
| Town Of Greenwich | ' | Town Clerk | | fundraising event listed in S If yes, list Event # | | | 102 | | |
| Is contributor a principal of a state contractor or prospec | tive state cont | tractor? | Yes | Is contribu | or a lobbyist, sp | | Ag | gregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Executiv | | No | or depende | nt child of a lob | byist? 🗖 No | | \$200.00 | |
| Last Name | | | | MI | Method of contri | bution: | | Contribution ID # | Amount of |
| Budkins | First Carmella | а | | C. | ☐ Cash ☐ Money Order | ☐ Personal Check | | FF6AD2CB-BE0C-46B2- B971-E77F68914DBF | Contribution |
| Residential Street Address | | ity | | | State | Zip Code | | Date Received | \$100.00 |
| 56 Alexander St | 1 | Greenwich | | | СТ | 06830-6204 | | 09/30/2013 | \$100.00 |
| Principal Occupation | N | ame of Employer | | | <u> </u> | Is this contribution assoc | | | |
| Town Of Greenwich | 1 | Town Clerk | | | | fundraising event listed i If yes, list Event # | | ion J1? No 13A | |
| Is contributor a principal of a state contractor or prospec | tive state con | tractor? | Yes | Is contribu | tor a lobbyist, sp | | Ag | gregate contributions | |
| If yes, indicate which branch or branches | ☐ Executiv | | No | or depende | nt child of a lob | byist? 🖸 No | | \$200.00 | |
| of government the contract is with: | First | | | MI | Method of contri | | | Contribution ID # | Amount of |
| Walsh | John | | | Р. | Cash Money Order | ☐ Personal Check Credit/Debit Card | | EC4090A0-EEC7-43F4-99 EC-1498F3A0F05D | Contribution |
| Residential Street Address | | ity | | | State | Zip Code | | Date Received | \$100.00 |
| 148 Ramhorne Rd | | New Canaan | | | СТ | 06840-3007 | | 09/30/2013 | \$1,00.00 |
| Principal Occupation | N | ame of Employer | | | B | Is this contribution assoc | | | |
| Voiceover Actor | | Self Employed | | | | fundraising event listed if yes, list Event # | | ion J1? No | |
| Is contributor a principal of a state contractor or prospec | ctive state con | tractor? | Yes | | tor a lobbyist, sp | oouse, | Ag | gregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Executiv | | No | or depende | nt child of a lob | byist? I No | | \$100.00 | |
| | First | <u> </u> | - | Ml | Method of contri | ibution: | | Contribution ID # | Amount of |
| Buchsbaum | Jason | | | | ☐ Cash ☐ Money Order | ☐ Personal Check ☐ Credit/Debit Card | | B7700059-8183-45FB-AC 27-EDC0E6DE6353 | Contribution |
| Residential Street Address | | ity | | | State | Zip Code | | Date Received | 675.00 |
| 291 Dublin Road | | Southbury | | | ст | 06488-1842 | | 09/30/2013 | \$75.00 |
| Principal Occupation | Name of Employer | | | 77 | - | Is this contribution assoc | | | |
| Attorney | | Cohen and Wolf PC | ; | | | fundraising event listed: If yes, list Event # | | ion J1? No | |
| Is contributor a principal of a state contractor or prospec | ctive state con | tractor? | Yes | | tor a lobbyist, sp | | Ag | gregate contributions | |
| If yes, indicate which branch or branches | ☐ Executiv | | No | or depende | nt child of a lob | byist? 🗖 No | | \$75.00 | |
| of government the contract is with. | _ should | | | L | | | - | | |

| SUBTOTAL Section B-This Page | \$475.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,400.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | | I MONETARY | EGEIDA | | | eceding election: 11/05/2 | 013 |
|---|-------------------------------------|---------------------------|-------------|--|---|--|--------------|
| | | I. MONETARY R | RECEIP | S (Sections | (A-I) Pag | ge 9 of 37 | |
| NAME OF COMMITTEE | | | | | REPORT TYPE | • | |
| Connecticut Republican scc | | | | | Form 20 | • | |
| A. Total Contributions from Sma | | tributors-Received this P | | NLY btotal Section | \$110.00 | | |
| | | B. Itemized Contribu | | | | | |
| Last Name | First | | МІ | Method of contr | ibution: | Contribution ID # | Amount of |
| Slavin | Raym | ond | D. | Cash Money Order | Personal Check Credit/Debit Card | 44650BC3-3C04-4CBD-9 FBA-84E355415DC6 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 4 McLaren Rd S | | Darien | | СТ | 06820-3531 | 09/27/2013 | \$100.00 |
| Principal Occupation | · | Name of Employer | | - | Is this contribution associat | 1 | |
| Retired | | None | | | fundraising event listed in S If yes, list Event # | Section J1? No : | |
| Is contributor a principal of a state contractor or prospe- | ctive state c | ontractor? | Is contribu | ıtor a lobbyist, s | pouse, | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exec | | or depende | ent child of a lob | obyist? 🔼 No | \$100.00 | |
| Last Name | First | 3 | MI | Method of contr | | Contribution ID # | Amount of |
| Walko | Steph | en · | İ | Cash Money Order | Personal Check Credit/Debit Card | 35C80113-0055-4E51-A98 4-4F0C43A05F99 | Contribution |
| Residential Street Address | | City | 1 | State | Zip Code | Date Received | \$100.00 |
| 7 Charter Oak Ln | | Greenwich | | СТ | 06830-6911 | 09/30/2013 | .\$100.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associat | | |
| Attorney | | Ivey Barnum & O'Mara | | fundraising event listed in Section J1? If yes, list Event # 10213A | | | |
| Is contributor a principal of a state contractor or prospec | ctive state c | | Is contribu | itor a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exec | ative ☐ Legislative | or depende | ent child of a lob | obyist? 🔼 No | \$100.00 | |
| Last Name | First | | MI | Method of contr | ibution:_ | Contribution ID # | Amount of |
| Decker | John | | H∈ | Cash Money Order | Personal Check Credit/Debit Card | 8A053D5B-3F67-4DCE-9 C01-D04050E2B93F | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 254 S Main St | | West Hartford | | СТ | 06107-3652 | 10/02/2013 | \$100,00 |
| Principal Occupation | Name of Employer | | | · · · · · · · · · · · · · · · · · · · | Is this contribution associat | | |
| Wealth Advisor/C.F.P. | • | Morgan Stanley | | | fundraising event listed in S If yes, list Event # | lection J1? No 10213A | |
| Is contributor a principal of a state contractor or prospec | ctive state c | | 1 | tor a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | □ Execution | ative ☐ Legislative | or depende | ent child of a lob | byist? 🔼 No | \$100.00 | |
| Last Name | First | - | MI | Method of contr | | Contribution ID # | Amount of |
| DeFilippo | Gary | | J. | Cash Money Order | Personal Check Credit/Debit Card | DC5AE266-D3E8-4F45-B 79A-9994ED1C24F1 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 43 Perch Rd | | Shelton | | CT | 06484-1824 | 10/11/2013 | |
| Principal Occupation | | Name of Employer | | | Is this contribution associat | _ 100 | |
| Legislative Aide | | State Of Ct | | | fundraising event listed in S If yes, list Event # | lection J1? No | |
| Is contributor a principal of a state contractor or prospec | ctive state c | | | tor a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | ative | or depende | ent child of a lob | byist? 🔼 No | \$100.00 | |
| Last Name | First | | MI | Method of contr | | Contribution ID # | Amount of |
| Burshtein | Kathry | 'n | L. | Cash Money Order | Personal Check Credit/Debit Card | 98596171-257A-4FEA-82 C1-0D9C0022F337 | Contribution |
| Residential Street Address | | City | • | State | Zip Code | Date Received | \$100.00 |
| 321 Canterbury Lane | 1 Canterbury Lane Norwalk | | | СТ | 06850 | 09/30/2013 | |
| Principal Occupation | incipal Occupation Name of Employer | | | • | Is this contribution associat | _ , *** | |
| Business Owner | | Beyond IT Support | | | fundraising event listed in S If yes, list Event # | lection J1? No | |
| Is contributor a principal of a state contractor or prospec | ctive state c | | | itor a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | tive ☐ Legislative | or depende | ent child of a lob | byist? 🖸 No | \$100.00 | |
| | _ | | • | | | | |

| SUBTOTAL Section B-This Page | \$625.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,250.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

Report Type: 12th day preceding election: 11/05/2013 I. MONETARY RECEIPTS (Sections A-I) Page 10 of 37 NAME OF COMMITTEE REPORT TYPE Connecticut Republican scc Form 20 A. Total Contributions from Small Contributors-Received this Period ONLY \$110.00 (See instructions for definition of Small Contributor) Subtotal Section A

| B. Itemized Contributions from Individuals | | | | | | | | |
|--|----------------|-------------------|---------------|-------------|--|---|--|--------------|
| Last Name | First | | | MI | Method of contr ☐ Cash | bution: | Contribution ID # | Amount of |
| Chicoine | Raymo | ond. | | D. | Money Order | Credit/Debit Card | BA1355E9-98AE-45D5-95 64-D9E38C728069 | Contribution |
| Residential,Street Address | | City | | | State | Zip Code | Date Received | \$100.00 |
| 93 John Hand Dr | | Coventry | · . | | СТ | 06238-2212 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa | | |
| Retired | | None | | | | fundraising event listed in If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with: | etive state co | | Yes No | | tor a lobbyist, sp ent child of a lob | | Aggregate contributions \$100.00 | |
| Last Name | First | | | Mi | Method of contr | bution: | Contribution ID # | Amount of |
| Browne | Elizab | eth | | P. | Cash Money Order | Personal Check Credit/Debit Card | BB8FFFF5-CC5F-4D36-B D68-5DF88D5DCFBB | Contribution |
| Residential Street Address | | City | | | State | Zip Code | Date Received | 0100.00 |
| 200 Edgewood Rd | | Fairfield | | | CT ⁻ | 06825-1716 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | - | Is this contribution associa | | |
| Town Clerk | | Town Of Fairfield | | | | fundraising event listed in If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with: | tive state of | | ☐ Yes ☑ No | | tor a lobbyist, sp int child of a lob | | Aggregate contributions \$100.00 | |
| Last Name | First | | | MI | Method of contr | | Contribution ID # | Amount of |
| Maslan | Robert | | | F. | Cash Money Order | Personal Check Credit/Debit Card | 52B47F12-C97E-4116-A8 DE-59163ADD3687 | Contribution |
| Residential Street Address | | City | | | State | Zip Code | Date Received | 6100.00 |
| 28 Douglas Dr | | Norwalk | | | СТ | 06850-1729 | 10/17/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | - | Is this contribution associa | | |
| Attorney | | Self-employed | | | | fundraising event listed in If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with. | tive state co | | Yes No | | tor a lobbyist, sp int child of a lob | oouse, | Aggregate contributions \$100.00 | |
| Last Name | First | | | MI | Method of contr | bution: | Contribution ID # | Amount of |
| Garrity Residential Street Address | Helen | | | В. | Cash Money Order | Personal Check Credit/Debit Card | 516038CA-B629-4DFE-A DA9-E8F83622D4D5 | Contribution |
| 100 Parrott Dr. Unit 1701 | | City Shelton | | | State CT | Zip Code 06484-4782 | Date Received 09/27/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa | ated with a Yes | |
| Senior Managing Director | | Nexspring Group | Llc | | | fundraising event listed in If yes, list Event # | | |
| Is contributor a principal of a state contractor or prospec | tive state o | ontractor? | ☐ Yes | Is contribu | tor a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ■ Execu | | ĭ No | | nt child of a lob | | \$100.00 | |
| Last Name | First | | | мі | Method of contr | bution: | Contribution ID # | Amount of |
| Feigenbaum | Marior | | | L. | Cash Money Order | Personal Check Credit/Debit Card | 1BF2596F-FFB3-45CC-86 3D-9866CAC628C7 | Contribution |
| Residential Street Address 35 Princes Pine Road | | Norwalk | | | State CT | Zip Code 06850-2210 | Date Received 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa | | |
| Director of Conferences | | NYC | | | | fundraising event listed in If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prospec | tive state co | ontractor? | ☐ Yes | Is contribu | tor a lobbyist, sp | oouse, | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | tive Legislative | ₫ No | or depende | ent child of a lob | byist? 🔼 No | \$100.00 | |
| | | | | | | | | |

| SUBTOTAL Section B-This Page | \$500.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,375.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | | I. MONETARY I | RECEIP | TS (Sections | A-I) Pa | ge 11 of 37 | |
|--|-----------------|--|------------------|---|--|--|---------------------------|
| NAME OF COMMITTEE | | 4 Table 1 Tabl | | | REPORT TYPE | | |
| Connecticut Republican scc | | | | | Form 20 | | |
| A. Total Contributions from Sm | | tributors-Received this I | 9 79 | DNLY ibtotal Sectio | \$110.00 | | |
| | | B. Itemized Contribu | itions f | rom Indiv | iduals | e series de la companya de la compa | |
| Last Name Gidwani | First David | | MI | Method of contr Cash Money Order | Personal Check | Contribution ID # 531D9173-780E-46B1-A7 2D-0F2841B9A184 | Amount of Contribution |
| Residential Street Address 49 Independence Drive | | Shelton | | State CT | Zip Code 06484-5954 | Date Received 10/11/2013 | \$100.00 |
| Principal Occupation | | Name of Employer Oxford WS | | ! | Is this contribution associated in the fundraising event listed in | Section J1? | |
| Sales Is contributor a principal of a state contractor or prospe | ctive state o | | T | and the later of | If yes, list Event # | 10213A Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exec | ⊠ No | | utor a lobbyist, spent child of a lob | | \$100.00 | |
| Last Name DeMaso | First Jeffre | | мі А . | Method of contr Cash Money Order | Personal Check | Contribution ID # DD4F7632-23E2-4591-92 FA-E0473256E51D | Amount of Contribution |
| Residential Street Address 60 Country Pl | | Shelton | | State CT | Zip Code 06484-3862 | Date Received 08/30/2013 | \$25.00 |
| Principal Occupation | | Name of Employer | | ** | Is this contribution associate | 1 | |
| Compliance Counsel | | Clayton Services Llc | | | fundraising event listed in the fundraising event # | Section J1? | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state o | ₿ No | | utor a lobbyist, sp ent child of a lob | | Aggregate contributions \$75.00 | |
| Last Name | First | | МІ | Method of contr | ibution: Personal Check | Contribution ID # | Amount of |
| Gagliola | Luciar | <u> </u> | C. | Money Order | | DC98B1F2-E57B-4FC5-B9 A8-9519FF79DC2D | Contribution |
| Residential Street Address 986 Old Coach Rd | | City Orange | | State CT | Zip Code 06477-1052 | Date Received 09/30/2013 | \$75.00 |
| Principal Occupation | | Name of Employer | • | - | Is this contribution associat | | |
| Student | | None | • | | fundraising event listed in S If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state c | 🗷 No | | utor a lobbyist, sp ent child of a lob | | Aggregate contributions \$75.00 | |
| Last Name | First | | МІ | Method of contr | ibution: | Contribution ID # | Amount of |
| Mazza | Josep | h | S. | Cash Money Order | Personal Check Credit/Debit Card | 9B369311-487B-4A64-BB B6-8805D3B5CC14 | Contribution |
| Residential Street Address 115 Sugarbush Dr | | City Guilford | | State CT | Zip Code 06437-1221 | Date Received 09/20/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associat | ed with a Yes | |
| 1st Selectman | | Town Of Guilford | | | fundraising event listed in S If yes, list Event # | | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state c | No | | utor a lobbyist, sp ent child of a lob | oouse, | Aggregate contributions \$100.00 | |
| Last Name | First | 5 | MI | Method of contri | | Contribution ID # | Amount of |
| Moynahan | Timoth | ny | | Cash Money Order | Personal Check Credit/Debit Card | FEF1DB56-A3D3-4454-B 631-4EEAED0B1580 | Contribution |
| Residential Street Address 296 Central Ave | | City Wolcott | | State CT | Zip Code 06716-3005 | Date Received 09/30/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associat | ed with a Yes | |
| Attorney | | Self Employed | | | fundraising event listed in S If yes, list Event # | | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches | | ™ No | | utor a lobbyist, sp ent child of a lob | oouse, | Aggregate contributions \$100.00 | |
| of government the contract is with: | ☐ Execu | itive | | | | \$100.00 | |
| | | | | | | | |

| \$375.00 | SUBTOTAL Section B-This Page \$ | |
|-------------|---|--|
| \$42,500.00 | TOTAL of additional Section B Pages \$42 | |
| \$42,985.00 | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) \$42. | |

| | | | | | Re | port Type: 12 th day pr | eceding election: 11/05/20 | 013 |
|--|------------------|----------------------|------------|------------------|---|--|--|---------------------------|
| | | I. MONE | TARY F | RECEIP | TS (Sections | s A-I) Pa | ge 12 of 37 | |
| JAME OF COMMITTEE | | | | | _ | REPORT TYPE | | |
| Connecticut Republican scc | | | | | | Form 20 | | |
| | sall Con | salbartana Basafra | d dhia T | lamind (| MI V | | | |
| A. Total Contributions from Sn | | tridutors-Receive | a this r | | JINL X ibtotal Sectio | \$110.00 | | |
| (See instructions for definition of Small Co. | uribiaor) | 84 / 10 | | | | | | |
| · · · · | L | B. Itemized Co | ontribu | MI MI | Method of cont | | Contribution ID # | A |
| Last Name Krawiecki | First Sharo | n | | М | Cash Money Order | Rersonal Check | 86F8893F-32A1-4281-AF | Amount of Contribution |
| Residential Street Address | Silaro | City | | 1 | State Order | T Credit/Debit Card Zip Code | D5-FD04B7349C8B Date Received | |
| 203 Pinehurst Rd | | Bristol | | | СТ | 06010-2963 | 10/02/2013 | \$200.00 |
| Principal Occupation | | Name of Employer | | | .1 | Is this contribution associa | ted with a Yes | |
| | | City Of Bristol | | | | fundraising event listed in | Section J1? | |
| Registrar Of Voters s contributor a principal of a state contractor or pros | mantinya atata a | | ☐ Yes | lyi. | 1-11-1-1 | If yes, list Event # | Aggregate contributions | + . |
| If yes, indicate which branch or branches | pective state t | contractor: | ☐ Yes | 3 | utor a lobbyist, s lent child of a lol | · · · | | |
| of government the contract is with: | ☐ Exec | utive Legislative | | | | | \$200.00 | |
| Last Name | First | | | мі Т . | Method of cont | Rersonal Check | Contribution ID # 4AAB3818-3A85-42EB-83 | Amount of Contribution |
| Vitali tesidential Street Address | Micha | City | • | 11. | Money Order State | 1 | D2-659BD2304F49 Date Received | Contribution |
| | | 1 | | | CT | Zip Code 06492-3233 | 10/02/2013 | \$100.00 |
| 653 N Elm St | | Wallingford | | | 101 | Is this contribution associa | | |
| Principal Occupation | | Name of Employer | | | | fundraising event listed in | | |
| Lawyer | | Cella-flanagan | | , | | If yes, list Event # | 10213A | |
| s contributor a principal of a state contractor or pros If yes, indicate which branch or branches | pective state of | contractor? | Yes No | T . | utor a lobbyist, s lent child of a lol | · | Aggregate contributions | |
| of government the contract is with: | ■ Exec | utive | 140 | or depend | ient ennie of a for | obyist: 2 140 | \$100.00 | |
| Last Name | First | | | MI | Method of cont ☐ Cash | ribution: Personal Check | Contribution ID # ABB06C6F-ATAB-4AD7- | Amount of |
| Penkoff | Cynth | | | L. | ☐ Money Order | r Credit/Debit Card | B0CC-264687DE494F | Contribution |
| Residential Street Address | | City | | | State | Zip Code | Date Received 10/02/2013 | \$100.00 |
| 101 Columbine Dr | | Trumbull | | | СТ | 06611-4600 | | |
| Principal Occupation | | Name of Employer | | | | Is this contribution association fundraising event listed in | = | |
| Realtor | | Caldwell Banker | | | | If yes, list Event # | 10213A | |
| s contributor a principal of a state contractor or pros | pective state of | contractor? | ☐ Yes | • | utor a lobbyist, s | · | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ■ Exec | utive Legislative | No | or depend | lent child of a lol | bbyist? 🔼 No | \$100.00 | |
| Last Name | First | | | MI | Method of cont | ribution: | Contribution ID # | Amount of |
| Elliott | Danie | <u> </u> | | | ☐ Money Order | | 19A8EC1D-4B31-4C38-A ECR-3A108408EB2A | Contribution |
| desidential Street Address | | City | | | State | Zip Code | Date Received | \$75.00 |
| 8 Palmieri Pl | | North Haven | | | СТ | 06473-4028 | 10/11/2013 | |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa | | |
| Attorney | | Murtha Cullina Ll | p | | | fundraising event listed in If yes, list Event # | Section J1? No 10213A | |
| s contributor a principal of a state contractor or pros | pective state of | contractor? | ☐ Yes | Is contrib | utor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ■ Exec | utive | ■ No | or depend | lent child of a lol | bbyist? L No | \$75.00 | |
| Last Name | First | | | MI | Method of cont | | Contribution ID# | Amount of |
| Crumbine | Peter | | | J. | Cash Money Order | Personal Check Credit/Debit Card | 4912FD1E-02F4-4D68-85 E7-5D7470597C07 | Contribution |
| Residential Street Address | | City | | | State | Zip Code | Date Received | \$200.00 |
| 3 Copper Beech Rd | | Greenwich | | | СТ | 06830-4033 | 09/20/2013 | 9200.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa | ted with a Yes | |
| Retired | | None | | | | fundraising event listed in | Section J1? No 10213A | |
| s contributor a principal of a state contractor or pros | pective state of | contractor? | Yes | Is contrib | utor a lobbyist, s | If yes, list Event # | Aggregate contributions | |
| If yes, indicate which branch or branches | - | | ■ No | | lent child of a lol | · · · - | \$200.00 | |
| of government the contract is with: | ☐ Exec | utive Legislative | | | | | Ψ200.00 | |

| SUBTOTAL Section B-This Page | \$600.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,275.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | | | | ne. | | ceaing election: 11/05/20 |)13 |
|---|---------------|--------------------------------|---|-------------------------|---|---|-----------------|
| | | I. MONETARY R | ECEIPT | 'S (Sections | A-I) Pag | ge 13 of 37 | |
| NAME OF COMMITTEE | | | | | REPORT TYPE | | |
| Connecticut Republican scc | | | | | Form 20 | | - |
| A. Total Contributions from Sma | ill Con | tributors-Received this P | eriod O | NLY | \$110.00 | | - |
| (See instructions for definition of Small Contr | ibutor) | | Sul | <u>btotal Sectio</u> | n A | | |
| | | B. Itemized Contribu | tions fr | om Indiv | iduals | | |
| Last Name | First | | MI | Method of contr | ibution: | Contribution ID # BBAFCFD1-3310-415A-8 | Amount of |
| Michlin | Rebec | ca | | Money Order | | 680-3BCFB4219949 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$200.00 |
| 172 Old Farms Rd | | Southington | | СТ | 06489-2754 | 09/30/2013 | |
| Principal Occupation | | Name of Employer | | | Is this contribution associat | | |
| Legislative Aide | | State Of Ct | | | fundraising event listed in S If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prospec | ctive state c | ontractor? | Is contribu | tor a lobbyist, sp | pouse, | Aggregate contributions | |
| If yes, indicate which branch or branches | ☐ Exec | I No Legislative ☐ Legislative | or depende | nt child of a lob | obyist? 🔼 No | \$200.00 | |
| of government the contract is with: | First | | мі | Method of contr | ibution: | Contribution ID # | Amount of |
| Coyle | Euger | ie. | F. | Cash Money Order | Personal Check | D19FBB21-C62A-4431-89 21-CEDDEC506CBB | Contribution |
| Residential Street Address | 5 | City | | State | Zip Code | Date Received | £100.00 |
| 15 Echo Dr | | Darien | | СТ | 06820-3104 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | L | Is this contribution associat | | |
| Retired | | None | fundraising event listed in Se If yes, list Event # 10 | | | Section J1? | |
| Is contributor a principal of a state contractor or prospec | ctive state c | ontractor? | Is contribu | tor a lobbyist, sp | oouse, | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exect | utive ☐ Legislative | or depende | nt child of a lob | obyist? 🔼 No | \$100.00 | |
| Last Name | First | | MI | Method of contr | ibution: | Contribution ID # | Amount of |
| Coates | Graha | m | | Cash Money Order | Personal Check Credit/Debit Card | FDAC944B-8A8B-4052-B 589-DDE9FFF54F70 | Contribution |
| Residential Street Address | 0.0 | City . | | State | Zip Code | Date Received | \$75 .00 |
| 239 Old Farms Road | | Avon | | СТ | 06001-2202 | 09/30/2013 | \$13.00 |
| Principal Occupation Name of Employer | | | | | Is this contribution associat | = | |
| Attorney | | Murtha Cullina Llp | | | fundraising event listed in S If yes, list Event # | ection J1? | |
| Is contributor a principal of a state contractor or prospec | ctive state c | | | tor a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | tive ☐ Legislative | or depende | nt child of a lob | obyist? 🔼 No | \$75.00 | - |
| Last Name | First | | MI | Method of contr | ibution: | Contribution ID # | Amount of |
| Sheehan | Patricl | (| | Cash Money Order | Personal Check Credit/Debit Card | DA994AAC-1BB6-4AFA- A59C-4C837827E96C | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$200.00 |
| 288 Beacon Hill Dr | | Cheshire | | СТ | 06410-1701 | 09/30/2013 | |
| Principal Occupation | | Name of Employer | | • | Is this contribution associat | | |
| Investments | | Stifel Nicolaus & Co. | | | fundraising event listed in S If yes, list Event # | ection J1? No | |
| Is contributor a principal of a state contractor or prospec | ctive state c | | Is contribu | tor a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exect | Itive ☐ Legislative | or depende | nt child of a lob | byist? 🔼 No | \$200.00 | |
| | First | <u> </u> | Ml | Method of contr | | Contribution ID # | Amount of |
| Simonetti | Antho | nv · | F. | ☐ Cash ☐ Money Order | Personal Check Credit/Debit Card | 69649991-762B-4015-B61 6-3D6DB69D1CE5 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 6 Hayfield Dr | | Shelton | | СТ | 06484-2177 | 10/14/2013 | \$100.00 |
| Principal Occupation Name of Employer | | | | | Is this contribution associat | | |
| Nursing Home Administrator | | Marshall Lane Manor | | | fundraising event listed in S If yes, list Event # | ection J1? No 10213A No | |
| Is contributor a principal of a state contractor or prospec | ctive state c | | | tor a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | utive 🔲 Legislative | or depende | nt child of a lob | byist? 🔼 No | \$100.00 | |
| - | | | | | | ···································· | |

| SUBTOTAL Section B-This Page | \$475.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,400.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

Report Type: 12th day preceding election: 11/05/2013 I. MONETARY RECEIPTS (Sections A-I) Page 14 of 37 NAME OF COMMITTEE REPORT TYPE Connecticut Republican sco Form 20 A. Total Contributions from Small Contributors-Received this Period ONLY \$110.00 (See instructions for definition of Small Contributor) Subtotal Section A B. Itemized Contributions from Individuals Method of contribution Amount of Last Name n:
Personal Check R15BD9E7-7E9D-4FA3-9 Contribution Mannion Arthur Money Order Credit/Debit Card 83-92A 16EB56CA Residential Street Address City State Zip Code \$100.00 10/11/2013 CT 06810-7886 132 Main Street Apt. 304 Danbury Is this contribution associated with a Yes Principal Occupation Name of Employer fundraising event listed in Section J1? □ No Self Employed Attorney If ves. list Event # ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Aggregate contributions Is contributor a lobbyist, spouse 🗖 No If ves, indicate which branch or branches or dependent child of a lobbyist? No No \$100.00 □ Executive ■ Legislative of government the contract is with: Method of contribution
Cash
Money Order Contribution ID # Last Name Amount of Personal Check 5F66189B-BBB1-4A8F-A F Contribution Doris Knight Credit/Debit Card 8F-B989FAFFCC8 Residential Street Address State City Zip Code \$100.00 09/20/2013 CT 06477-3319 414 Old Tavern Rd Orange Name of Employer Is this contribution associated with a Yes Principal Occupation fundraising event listed in Section J1? □No Knights Inc Office Clerk If ves. list Event # Is contributor a principal of a state contractor or prospective state contractor ☐ Yes Is contributor a lobbyist, spouse, ☐ Yes Aggregate contributions If ves. indicate which branch or branches Ď No 🗷 No or dependent child of a lobbyist? \$200.00 ■ Executive ■ Legislative of government the contract is with: Method of contribution:

Cash
Personal Check
Money Order
Credit/Debit Ca Contribution ID # Last Name Amount of 60FEEB9-98BD-4E01-9 Contribution William Nickerson Credit/Debit Card SB8-915744E16D5E Residential Street Address City State Zip Code \$100.00 09/30/2013 CT 06831-3322 35 Quail Rd Greenwich Name of Employer Is this contribution associated with a Yes Principal Occupation fundraising event listed in Section J1? □ No E. A. Hoffman Mgt. Inc. Real Estate If ves. list Event # ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse Aggregate contributions If ves. indicate which branch or branches or dependent child of a lobbvist? ₫ No No No \$100.00 ■ Executive ■ Legislative of government the contract is with: Method of contribution: Contribution ID # Last Name Amount of Cash
Money Order 5F1494A6-DC12-4CF7-A Contribution Hennessy Donal Credit/Debit Card DB9-88090E1646CF Residential Street Address City State Zip Code \$100.00 10/11/2013 64 Pond Road Stamford CT 06902-1817 Is this contribution associated with a X Yes Name of Employer Principal Occupation fundraising event listed in Section J1? □No Self Employed Consultant If ves. list Event # ☐ Yes Is contributor a principal of a state contractor or prospective state contractor ☐ Yes Is contributor a lobbyist, spouse. Aggregate contributions 🔼 No If yes, indicate which branch or branches No. or dependent child of a lobbyist? \$100.00 ■ Executive ■ Legislative of government the contract is with: Contribution ID # Last Name Amount of Cash
Money Orde Personal Check EE0D6C1-A27E-4C0E-9 R Contribution Bellis Stephen Credit/Debit Card 9F-5923CA 13442F Residential Street Address Date Received City State Zip Code \$100.00 09/27/2013 CT 06484-5224 121 Lane St Shelton Is this contribution associated with a Yes Name of Employer Principal Occupation fundraising event listed in Section J1? □No Pellegrino Law Firm Attorney If yes, list Event # ☐ Yes Is contributor a principal of a state contractor or prospective state contractor ☐ Yes Is contributor a lobbyist, spouse, Aggregate contributions ₫ No If ves, indicate which branch or branches or dependent child of a lobbyist? ☑ No \$100.00 ■ Executive ■ Legislative of government the contract is with

| SUBTOTAL Section B-This Page | \$700.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,175.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | | I. MONETARY I | RECEIP | TS (Sections | s A-I) Pa | ige | 15 of 37 | |
|---|----------------|---------------------------|------------|-------------------------|--|--------|--|---------------------------|
| NAME OF COMMITTEE | | | | | REPORT TYP | 2 | | |
| Connecticut Republican scc | | | | | Form 20 | | | |
| A. Total Contributions from Sm | all Con | tributors-Received this l | eriod (| ONLY | \$110.00 | | | |
| (See instructions for definition of Small Cont. | ributor) | | | ubtotal Sectio | n A | | | |
| | | B. Itemized Contribu | | | | | · | |
| Last Name | First | | MI | Method of contr | ribution: Personal Check | | Contribution ID # 5B7C1A5A-6C28-4FF2-84 | Amount of |
| Ribas Residential Street Address | Franc | T | X. | Money Order | | | DB-230482BA36A6 Date Received | Contribution |
| 52 New Shore Rd | | City Waterford | | State | Zip Code 06385-3609 | | 09/27/2013 | \$200.00 |
| Principal Occupation | | Name of Employer | | 101 | Is this contribution associa | ated v | | |
| Civil Engineer | | Gannett Fleming Inc. | | | fundraising event listed in If yes, list Event # | | ion J1? No | |
| Is contributor a principal of a state contractor or prospe | ctive state of | contractor? | Is contrib | outor a lobbyist, s | | Agg | gregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exec | utive Legislative | or depend | dent child of a lob | obyist? 🔼 No | | \$200.00 | |
| Last Name | First | | Μί | Method of contr | ibution: | | Contribution ID # | Amount of |
| Farrell | Lynne | | S. | Cash Money Order | Personal Check Credit/Debit Card | | 163D86E1-02EB-47AA-A 230-02C701485463 | Contribution |
| Residential Street Address | | City | | State | Zip Code | | Date Received | \$100.00 |
| 25 Buddington Park | | Shelton | | СТ | 06484-5359 | | 10/02/2013 | |
| Principal Occupation | | Name of Employer | | | Is this contribution association fundraising event listed in | | | |
| Attorney | | Farrell, Leslie & Grochov | vski | | If yes, list Event # | 102 | | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches | ctive state o | | | outor a lobbyist, s | | Agg | regate contributions | |
| of government the contract is with: | □ Exec | utive Legislative | or depend | dent child of a lob | obyist? 🔼 No | | \$100.00 | |
| Last Name | First | | MI | Method of contr | ibution: | | Contribution ID# | Amount of |
| Williamson | Laurie |) | E. | ☐ Cash ☐ Money Order | Personal Check Credit/Debit Card | | 7347B413-747A-45EB-A8 88-C4C3A359D49E | Contribution |
| Residential Street Address | | City | | State | Zip Code | | Date Received | \$100,00 |
| 2 Tinywood Rd | | Darien | | СТ | 06820-2429 | | 10/02/2013 | \$100,00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associa | | | |
| Attorney | | Self Employed | | | fundraising event listed in If yes, list Event # | 1021 | | |
| Is contributor a principal of a state contractor or prospe | ctive state c | | 1 | outor a lobbyist, sp | | Agg | regate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exec | utive Legislative | or depend | dent child of a lob | bbyist? L No | ļ | \$100.00 | |
| Last Name | First | | мі | Method of contr | ibution: | _ | Contribution ID# | Amount of |
| Pulitzer | Bert | | | Cash Money Order | Personal Check Credit/Debit Card | | 97C89EE0-DD5A-4FCE-B 655-475322E13AE9 | Contribution |
| Residential Street Address | | City | <u></u> | State | Zip Code | | Date Received | \$100.00 |
| 51 Forest Avenue | | Old Greenwich | | СТ | 06870-1514 | | 10/11/2013 | 3100.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associa | | | |
| Menswear Designer | | Self Employed | | | fundraising event listed in If yes, list Event # | 1021 | | |
| Is contributor a principal of a state contractor or prospe | ctive state c | | | utor a lobbyist, sp | | Agg | regate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exect | utive 🔲 Legislative | or depend | lent child of a lob | byist? | l | \$100.00 | |
| Last Name | First | | MI | Method of contr | ibution: | _ | Contribution ID # | Amount of |
| McMahon | Linda | | E. | Cash Money Order | Rersonal Check | | 0BFDDB79-9AE0-4163-B | Amount of Contribution |
| Residential Street Address | Linda | City | L.T | State State | Zip Code | | 44A-478FRF1ACEC3 Date Received | |
| 14 Hurlingham Dr | | Greenwich | | СТ | 06831-2739 | | 09/23/2013 | \$5,000.00 |
| Principal Occupation | | Name of Employer | | + | Is this contribution associa | | | |
| Executive | | Self Employed | | | fundraising event listed in . If yes, list Event # | Secti | on J1? □ No | |
| Is contributor a principal of a state contractor or prosper | ctive state c | ontractor? | Is contrib | utor a lobbyist, sp | | Agg | regate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exect | utive Legislative | | lent child of a lob | | | \$10,000.00 | |
| go remain de comune la mai | | | <u> </u> | | | _ | | |
| | | | | | | | | |

| SUBTOTAL Section B-This Page | \$10,275.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$32,600.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | | | | | Ren | oort Type: 12 th day pre | ceding election: 11/05/20 | 13 |
|--|------------------|--|--------------------|----------|--|--|--|--------------|
| | | I. MONET | ARY R | ECEIPT | S (Sections | A-I) Pag | ge 16 of 37 | |
| NAME OF COMMITTEE | | | | | | REPORT TYPE | | |
| Connecticut Republican scc | | | | | | Form 20 | | |
| A. Total Contributions from Sm: | | ibutors-Received | this P | | NLY stotal Section | \$110.00 | | |
| (3et: instructions for definition of Shiza Com- | TOMFOT ! | B. Itemized Co. | atribu | | | | | |
| Last Name | First | B. Heinizeu Co. | ati ind | МІ | Method of contri | ibution: | Contribution ID # | Amount of |
| Nielsen | Gerald | | | Α. | Cash Money Order | Personal Check Credit/Debit Card | C2E78A57-17D3-45D2-83 54-66B137812978 | Contribution |
| Residential Street Address | | City | | | State | Zip Code | Date Received | \$100.00 |
| 33 Rocaton Rd | | Darien | | | СТ | 06820-3427 | 09/30/2013 | • |
| Principal Occupation | , | Name of Employer | | | | Is this contribution associat | | i |
| Commercial Real Estate | | The Nielsen Comp | any | | | fundraising event listed in S If yes, list Event # | Section J1? | |
| s contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ective state co | i | ☐ Yes Mo | | tor a lobbyist, sp nt child of a lob | | Aggregate contributions \$100.00 | |
| Last Name | First | | | МІ | Method of contr | ibution: Personal Check | Contribution ID # | Amount of |
| Serenbetz | Paul | | | Н. | Cash Money Order | | B06136B7-1789-458C-B1 BB-3998F9CD3876 | Contribution |
| Residential Street Address | | City | | | State | Zip Code | Date Received | \$100.00 |
| 100 York St Apt 17P | | New Haven | | | СТ | 06511-5644 | 09/26/2013 | |
| Principal Occupation | 1 | Name of Employer | | | | Is this contribution associate fundraising event listed in S | | |
| Teacher | | Clinton Bd. Of Ed. | | | | If yes, list Event # | 10213A | |
| s contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ective state con | | □ Yes ☑ No _ | | tor a lobbyist, sp int child of a lob | | Aggregate contributions \$100.00 | |
| Last Name | First | | | MI | Method of contr | ibution: | Contribution ID # 3D9BEEFD-D7D8-4920-9 | Amount of |
| Cowperthwait | Scott | | | Ĺ | Money Order | Credit/Debit Card | R30-25EE21E9BB9C Date Received | Contribution |
| Residential Street Address | ľ | City | | | State CT | Zip Code | 09/30/2013 | \$75.00 |
| 110 Wakefield St | | Hamden | | | | 06517-1329 | | |
| Principal Occupation | Ī | Name of Employer | .: | | | Is this contribution associate fundraising event listed in the contribution in the contribution in the contribution associated in the contribution as a contribution associated in the co | | |
| Attorney | | Shipman & Goodw | | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | Execut | | Yes No | | tor a lobbyist, sp ent child of a lob | | Aggregate contributions \$75.00 | |
| Last Name | First | | | MI | Method of contr | ibution: | Contribution ID # B5D16B57-4A11-4240-83 | Amount of |
| Ruppar | Kate | | | <u> </u> | Money Order | Credit/Debit Card | EE-C6F59A78694E Date Received | Contribution |
| Residential Street Address | 1 | City | | | State CT | Zip Code 06070-1952 | 09/30/2013 | \$75.00 |
| 37 Old Mill Ct | | Simsbury | | | <u> </u> | Is this contribution associa | | |
| Principal Occupation | | Name of Employer Murtha Cullina Llp | | | | fundraising event listed in | Section J1? | |
| Communications Specialist | | | | I | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospectif yes, indicate which branch or branches of government the contract is with: | Execut | | Yes No | | tor a lobbyist, s ent child of a lob | | Aggregate contributions \$75.00 | |
| Last Name | First | | | MI | Method of contr | ibution: Personal Check | Contribution ID # 5D59DEB9-3DC2-456A-9 | Amount of |
| Williams Residential Street Address | Christo | | | ļ | ☐ Money Order | | 6DC-4B27F87CE7F2 Date Received | Contribution |
| 496 Fern Street | | West Hartford | | | State CT | Zip Code 06107-1408 | 09/30/2013 | \$75.00 |
| Principal Occupation | | Name of Employer | | | <u></u> | Is this contribution association fundraising event listed in | ** | |
| Attorney | | Conway Stoughton | n LLC | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with | ective state co | | ☐ Yes ☑ No | | tor a lobbyist, s | | Aggregate contributions \$75.00 | |

| SUBTOTAL Section B-This Page | \$475.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,400.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | | I. MONETARY | RECEIP | | s A-I) Pag | ge 17 of 37 | |
|---|-----------------|--------------------------|------------|----------------------|---|---|---------------------------|
| NAME OF COMMITTEE | | | | | REPORT TYPE | | |
| Connecticut Republican scc | | | | | Form 20 | - | |
| A. Total Contributions from Sn | | ributors-Received this l | | ONLY abtotal Section | \$110.00 | | |
| (See Instructions for definition of Small Con | uribuori | B. Itemized Contribu | | | | | |
| Last Name | | B. Itemizea Continu | MI MI | Method of contr | | Contribution ID # | Amount of |
| Palen | First James | | , | Cash Money Order | ■ Personal Check | 1AEEC7C8-39E1-40BC-8 | Contribution |
| Residential Street Address | Janies | City | _ | State State | Zip Code | C76-BC010048348B Date Received | |
| 45 Brookside Rd | | Darien | | СТ | 06820-3504 | 10/02/2013 | \$100.00 |
| Principal Occupation | - | Name of Employer | | - | Is this contribution associate | = | |
| Banking | | Jeffries LLC | | | fundraising event listed in ! If yes, list Event # | Section J1? | |
| Is contributor a principal of a state contractor or prosp | pective state c | ontractor? | Is contrib | utor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | utive Legislative | or depend | dent child of a lob | bbyist? | \$100.00 | |
| Last Name | First | - - | МІ | Method of contr | ribution: Personal Check | Contribution ID # | Amount of |
| Whittemore | Edwar | d | | Money Order | | 3891B8D5-3803-434A-9A F3-2157DC2C2941 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$75.00 |
| 53 Westwood Road | | West Hartford | | СТ | 06117-2253 | 09/30/2013 | |
| Principal Occupation | | Name of Employer | | • | Is this contribution associate | | |
| Partner | | Murtha Cullina Llp | | | fundraising event listed in 3 If yes, list Event # | Section J1? No No 10213A | |
| Is contributor a principal of a state contractor or pros | pective state c | ontractor? | Is contrib | utor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches | | △ No | | lent child of a lol | | \$75.00 | |
| of government the contract is with: | ☐ Execu | tive Legislative | MI | lara re . | 2 | | |
| Last Name | First | | MI | Method of contr | Personal Check | Contribution ID # DACA4B96-BB91-48C1-A | Amount of Contribution |
| McArdle Residential Street Address | Laurie | City | | Money Order State | T Credit/Debit Card Zip Code | B8A-68873B2D4380 Date Received | |
| 267 Brookbend Rd | | Fairfield | | CT | 06824-3831 | 09/30/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | <u>.</u> | Is this contribution associate | | |
| Homemaker | | None | | | fundraising event listed in 3 If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prosp | pective state c | ontractor? | Is contrib | outor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches | | ⊾ No | | dent child of a lol | · | \$100.00 | |
| of government the contract is with: | ☐ Exect | Legislative Legislative | MI | Method of contr | ribution: | Contribution ID # | A |
| Last Name Nolan | First | | IVII | Cash | Rersonal Check | D79265E9-94A0-428C-9B | Amount of Contribution |
| Residential Street Address | Peter | City | | Money Order | r ☐ Credit/Debit Card Zip Code | EF-F85F4DA92A91 Date Received | |
| 2 Douglas Dr 6855 | | Norwalk | | СТ | 06850-1730 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | · | Is this contribution associa | | |
| Attorney | | Self Employed | | | fundraising event listed in : If yes, list Event # | Section J1? No | |
| Is contributor a principal of a state contractor or pros | pective state c | ontractor? | Is contrib | outor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches | | ℤ No | | dent child of a lol | | \$100.00 | |
| of government the contract is with: | ☐ Exect | tive Legislative | MI | Method of cont | -it-ution. | Contribution ID # | |
| Last Name | First | | w | ☐ Cash | Rersonal Check | 63AD6304-AEEF-48C2-A | Amount of Contribution |
| Zawistowski Residential Street Address | Tami | City | 1 ** | Money Order | T | 97C-B718A6B173C2 Date Received | |
| 11 Seymour Rd | | East Granby | | CT | Zip Code 06026-9602 | 10/01/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | • | Is this contribution associa | ed with a Yes | |
| Bookseller | | Resource Books Llc | | | fundraising event listed in a If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or pros | pective state c | ontractor? | Is contrib | outor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches | - | ☑ No | | | | | |
| of government the contract is with: | ☐ Exect | | or depend | dent child of a lol | boyist: 🗖 No | \$100.00 i | |

| SUBTOTAL Section B-This Page | \$500.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,375.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| A Total Coatributions from Small Contributors-Received this Period ONLY A Total Coatributions from Small Contributors-Received this Period ONLY B. Hemized Contributions from Small Contributors-Received this Period ONLY Stocial Section A | | I. MONI | ETARY F | ECEIP | | | ge 18 of 37 | |
|---|--|---------------------------|-----------|------------|---------------------|------------------------------|-------------------------|---------------------------|
| A. Justical Contributions from Small Contributors-Received this Period, ONLY Subtral Section A B. Hemized Contributions from Individuals Lan Name Robins Robert S. Hemized Contributions from Individuals Lan Name Robins Robert S. Hemized Contributions from Individuals Lan Name Robins Robert S. Hemized Contributions from Individuals Lan Name Robins Robert S. Len Name Composition Individuals Lan Name Robins Robert Cry State Constitution in Individuals Lan Name Constitution in Individuals State Cry State | NUMBER OF CONSTRUCTOR | A PAOTE | | | (| | | |
| A Total Contributions from Small Contributors-Received this Period ONLY Subtral Section A A Total Contributions from School Contributors from Individuals Lat Name Robins Robert Robert Robert Robert Geometric Go Greenwich Go Greenwich | | | | | | | | |
| Last Name Robins Robert | | | | | NII W | | | |
| Lack Name Robert S. Mail Method of contributions (Creditables Carl Analysis (Critical Robert) Analysis (Critical Rober | and the second s | | ed this F | | | T | | - |
| Robbins Robert S. Can Can Personal Clock RABA AGA CTE-47128-8 Residential Section 17 Desay Reserved State Can Can Residential Section 17 Desay Reserved State Can Ca | | B. Itemized C | Iontribu | tions f | rom Indiv | iduals | | |
| Robins Robert S. | Last Name | First | | | Method of contr | ibution: | | Amount of |
| 25 West Elm Drive #16 Greenwich CT 06830-6469 10/02/2013 S10 O00 | | Robert | | S. | | | 0B8-C828EC5EA2E5 | Contribution |
| Self Employed Self Employe | Residential Street Address | City | | | | T | | \$100.00 |
| Consultant Self Employed | 25 West Elm Drive #16 | Greenwich | | | СТ | 06830-6469 | 10/02/2013 | |
| Consultant Consultant prompted of state commactor or prospective state commactor or prospe | Principal Occupation | Name of Employer | * | | - | | | |
| ## Second the which branch or branches of government the contract is with Land Name | Consultant | Self Employed | | | | | | |
| Last Name Less Caure Legislative Mil Method of contributions Contribution associated with a Yes Finding Contribution Piperin Mil Method of contribution Mil Method of contribution Piperin Mil Method of contribution Mil Method of contribution Piperin Mil Mil Method of contribution Piperin Mil Mi | Is contributor a principal of a state contractor or prospec | ctive state contractor? | | ls contrib | utor a lobbyist, sp | | Aggregate contributions | |
| Let Name Piers Mil Method of countribution Countributi | 3.0 | ☐ Executive ☐ Legislative | | or depend | ent child of a lob | byist? • No | \$100.00 | |
| Contribution Cont | | | | МІ | Method of contr | ibution: | Contribution ID # | Amount of |
| Same Principal Occupation Principal of a state contractor or prospective state contracto | | • | | | | | | Contribution |
| 745 Mill Plain Rd Fairfield CT 06824-3806 10/02/2013 Principal Occupation Name of Employer Self Employed | , | | | 1 | | | | \$100.00 |
| Principal Occupation Name of Employer Self Employed Sel | 745 Mill Plain Rd | Fairfield | | | СТ | 06824-3806 | 10/02/2013 | \$100.00 |
| Attorney Self Employed Self Employed Self Employed Self Employed Secontributor a principal of a state contractor or prospective state contractor? Principal Occupation P | , · · · · · · · · · · · · · · · · · · · | | | | 1 | Is this contribution associa | ted with a Yes | |
| Scontributor a principal of a state contractor or prospective state contractor? Ves Scontributor a lobbyist? No No No Stood St | | 1 | | | | - | | |
| Size Last Name First Anthony Cash Mil Method of contribution December | | | Πvac | Is contrib | utor a lobbuist s | | | |
| Last Name Viscogliosi Anthony Mil | If yes, indicate which branch or branches | | 🖪 No | | | | | |
| Viscogliosi Anthony | <u>-</u> | | | MI | | ibution: | | Amount of |
| State Zip Code Date Received 10/04/2013 | | | | | | | | Contribution |
| New York NY 10022-1106 10/04/2013 | | | | • | += | | Date Received | \$100.00 |
| Principal Viscogliosi Brothers Section J1? | 505 Park Ave #14 | New York | | | NY | 10022-1106 | 10/04/2013 | \$100.00 |
| Principal VISCOGIIOSI BROTHETS If yes, list Event # 10213A | Principal Occupation | Name of Employer | | | - | Is this contribution associa | ted with a Yes | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a lobbyist; spouse, or dependent child of a lobbyist? No No No | Principal | Viscogliosi Broth | hers | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Last Name Turner Mary Ann Contribution Residential Street Address Tokedow Rd Priogects Unlimited Name of Employer Projects Unlimited Residential of a lobby ist; spouse, of government the contract is with: Last Name State City Name of Employer Projects Unlimited Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Last Name Coudert MI Method of contribution Residential Street Address State Zip Code Date Received | <u> </u> | | | Is contrib | utor a lobbyist s | | | |
| Last Name Turner Mary Ann City City Tensional Occupation Name of Employer Principal Occupation Self Employed Self Empl | If yes, indicate which branch or branches | | 🗖 No | | | ` <u></u> - | | |
| Turner Mary Ann Residential Street Address Turner Mary Ann Residential Street Address Turner Residential Street Address Turner Residential Street Address Tity Code Thick State Tip Code Tip Cod | | | e | 1.0 | I Mark of Second | | | |
| Residential Street Address City State Zip Code O6082-6003 O9/27/2013 Principal Occupation Name of Employer Projects Unlimited Projects Unlimited Self Employed Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Last Name First Virginia First Virginia State State Zip Code O6082-6003 O9/27/2013 State Zip Code O6082-6003 O9/27/2013 State Site ontribution associated with a Syres fundraising event listed in Section J1? No | | · · | | | ☐ Cash | □ Personal Check | 275CA593-D4AA-45DE-B | Amount of Contribution |
| 7 Meadow Rd Enfield CT 06082-6003 09/27/2013 Principal Occupation Name of Employer Projects Unlimited Projects Unlimited Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Last Name Coudert First Virginia First Virginia CT 06082-6003 09/27/2013 Is this contribution associated with a fixed in Section J1? Projects Unlimited Is this contribution associated with a fixed in Section J1? Projects Unlimited Is this contribution associated with a fixed in Section J1? Projects Unlimited Is this contribution associated with a fixed in Section J1? Projects Unlimited Is this contribution associated with a fixed in Section J1? Projects Unlimited Is this contribution associated with a fixed in Section J1? Projects Unlimited Is this contribution associated with a fixed in Section J1? Projects Unlimited Is this contribution associated with a fixed in Section J1? Projects Unlimited Is this contribution associated with a fixed in Section J1? Projects Unlimited Is this contribution associated with a fixed in Section J1? Projects Unlimited If yes, list Event # 10213A Aggregate contributions S100.00 | | | | 1 17. | | T | | |
| Self Employed Projects Unlimited fundraising event listed in Section J1? No If yes, list Event # 10213A No If yes, indicate which branch or branches of government the contract is with: Last Name Coudert Coudert City First Virginia First Firs | | · [* | | | | · · | 09/27/2013 | \$100.00 |
| Self Employed Projects Unlimited Self Employed Projects Unlimited Fundamental Section J1? No If yes, list Event # 10213A | Principal Occupation | Name of Employer | | | <u> </u> | Is this contribution associa | ted with a Yes | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No S100.00 | • | Projects Unlimit | ted | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Last Name Coudert City Or dependent child of a lobby ist? Molthod of contribution: Cash Molthod of contribution: Contribution: B. Cash Monoy Order Credit/Debit Card Pale Received Store State Store State Store | | | | Is contrib | utor a lobbyisť s | | | |
| The state of government the contract is with: Last Name Coudert Virginia First Virginia MI Method of contribution: Cash B. MI Method of contribution: Cash Money Order Credit/Debit Card FC-22FCF9AF6BC7 State Zip Code S10 | | | 🗷 No | | | · | | |
| Coudert Virginia B. Cash Personal Check 24357AC3-9516-4298-A3 Contri Residential Street Address City State Zip Code Date Received \$1000 Contri State State Sign Code Sign Code Sign Contri State Sign Code S | of government the contract is with | Executive Legislative | e | li ir | 1,4,1,1,6,1,4 | 4.2 | | |
| Residential Street Address City State Zip Code Pate Received \$10 | | | | L | ☐ Cash | Rersonal Check | 24357AC3-9516-4298-A3 | Amount of Contribution |
| \$10 \$10 | | | | 10. | + | T | | |
| 1 Putnam Hill 3A Greenwich CT 06830-5702 10/02/2013 | | l ' | | | | _ · | | \$100.00 |
| Principal Occupation Name of Employer Is this contribution associated with a 🗷 Yes | Principal Occupation | Name of Employer | | • | | | | |
| Retired None fundraising event listed in Section J1? No | Retired | None | | | | _ | | |
| Is contributor a principal of a state contractor or prospective state contractor? □ Yes Is contributor a lobbyist, spouse, □ Yes Aggregate contributions | | ctive state contractor? | ☐ Yes | Is contrib | utor a lobbyist, s | | | |
| If yes, indicate which branch or branches No or dependent child of a lobbyist? | If yes, indicate which branch or branches | | No | | | | | |
| of government the contract is with: Executive Legislative Legisla | of government the contract is with: | Executive Legislative | | 1 | | | | |

| SUBTOTAL Section B-This Page | \$475.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,400.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| . 10 | | I. MONETARY R | ECEIPT | S (Sections | A-I) Pa | ge 19 of 37 | |
|---|---------------|--------------------------|-------------|--------------------|---|--|--------------|
| NAME OF COMMITTEE | | | | | REPORT TYPE | | |
| Connecticut Republican scc | | | | | Form 20 | | |
| A. Total Contributions from Sma | il Cont | ributors-Received this P | eriod () | NLY | \$110.00 | | |
| (See instructions for definition of Small Contri | | | | btotal Section | | | |
| | | B. Itemized Contribu | tions fr | om Indiv | iduals | | |
| Last Name | First | | MI | Method of contr | ibution: | Contribution ID # | Amount of |
| Klarides | Themi | s | | Cash Money Order | ☐ Personal Check ☐ Credit/Debit Card | D0E84AE8-31EB-4068-B 5C2-9BB95151B4D4 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$500.00 |
| 23 East Ct | | Derby | | СТ | 06418-2640 | 09/30/2013 | |
| Principal Occupation | | Name of Employer | | | Is this contribution associa fundraising event listed in | | |
| Attorney/Legislator | | Self Employed/st Of Ct | | - | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospec | tive state c | | | tor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ■ Execu | Itive ☐ Legislative | or depende | ent child of a lob | byist? 🚨 No | \$500.00 | |
| Last Name | First | | MI | Method of contr | | Contribution ID # | Amount of |
| Lycksell | Lucas | | | Cash Money Order | ☐ Personal Check ☑ Credit/Debit Card | DF2B2AB2-1AD7-4D0F- BDA5-7B9D9D86710D | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$75.00 |
| 266 Pearl Street | | Hartford | | СТ | 06103-2004 | 10/11/2013 | \$75.00 |
| Principal Occupation | | Name of Employer | | - | Is this contribution associa | | |
| Law Clerk | | Murtha Cullina Llp | | , | fundraising event listed in If yes, list Event # | Section J1? No 10213A | • |
| Is contributor a principal of a state contractor or prospec | ctive state c | | | itor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exect | ative Legislative | or depende | ent child of a lob | obyist? 🔼 No | \$75.00 | |
| Last Name | First | | МІ | Method of contr | | Contribution ID # | Amount of |
| Laudonia | Anthoi | nv · | Т. | Cash Money Order | Personal Check Credit/Debit Card | 06EC1531-E6A5-4D46-87 72-F0242E5E58F3 | Contribution |
| Residential Street Address | 7 (11110) | City | | State | Zip Code | Date Received | #200 00 |
| 6 Caroline Farms Rd Unit 3 | | Cos Cob | | СТ | 06807-2232 | 09/30/2013 | \$300.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associa | | |
| Tax Collector | | Town Of Greenwich | | | fundraising event listed in If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prospec | ctive state c | | Is contribu | itor a lobbyist, s | | Aggregate contributions | * |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exect | itive ☐ Legislative | or depende | ent child of a lob | obyist? 🖸 No | \$300.00 | |
| Last Name | First | | мі | Method of contr | ibution: | Contribution ID # | Amount of |
| Wolk | Walter | • | Α. | Cash Money Order | Personal Check Credit/Debit Card | E3F0209C-F027-4385-859 9-3DCBE74213A9 | Contribution |
| Residential Street Address | Traite | City | · · · · · | State | Zip Code | Date Received | \$100.00 |
| 140 Middle River Rd | | Danbury | | СТ | 06811-4338 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | · | | Is this contribution associa | | |
| Manager | | Intersurface Dynamics In | corporat | ted | fundraising event listed in If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prospec | ctive state c | ontractor? | Is contribu | itor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exec | utive Legislative | or depende | ent child of a lol | obyist? 🔼 No | \$100.00 | |
| Last Name | First | | МІ | Method of contr | ibution: | Contribution ID # | Amount of |
| Hayes | Brent | | 1 | Cash Money Order | ☐ Personal Check ☐ Credit/Debit Card | 23B02A82-6AA5-4A21-B 924-F167A519D812 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 6 Overbrook Lane | | Greenwich | | СТ | 06830 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associa | | |
| Hedge Fund/Marketing | | Basso Capital Manageme | ent | | fundraising event listed in If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prospe- | ctive state c | ontractor? | | ator a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exec | utive Legislative No | or depend | ent child of a lol | obyist? 🔼 No | \$100.00 | |
| | | | | | | | |

| \$650.00 | AL Section B-This Page | SUBTOTA | | | | | | | | | | |
|-------------|--------------------------|------------------|------------------|-------------|---------|-------|----------|---------|--------|-------|--|--|
| \$42,225.00 | litional Section B Pages | TOTAL of add | | | | | | | | | | |
| 42,985.00 | e 14 of Summary Page) | ter total on Lin | A & B) <i>(E</i> | LS (Section | DIVIDUA | ROMIP | TIONS FI | ONTRIBU | FALL C | FOTAL | | |

| | , , , | I. MONE | TARY F | RECEIP | ΓS (Sections | | ge 20 of 37 | |
|--|---------------|---------------------|---------------------|-----------|--|--|--|--------------|
| NAME OF COMMITTEE | | | | | | REPORT TYPE | | • |
| Connecticut Republican scc | | | | | | Form 20 | | _ |
| A. Total Contributions from Sma | | ributors-Receive | d this P | | NLY btotal Section | \$110.00 | , | |
| (See instructions for definition of Small Contr. | puaor) | B. Itemized Co | ontribu | | | | | |
| Last Name | First | D. HEIHIZEG C. |)11 (1 1 <u>0 0</u> | MI | Method of contr | ibution: | Contribution ID # | Amount of |
| Boughton | Mark | | | D. | Cash Money Order | Personal Check Credit/Debit Card | 1B3E1A8B-1270-4F80-8A A7-E14799D0D816 | Contribution |
| Residential Street Address | WICH | City | | | State | Zip Code | Date Received | \$100.00 |
| 23 Alan Ave | | Danbury | - | | СТ | 06811-4712 | 10/14/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa fundraising event listed in | | |
| Mayor | | City Of Danbury | | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospec | tive state c | ontractor? | Yes No | | utor a lobbyist, sp lent child of a lob | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | tive Legislative | I No | or depend | ent cinia or a roo | Joylist: La No | \$100.00 | |
| Last Name | First | | | MI | Method of contr | ibution: Personal Check | Contribution ID # ECF50912-BD80-48EF-9C | Amount of |
| Silhavey | Christe | opher Edward | | | Money Order | | E4-27F66F4C5E66 | Contribution |
| Residential Street Address | | City | | | State | Zip Code | Date Received | \$250.00 |
| 111 Hickory Woods Ln | | Stratford | | | СТ | 06614-1609 | 09/30/2013 | |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa fundraising event listed in | | |
| Computer Analyst | | At & T | | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with: | tive state c | | ☐ Yes ☑ No | | utor a lobbyist, splent child of a lob | | Aggregate contributions \$250.00 | |
| Last Name | First | | | MI | Method of contr | ibution: | Contribution ID# | Amount of |
| Schoonmaker | Caroly | 'n | | P. | Cash Money Order | Personal Check Credit/Debit Card | 2737F9D7-4C15-4E89-87 BB-322AF66739F3 | Contribution |
| Residential Street Address | 00.0.9 | City | | | State | Zip Code | Date Received | \$100,00 |
| 231 Old Kings Hwy S | | Darien | | | СТ | 06820-5931 | 09/24/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution association fundraising event listed in | | |
| Housewife | | None | | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prosper if yes, indicate which branch or branches | ctive state o | | ☐ Yes ☑ No | | utor a lobbyist, s dent child of a lob | | Aggregate contributions \$100.00 | |
| of government the contract is with: | First | | | MI | Method of contr | ribution: | Contribution ID # | Amount of |
| Hoheb | Christ | an. | | R. | Cash Money Order | Personal Check Credit/Debit Card | 95B56AD0-6CDD-49B7-B 599-6CF7CAE268E0 | Contribution |
| Residential Street Address | <u> </u> | City | | | State | Zip Code | Date Received | \$250.00 |
| 314 Main St | | Farmington | | | СТ | 06032-2961 | 09/30/2013 | \$250.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution association fundraising event listed in | | |
| Attorney | | Self Employed | | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state o | | ☐ Yes ☑ No | | outor a lobbyist, s dent child of a lob | | Aggregate contributions \$250.00 | |
| Last Name | First | | ., | MI | Method of contr | ribution: | Contribution ID # | Amount of |
| Pavia | John | | | P. | Cash Money Order | Personal Check Credit/Debit Card | E0F1E980-125E-4391-A5 0C-4D09871AF8EC | Contribution |
| Residential Street Address | 00,,,, | City | | | State | Zip Code | Date Received | \$100.00 |
| 311 Silver Hill Rd | | Easton | | | СТ | 06612-1119 | 10/02/2013 | \$100,00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa fundraising event listed in | | |
| Attorney | | Self Employed | | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state o | | Yes No | | outor a lobbyist, s dent child of a lol | | Aggregate contributions \$100.00 | |
| | | | | | | | | |

| SUBTOTAL Section B-This Page | \$625.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,250.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | | | | Rep | | ceding election: 11/05/20 | 13 |
|--|---------------|--------------------------|-------------|--|---|--|---------------------------|
| | | I. MONETARY R | ECEIPT | S (Sections | A-I) Pag | je 21 of 37 | |
| AME OF COMMITTEE | | | | | REPORT TYPE | | |
| Connecticut Republican scc | | | | | Form 20 | , | |
| A. Total Contributions from Sma (See instructions for definition of Small Contri | | ributors-Received this P | | NLY btotal Section | \$110.00 | · · | |
| Dec was account of the country of th | | B. Itemized Contribu | | | | | |
| Last Name | irst | <u></u> | мі | Method of contri | bution: | Contribution ID # | Amount of |
| Dean | Martha | 1 | Α. | Cash Money Order | | AE626DB3-79EC-426B-B 54E-59630A3132B5. | Contribution |
| esidential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 144 Reverknolis | | Avon | | СТ | 06001-2037 | 10/02/2013 | |
| rincipal Occupation | | Name of Employer | | | Is this contribution associat | | 1 |
| Attorney | | Self-employed | | | fundraising event listed in S If yes, list Event # | ection J1? | |
| s contributor a principal of a state contractor or prospec If yes, indicate which branch or branches | | No | | tor a lobbyist, sp ent child of a lob | oouse, | Aggregate contributions | |
| of government the contract is with: | ☐ Execu | tive Legislative | MI | Method of contr | (hodian) | Contribution ID # | |
| Last Name D adakis | irst Edwar | d | D. | Cash Money Order | Personal Check Credit/Debit Card | 3ACE6550-61B5-4CC2-99 D2-838039852AF2 | Amount of Contribution |
| esidential Street Address | | City | · | State | Zip Code | Date Received | \$100.00 |
| 81 M allard Dr | | Greenwich | | СТ | 06830-6708 | 09/30/2013 | #100.00 |
| rincipal Occupation | | Name of Employer | | | Is this contribution associat | | |
| Broker | | Aon Risk Services Inc Of | Connec | ticut | fundraising event listed in S If yes, list Event # | lection J1? | |
| s contributor a principal of a state contractor or prospec | tive state co | ontractor? | Is contribu | tor a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ■ Execu | ative ☐ Legislative | or depende | ent child of a lob | byist? | \$100.00 | |
| Last Name | First | | MI | Method of contr | | Contribution ID # | Amount of |
| Clark | Mariar | nne A. Landers | | Cash Money Order | Personal Check Credit/Debit Card | D3D9DF56-EA41-499F-8 77A-ELD8B448F6A2 | Contribution |
| esidential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 100 Westland Rd | | Avon | | СТ | 06001-2349 | 09/20/2013 | |
| rincipal Occupation | | Name of Employer | | | Is this contribution associat | | |
| Marketing | | Self Employed | | | fundraising event listed in S If yes, list Event # | Section J1? No 10213A No | 1 |
| s contributor a principal of a state contractor or prospec | tive state c | | | itor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | tive ☐ Legislative | or depend | ent child of a lob | byist? 🔼 No | \$100.00 | |
| Last Name | First | | MI | Method of contr | ibution: | Contribution ID # | Amount of |
| Gerard | Scott | | | Cash Money Order | | 8D06A6D1-CF37-4E54-9 B50-8906180D2225 | Contribution |
| esidential Street Address | | City | | State | Zip Code | Date Received | \$75.00 |
| 165 High Point Lane | | Fairfield | | СТ | 06824-2063 | 09/30/2013 | |
| Principal Occupation | | Name of Employer | | | Is this contribution associate fundraising event listed in the contribution of the contribution of the contribution associated in the contribution of the contribution associated as the contribution as | | |
| Lawyer | | Murtha Cullina Llp | | | If yes, list Event # | 10213A | |
| s contributor a principal of a state contractor or prospec | tive state c | | | itor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | utive Legislative | or depend | ent child of a lob | obyist? No | \$75.00 | _ |
| Last Name | First | | МІ | Method of conti | ibution: | Contribution ID # 76975E07-A93F-4CC5-A7 | Amount of |
| Bisbikos | Andre | as | <u> </u> | Money Order | | R8-419DDCF40DD6 | Contribution |
| esidential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 155 Standish Road | | Colchester | | СТ | 06415-2219 | 09/30/2013 | |
| Principal Occupation | | Name of Employer | | | Is this contribution associated in fundraising event listed in | _ | |
| Social Studies Teacher | | Windham Middle School | | | If yes, list Event # | 10213A | |
| s contributor a principal of a state contractor or prospec | ctive state c | | | utor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exec | utive Legislative No | or depend | ent child of a lol | poyist/ 🚨 No | \$100.00 | |

| SUBTOTAL Section B-This Page | \$600.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,275.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| A Total Contributions from Small Contributors-Received disk Period ONLY Sheet party from the designation of Draw! Contributors B. Hemized Contributions from Advividuals Lea Nace Patricia The Patricia City Ansonia City Contributors Sale 2 gc cut City Ansonia City Ansonia City Contributors Sale 2 gc cut City Ansonia City Contributors Sale 2 gc cut Contributors Sale 3 greater and contractor or prospective state contractor If you in Total contributions Sale 3 greater and contractor or prospective state contractor If you in Total contributions Sale 3 gc cut Contributors Sale 5 gc cut Contribut | <u></u> | I. MO | NETARY R | RECEIPT | | | eceding election: 11/05/20 ge 22 of 37 |)13 |
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| A Total Contributions from Satal Contributors-Received this Period ONLY Settled Section A Total Contributions from Satal Contributors-Received this Period ONLY Settled Section A Total Contributions from Individuals Contribution of Section Contributions Contribu | IAME OF COMMITTEE | | | | | | | |
| A Total Contributions from Small Contributions-Received this Period ONLY Oper Interestion for Additions B. Itemized Contributions B. Itemized Contributions from Individuals Let Name First Particia Ciny Cany C | | | | | | Form 20 | | |
| B. Itemized Contributions from Individuals Last Name First First Particia Particia | A. Total Contributions from Sn | | ived this P | | | | | |
| Law Name Fast Patricia J. George-Week D. Personal Check Variety-Say-Au-OCC, P. M. Amount Patricia Personal Check Variety-Say-Au-OCC, P. M. Variety Var | | | Contribu | | | | | |
| Patricia Patricia J. | Last Name | | - | | Method of contr | ibution: | | Amount of |
| Ansonia CT 06401-1326 09/24/2013 Stock Paralegal Specialist II State Of Connecticut | Patricia | | J. | Money Order | | 5A-E838D3A1C296 | Contribution |
| Name of Employer State Of Connecticut S | | City | | | 1 | | 1 | \$100,00 |
| Paralegal Specialist II State Of Connecticut State of Connecticu | 28 W Brookside Ave | Ansonia | | | СТ | 06401-1326 | 09/24/2013 | |
| Parallegal Specialist II State Off Connecticut Jipes Institute a protegority and protection of | rincipal Occupation | | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative Mil Method of contribution associated with a contribution appropriate the contract is with: Contribution appropriate the | Paralegal Specialist II | State Of Conn | necticut | | | | | |
| Christopher C Christopher C Christopher C Christopher Ch | If yes, indicate which branch or branches | | 🖪 No | | | | | |
| State Contributor a principal of a state contractor or prospective state contractor? Vestimated Vestima | Last Name | | | 1 | Method of contr | ibution: | | Amount of |
| Some contributor a principal of a state contractor or prospective state contractor or prospe | | | | I c | ☐ Money Order | Credit/Debit Card | 97-C8A272F9201C | Contribution |
| Name of Employer Business Manager Summit Financial Summit Finan | | • | | | | | 1 | \$100.00 |
| Business Manager Summit Financial | | | | | <u> </u> | | | |
| Business Manager Summit Financial | Principal Occupation | | -1-1 | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative No Received Received No Received Rece | <u> </u> | | | _ | | If yes, list Event # | | |
| DeRisio Margaret Jane Cash Margaret Security Contribution associated with a Cast Margaret Security Contribution associated with a Cast Margaret Security Contribution associated with a Cast Margaret Security Cast Margaret Security Cast Margaret Security Cast Margaret Security Cast If yes, indicate which branch or branches | | ☑ No | | | | | |
| DeRisio Margaret Jane Money Order Credit/Debit Card FEC_D753Ras[El DF9 Date Received Date Re | Last Name | First | - | MI | | | | Amount of |
| 12 Jericho Dr | | Margaret Jane | | <u>L</u> | | | FFC-D752B63F1DF9 | Contribution |
| Analyst Name of Employer Name of Employer Is this contribution associated with a Image: Ima | esidential Street Address | City | | | | • | i I | \$100.00 |
| Analyst Name of Employer Livingston Builders Lic Legislative Le | 12 Jericho Dr | Old Lyme | | | СТ | 06371-1326 | 09/20/2013 | |
| Analyst Main rincipal Occupation | Name of Employer | | | | | | |
| State Contribution Contribution State Contribution State Contribution Contributi | Analyst | N/a | | | | | | |
| Kriskey Richard F. Cash Personal Check S4ED7D74-07B3-44B3-97 Ro.8RC 7E-5609P05 State Zip Code Date Received O9/30/2013 B Osceola Dr Greenwich CT O6830-7228 O9/30/2013 Wanaging Member Livingston Builders Llc S contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a lobbyist, spouse, of government the contract is with: Executive Legislative Legislative MI Method of contribution MI Method of Contri | If yes, indicate which branch or branches | | ☑ No | | - | | | |
| Kriskey Richard F. Money Order Credit/Debit Card RO-88CSF5560F95 Cestdeitial Street Address 8 Osceola Dr City Greenwich Name of Employer Livingston Builders Llc scontributor a principal of a state contractor or prospective state contractor? If yes, inst Event # 10213A Score dependent child of a lobbyist, spouse, or dependent child of a lobbyist? In Mall Method of contribution: Cash Po-88CSF5560F95 State City State Ci | Last Name | First | | | | | | Amount of |
| Societable Dr Greenwich CT 06830-7228 09/30/2013 State | | | | <u> F</u> | Money Order | Credit/Debit Card | B9-88C5E5569F95 | Contribution |
| Name of Employer Livingston Builders Llc State contribution associated with a 10213A 10213A | | 11. | | | I | - | l l | \$100.00 |
| Managing Member Livingston Builders Llc fundraising event listed in Section J1? No | | | | | C i | | | |
| Managing Member Livingston Bunders Bunde | Principal Occupation | | 9.1 1.1. | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Last Name Executive Legislative MI Method of contribution Cash Personal Check A7640D2-4046-4CA5-AF Amout Contribution Legislative Legislative Legislative MI Method of contribution Cash Personal Check Personal Check Contribution Legislative Legislative Legislative MI Method of contribution Cash Personal Check Personal Check Contribution Contribution Contribution Contribution Contribution D# Ar640D2-4046-4CA5-AF Personal Check Contribution Contribution D# Amout Contribution Contribution D# Ar640D2-4046-4CA5-AF D# Ar640D2 | * | | liders Lic | | | | | |
| Testani Jack H Cash Personal Check PA7640D2-4046-4CA5-AF PE-8RE9120C50F3 Contril State Zin Code Pares Par | If yes, indicate which branch or branches | • | ▼ No | | | | | |
| Testani Jack H. ☐ Money Order | Last Name | First | | | | | | Amount of |
| | | | | T H: | ☐ Money Order | Credit/Debit Card | 7F-8RE9120C59E3 | Contribution |
| 50 Cranbury Dr Trumbull CT 06611-1413 09/30/2013 | | City Trumbull | | | State CT | Zip Code 06611-1413 | 09/30/2013 | \$200.00 |
| Principal Occupation | Principal Occupation | Name of Employer | | | | 1 | | |
| New Business Director Icon International Icon I | New Business Director | Icon Internation | onal | | | | | |
| s contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No S200.00 | If yes, indicate which branch or branches | | No | | - | · | | |

| \$600.00 | SUBTOTAL Section B-This Page | | | | | | |
|-------------|--|-------------------|----------------|-------------|----------|-------|--|
| \$42,275.00 | TOTAL of additional Section B Pages | | | | | | |
| \$42,985.00 | Sections A & B) (Enter total on Line 14 of Summary Page) | ALS (Sections A a | S FROM INDIVID | INTRIBUTION | OFALL CO | TOTAL | |

| | | I. MONETARY F | RECEIPT | | | ge 23 of 37 | |
|--|-----------------|--------------------------|--------------|-------------------------|---|--|---------------------------|
| NAME OF COMMITTEE | | | | | REPORT TYPE | | |
| Connecticut Republican scc | | | | | Form 20 | | |
| · | n 6 | | isa C | NIT V | | | |
| A. Total Contributions from Sma | | ridutors-Received this r | | PINE I btotal Sectio | \$110.00 | | |
| (See instructions for definition of Small Contr | юшог) | B. Itemized Contribu | | | | | |
| Last Name | First | D. Hemizeu Contribu | MI HOUS I | Method of contr | | Contribution ID # | Amount of |
| Kelly | Kevin | | C. | Cash Money Order | Rersonal Check | 04461057-233A-462A-996 A-4DFC083E5DB9 | Contribution |
| Residential Street Address | T.CVIII | City | | State | Zip Code | Date Received | £100.00 |
| 240 York St | | Stratford | | СТ | 06615-7952 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | 1 | Is this contribution associate | ed with a Yes | |
| Attorney | | Kevin Kelly & Associates | | | fundraising event listed in S If yes, list Event # | ection J1? | |
| Is contributor a principal of a state contractor or prospe | ctive state o | <u> </u> | | utor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches | | ĭ No | | ent child of a lob | · · · · · · · · · · · · · · · · · · · | \$100.00 | * |
| of government the contract is with: | ☐ Execu | ative Legislative | MI | Method of contr | ibution: | Contribution ID # | |
| Last Name Knag | First Paul | | E. | Cash Money Order | Personal Check | 44DD3CD7-EF3C-495A-8 BAE-BBA563EB54BA | Amount of Contribution |
| Residential Street Address | i aui | City | | State State | Zip Code | Date Received | |
| 27 Miller Rd | | Darien | | СТ | 06820-3015 | 09/30/2013 | \$75.00 |
| Principal Occupation | | Name of Employer | _ | | Is this contribution associate | ed with a Yes | |
| Attorney | | Murtha Cullina Pinney & | Richte | | fundraising event listed in S If yes, list Event # | ection J1? No | |
| Is contributor a principal of a state contractor or prospe | ctive state o | ontractor? | Is contrib | utor a lobbyist, s | 3,7 | Aggregate contributions | |
| If yes, indicate which branch or branches | | ► No | | ent child of a lot | | \$75.00 | |
| of government the contract is with: | ☐ Exect | itive Legislative | MI | Method of contr | ribution | Contribution ID # | Amount of |
| Last Name Massaro | First Carl | | Α. | Cash Money Order | Personal Check | 265BF1EF-D44D-460D-B | Contribution |
| Residential Street Address | Can | City | 1 | State | Zip Code | C46-630A0158EEDB Date Received | #100.00 |
| 61 Wedgewood Rd | | Trumbull | | СТ | 06611-1638 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | <u></u> | Is this contribution associate | ed with a Yes | |
| Attorney | | Self Employed | | | fundraising event listed in S If yes, list Event # | ection J1? No | |
| Is contributor a principal of a state contractor or prospe | ctive state c | ontractor? | Is contribu | utor a lobbyist, s | 19 9 000, 1101 0 1 1 1 1 | Aggregate contributions | |
| If yes, indicate which branch or branches | | ™ No | | ent child of a lot | | \$100.00 | |
| of government the contract is with: | ☐ Execu | utive Legislative | MI | Method of contr | ribution | Contribution ID # | Amount of |
| Last Name Shapiro | First Jonath | nan | | Cash Money Order | ■ Personal Check | 2666C8D3-5A52-4EEC-9 B02-EDE85461BE9C | Contribution |
| Residential Street Address | Condu | City | 1 | State | Zip Code | Date Received | \$75,00 |
| 150 Monarca Drive | | Middletown | | СТ | 06457-7114 | 09/30/2013 | 3/2,00 |
| Principal Occupation | | Name of Employer | | - | Is this contribution associate | ed with a Yes | |
| Attorney | | Self Employed | | | fundraising event listed in S If yes, list Event # | ection J1? No | |
| Is contributor a principal of a state contractor or prospe | ctive state o | | Is contrib | utor a lobbyist, s | 1 37 7 4 5 1 | Aggregate contributions | |
| If yes, indicate which branch or branches | ☐ Exect | 🖺 No | | ent child of a lol | | \$75.00 | |
| of government the contract is with: | | ative legislative | MI | Method of contr | ribution: | Contribution ID # | Amount of |
| Bertram | First Elana | | ļ | Cash Money Order | Personal Check | 10AF07E1-13E7-430E-8E 7F-7694E7EC590B | Contribution |
| Residential Street Address | 3.3 | City | | State | Zip Code | Date Received | \$150.00 |
| 4 Windy Woods | | Newtown | | СТ | 06470-1029 | 09/30/2013 | \$130.00 |
| Principal Occupation | | Name of Employer | | <u> </u> | Is this contribution associate | | |
| Attorney | | Hawley Legal Resources | LLC | | fundraising event listed in S If yes, list Event # | ection J1? | |
| Is contributor a principal of a state contractor or prospe | ctive state c | ontractor? | Is contrib | utor a lobbyist, s | 1 3 7 2 2 1 | Aggregate contributions | |
| If yes, indicate which branch or branches | ☐ Exect | ■ No | | lent child of a lot | | \$150.00 | |
| of government the contract is with: | | _ Dogislative | 1 | | | | |

| SUBTOTAL Section B-This Page | \$1,100.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$41,775.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | I. MONETA | ARY RI | ECEIPT | | | seding election: 11/05/20 pe 24 of 37 | 13 |
|---|-----------------------------|--------------|--------------|--|---|--|--------------|
| WAS OF CONSUMERS | I. MONETA | | 2211 1 | _ (22200115 | REPORT TYPE | | |
| NAME OF COMMITTEE Connecticut Republican scc | | | | | Form 20 | | |
| A. Total Contributions from Sma | I Contributous Province | this De | riod O | NI V | 0440.00 | | |
| A. 10th Contributions from Sina (See instructions for definition of Small Contri | | this i c | | total Section | \$110.00 | | |
| | B. Itemized Con | tribut | ions fr | om Indivi | duals | | |
| Last Name | irst | | MI | Method of contri | | Contribution ID # 016D259B-41C2-41CB-8 | Amount of |
| Welch Residential Street Address | Thomas | | J. | Money Order | Credit/Debit Card | D61-9707F0D9E7B6 Date Received | Contribution |
| 47 Old Shelton Rd | City Shelton | | | State CT | Zip Code 06484-2802 | 09/24/2013 | \$100.00 |
| Principal Occupation | Name of Employer | | | | Is this contribution associate | ed with a Yes | * ' |
| Attorney | Welch,teodosio,sta | nek & l | Blake | | fundraising event listed in S If yes, list Event # | ection J1? | |
| Is contributor a principal of a state contractor or prospec | tive state contractor? | Yes | Is contribut | or a lobbyist, sp | ouse, | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Executive ☐ Legislative | • No | or depender | nt child of a lob | byist? 🔼 No | \$100.00 | |
| | irst | | MI | Method of contri | bution: Personal Check | Contribution ID # 802B9095-5D12-4129-AF | Amount of |
| Grace | Linda | | Α. | ☐ Money Order | Credit/Debit Card | 42-125B2E480A98 Date Received | Contribution |
| Residential Street Address | City | | | State ! | Zip Code 06610-1259 | 10/02/2013 | \$100.00 |
| 793 Broadbridge Rd | Bridgeport Name of Employer | | | - | Is this contribution associate | | |
| Registrar Of Voters | City Of Bridgeport | | | | fundraising event listed in S | | |
| Is contributor a principal of a state contractor or prospec | | Yes | Is contribut | or a lobbyist, sp | 27 7 65, 1101 21 6110 1 | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | | No No | or depende | nt child of a lob | byist? 🗖 No | \$100.00 | |
| ······································ | irst | | MI | Method of contri | | Contribution ID # | Amount of |
| McNiff | Audrey | | | Cash Money Order | Personal Check Credit/Debit Card | 10138EC4-CEA0-40D1-8 D4C-0E4220123C87 | Contribution |
| Residential Street Address | City | | | State | Zip Code | Date Received 09/27/2013 | \$250.00 |
| 102 Zaccheus Mead Ln | Greenwich | | | СТ | 06831-3751 | | |
| Principal Occupation | Name of Employer None | | | | Is this contribution associate fundraising event listed in S | Section J1? | |
| Retired Is contributor a principal of a state contractor or prospec | | J Yes | Is contribut | or a lobbyist, sp | | 10213A Aggregate contributions | |
| If yes, indicate which branch or branches | | No No | | nt child of a lob | · · · · · · · · · · · · · · · · · · · | \$250.00 | |
| of government the contract is with: | Executive Legislative | | MI | Method of contr | bution: | Contribution ID # | Amount of |
| Lilienthal | Sal | | S. | Cash Money Order | ☐ Personal Check | 89E626E2-0444-449A-B4 91 <u>-31A9F344F740</u> | Contribution |
| Residential Street Address | City | | | State | Zip Code | Date Received 09/30/2013 | \$100.00 |
| 9 Bridge Street | Kent | | | СТ | 06757-1319 | | |
| Principal Occupation | Name of Employer | | | | Is this contribution associat fundraising event listed in S | | |
| Owner | Bicycle Tour Comp | | | 1.11.1 | 2, , , , , , , , , , , , , , , , , , , | 10213A Aggregate contributions | |
| Is contributor a principal of a state contractor or prospec If yes, indicate which branch or branches | | ☐ Yes No | | tor a lobbyist, sp nt child of a lob | | \$200.00 | |
| of government the contract is with: | ☐ Executive ☐ Legislative | | MI | Method of contr | ibution: | Contribution ID # | Amount of |
| Last Name Lilienthal | First Sal | | S. | Cash Money Order | Personal Check | 6F2F3882-B9CE-478C-B6 92-22DAC646402F | Contribution |
| Residential Street Address | City | | | State | Zip Code | Date Received | \$100.00 |
| 9 Bridge Street | Kent | | | СТ | 06757-1319 | 09/27/2013 | |
| Principal Occupation | Name of Employer | | | | Is this contribution associate fundraising event listed in S | | |
| Owner | Bicycle Tour Comp | | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches | | Yes No | | tor a lobbyist, sp int child of a lob | | Aggregate contributions | |
| of government the contract is with: | ☐ Executive ☐ Legislative | | | | | \$200.00 | |

| SUBTOTAL Section B-This Page | \$475.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,400.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

Report Type: 12th day preceding election: 11/05/2013

I. MONETARY RECEIPTS (Sections A-I) Page 25 of 37

| | | I. MONETARY F | RECEIPT | S (Sections | A-I) Pag | e 25 of 37 | |
|---|----------------|--------------------------|-----------|--|---|--|---------------------------|
| IAME OF COMMITTEE | | | | | REPORT TYPE | | |
| Connecticut Republican scc | | | <u> </u> | | Form 20 | | |
| A. Total Contributions from Sma | | ributors-Received this P | | NLY ototal Section | \$110.00 | | |
| | | B. Itemized Contribu | | | | | |
| Last Name | First | | MI | Method of contri | ibution: Personal Check | Contribution ID # 3463D65C-9240-41CF-AF | Amount of Contribution |
| Miller | Sheldo | | | Cash Money Order | | 69-CBD4737CE026 Date Received | Contribution |
| Residential Street Address | | City | | State | Zip Code | 10/02/2013 | \$100.00 |
| 2 Pumpkin Lane | | Norwalk | | СТ | 06851-1420 | | |
| Principal Occupation | | Name of Employer | | | Is this contribution associate fundraising event listed in S | _ | ļ |
| Retired | | None | | | | 10213A | |
| Is contributor a principal of a state contractor or prospectif yes, indicate which branch or branches | | · 🗷 No | | tor a lobbyist, sp ent child of a lob | | Aggregate contributions \$100.00 | |
| of government the contract is with: | ☐ Execu | tive Legislative | MI | Method of contr | ibution | Contribution ID # | Amount of |
| Last Name Wilson Foley | First Lisa | | ļ | Cash Money Order | Rersonal Check | 7C4DDCB4-121D-464E-9 F0C-B0A82BDB7261 | Contribution |
| Residential Street Address | Lisa | City | | State | Zip Code | Date Received | \$500.00 |
| 76 Hartford Rd | | Simsbury | | СТ | 06070-2508 | 10/10/2013 | ψ500,00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associate fundraising event listed in S | | |
| President/CEO | | Allstar Therapy Lic | | | If yes, list Event # | ection 31: | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state co | No. | | ntor a lobbyist, spent child of a lob | | Aggregate contributions \$5,500.00 | |
| Last Name | First | | MI | Method of contr | ribution: | Contribution ID # F006BD3B-D3A1-41BC-8 | Amount of |
| McCarthy | David | | T | Money Order | | CSD-FE1E4BE1EDF4 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 38 Nearwater Rd | | Norwalk | | CT | 06853-1715 | 09/27/2013 | |
| Principal Occupation | | Name of Employer | | | Is this contribution associat | | i |
| Capital Markets | | Ibm | | | fundraising event listed in S If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state co | No | | ator a lobbyist, sent child of a lob | | Aggregate contributions \$100.00 | |
| Last Name | First | | MI | Method of contr | ribution: | Contribution ID # ICF9DAED-C8F1-4DA2- | Amount of |
| Handrinos | Alexar | ndra | <u> </u> | Money Order | | BC05-723775BDF8A7 | Contribution |
| Residential Street Address 28 Anson Road | | City Norwalk | | State CT | Zip Code 06850-1427 | Date Received 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associat | ed with a Yes | |
| Homemaker | | None | | | fundraising event listed in S | | |
| Is contributor a principal of a state contractor or prospe | ctive state c | | | utor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | utive Legislative | or depend | ent child of a lol | bbyist? 🔼 No | \$100.00 | |
| Last Name | First | | МІ | Method of cont | ribution: | Contribution ID # | Amount of |
| Lavielle | Gail M | l | L. | Cash Money Order | | F9096439-1049-441A-BD 17-2D12CDB6F311 | Contribution |
| Residential Street Address | | City | - | State | Zip Code | Date Received | \$100.00 |
| 109 Hickory Hill Rd | | Wilton | | СТ | 06897-1135 | 09/20/2013 | |
| Principal Occupation | | Name of Employer | | | Is this contribution associate fundraising event listed in | | |
| State Representative | <u> </u> | State Of Connecticut | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prosper If yes, indicate which branch or branches | ective state c | ontractor? Yes | | utor a lobbyist, s lent child of a lo | | Aggregate contributions | |
| of government the contract is with: | ■ Exec | | or depend | one onna or a lo | | \$100.00 | <u> </u> |

| SUBTOTAL Section B-This Page | \$475.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,400.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | |

| | | I. MONETARY R | ECEIP | | | e 26 of 37 | |
|--|---------------|--------------------------|------------|---------------------------|---|--|--------------|
| NAME OF COMMITTEE | | | - | | REPORT TYPE | | |
| Connecticut Republican scc | | | | *** | Form 20 | | |
| | 11.0 | 1. 4. D 1.44. D | | NOT V | | | |
| A. Total Contributions from Small Contribution of Small Contributions (See Instructions for definition of Small Contributions for definition of Small Contribution of Small Co | | ridutors-Received this r | | JINL I abtotal Section | \$110.00 | | |
| | | B. Itemized Contribu | tions f | rom Indiv | iduals | | |
| Last Name | First | | MI | Method of contr | ibution: | Contribution ID # | Amount of |
| Knott | Andre | N | S. | Cash Money Order | □ Personal Check ☑ Credit/Debit Card | F0380E7B-0012-4795-A25 7-D309CB7F98EC | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$75.00 |
| 19 Florence Ave | | New Haven | | СТ | 06512-3944 | 09/30/2013 | |
| Principal Occupation | | Name of Employer | | • | Is this contribution associate | | |
| Attorney | | Knott & Knott LLC | | | fundraising event listed in S If yes, list Event # | ection J1? No | |
| Is contributor a principal of a state contractor or prospe | ctive state c | ontractor? | Is contrib | utor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | tive ☐ Legislative | or depend | dent child of a lob | obyist? 🔼 No | \$75.00 | |
| Last Name | First | | MI | Method of contr | ibution: | Contribution ID # | Amount of |
| Morris | John | | М | Cash Money Order | Personal Check Credit/Debit Card | E72AF878-A335-4FD1-B CA9-C911D6417942 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$200.00 |
| 3533 Hall Meadow Rd Gosh | | Norfolk | | СТ | 06058-1376 | 09/30/2013 | \$200.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associate | | |
| Insurance Agent | | Self Employed | | | fundraising event listed in S If yes, list Event # | ection J1? No 10213A | |
| Is contributor a principal of a state contractor or prospe | ctive state c | | Is contrib | utor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | tive ☐ Legislative | or depend | lent child of a lob | obyist? 🔼 No | \$200.00 | |
| Last Name | First | | MI | Method of contr | ibution: | Contribution ID # | Amount of |
| Corvo | Brian | | | Cash Money Order | ☐ Personal Check ☐ Credit/Debit Card | B202FE68-EDB3-4D48-93 BA-2DCDDCCC2A64 | Contribution |
| Residential Street Address | | City | • | State | Zip Code | Date Received | \$75.00 |
| 46 Copper Beech Drive | | Rocky Hill | | СТ | 06067-1837 | 09/30/2013 | \$15.00 |
| Principal Occupation | | Name of Employer | | - | Is this contribution associate | 7.7 | |
| Attorney | | Jozus, Milardo, Thomass | on | | fundraising event listed in S If yes, list Event # | ection J1? | |
| Is contributor a principal of a state contractor or prospe | ctive state c | ontractor? | Is contrib | outor a lobbyist, s | pouse, | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | tive ☐ Legislative | or depend | dent child of a lob | obyist? 🔼 No | \$75.00 | |
| Last Name | First | | МІ | Method of contr | ibution: | Contribution ID# | Amount of |
| Lyons | Elizab | eth | Α. | Cash Money Order | Personal Check Gredit/Debit Card | 09AA8478-40FD-40B9-A4 BL-A8AA064AACE0 | Contribution |
| Residential Street Address | • | City | | State | Zip Code | Date Received | \$100.00 |
| 5 Raymond Ln | | Norwalk | | СТ | 06855-2804 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | - | Is this contribution associate | | |
| Insurance Producer | | James P. Murphy & Asso | ciates | | fundraising event listed in S If yes, list Event # | ection J1? No | |
| Is contributor a principal of a state contractor or prospe | ctive state c | | | outor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exect | Itive ☐ Legislative | or depend | ient child of a lob | obyist? 🔼 No | \$100.00 | |
| Last Name | First | | MI | Method of contr | ribution: | Contribution ID # | Amount of |
| Boucher | Antoni | etta | | Cash Money Order | Personal Check Credit/Debit Card | A6A54C75-DF28-46CC-9 173-4A70AE59165F | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 5 Wicks End Ln | | Wilton | | ст | 06897-2633 | 09/26/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | • | Is this contribution associate | | |
| State Senator/director | | State Of Ct/common Fun | d | | fundraising event listed in S If yes, list Event # | lection J1? No 10213A | |
| Is contributor a principal of a state contractor or prospe | ctive state c | ontractor? | Is contrib | outor a lobbyist, s | <u> </u> | Aggregate contributions | |
| If yes, indicate which branch or branches | ☐ Exec | ■ No | | dent child of a lot | | \$100.00 | |
| of government the contract is with: | | — | | | | | |

| \$700.00 | STOTAL Section B-This Page | SUB | | | | | | | | | |
|-------------|-------------------------------|---------------|--------|-------------|---------|--------|-----------|-----------|----------|---|--|
| \$42,175.00 | of additional Section B Pages | TOTAL | | | | | | | | | |
| 42,985.00 | on Line 14 of Summary Page) | Enter total (| & B) (| (Sections) | IVIDUAL | ROM IN | BUTIONS I | LL CONTRE | TAL OF / | Т | |

| | | I. MONETARY F | RECEIPT | | · · · · · · · · · · · · · · · · · · · | ge 27 of 37 | ,15 |
|--|---------------|--------------------------|-------------|---------------------------------------|---|--|---------------------|
| NAME OF COMMITTEE | | | | , | REPORT TYPE | | |
| Connecticut Republican scc | | | | | Form 20 | | |
| | | | | | 7 01111 20 | | |
| A. Total Contributions from Smi | | ributors-Received this P | | PNLY <u>btotal Sectio</u> | \$110.00 | | |
| and the state of t | | B. Itemized Contribu | tions fi | om Indiv | iduals | | |
| Last Name | First | | мі | Method of contr | ibution: | Contribution ID # | Amount of |
| Cafero | Lawre | nce | F. | Cash Money Order | Personal Check Credit/Debit Card | D091DCEA-98B2-41AA-8 6A9-5787D3210E2C | Contribution |
| Residential Street Address | | City | • | State | Zip Code | Date Received | ·· \$ 100.00 |
| 6 Weed Ave | | Norwalk | | CT | 06850-2224 | 10/02/2013 | \$100.00 |
| Principal Occupation . | * | Name of Employer | | | Is this contribution associate | | |
| Legislator/Attorney | | State of CT/Brown Rudn | ick | | fundraising event listed in S If yes, list Event # | Section J1? No | |
| Is contributor a principal of a state contractor or prospe | ctive state c | | | ıtor a lobbyist, sı | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | itive ☐ Legislative | or depende | ent child of a lob | obyist? | \$100.00 | |
| Last Name | First | | мі | Method of contr | ibution: | Contribution 1D # | Amount of |
| Fitzpatrick | Michae | اد | T. | Cash Money Order | Personal Check Credit/Debit Card | 96687B9B-223D-45AC-93 98-6A0DA43AACA0 | Contribution |
| Residential Street Address | i iiiioiia | City | l | State | Zip Code | Date Received | £100.00 |
| 271 Georgetown Dr | | Glastonbury | | СТ | 06033-2345 | 09/30/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associal | | |
| Retired | | None | | | fundraising event listed in S If yes, list Event # | Section J1? | |
| Is contributor a principal of a state contractor or prospe | ctive state c | ontractor? | Is contribu | ator a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | utive Legislative | or depend | ent child of a lob | obyist? | \$100.00 | |
| Last Name | First | | МІ | Method of contr | ibution: | Contribution ID # | Amount of |
| Garrett | Micha | al | М | Cash Money Order | Personal Check Credit/Debit Card | F4B9EFA9-BB75-4A3B-9 F40-5BD31377F18B | Contribution |
| Residential Street Address | Livilona | City | | State | Zip Code | Date Received | #100.00 |
| 49 Weber Ave | | Bridgeport | | СТ | 06610-3062 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associate | · · · · · · · · · · · · · · · · · · · | |
| Retired | | None | | | fundraising event listed in t If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prospe | ctive state c | ontractor? | Is contribu | itor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Execu | ative Legislative | or depend | ent child of a lob | obyist? 🔼 No | \$100.00 | |
| Last Name | First | | M1 | Method of contr | | Contribution ID # | Amount of |
| Diesel | Thoma | as | A. | Cash Money Order | Personal Check Credit/Debit Card | A9C2AF9C-CC45-4E8F-8 921-ED24D2D99F5F | Contribution |
| Residential Street Address | 1110111 | City | - | State | Zip Code | Date Received | ¢100.00 |
| 21 Willow Street | | Farmington | | СТ | 06032-2336 | 10/02/2013 | \$100.00 |
| Principal Occupation | <u> </u> | Name of Employer | | | Is this contribution associa | | |
| Marketing | | Norwalk Redevlopment | | | fundraising event listed in a If yes, list Event # | Section J1? | · |
| Is contributor a principal of a state contractor or prospe | ctive state c | ontractor? | Is contribu | itor a lobbyist, s | · | Aggregate contributions | |
| If yes, indicate which branch or branches | ☐ Exect | ■ No Legislative | or depend | ent child of a lot | obyist? 💆 No | \$100.00 | |
| of government the contract is with: | | Legislative | MI | Method of contr | ribution: | Contribution ID # | Amount of |
| Last Name | First | .th | В. | □ Cash | Personal Check | 38BCD4C3-83C4-4EF8-85 | Contribution |
| Cockayne Residential Street Address | Kenne | City | <u> </u> | Money Order | Zip Code | B5-DB3790373ERD Date Received | |
| 36 Allen St | | Bristol | | СТ | 06010-6431 | 09/27/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | 1 | Is this contribution associa | ted with a Yes | |
| Insurance Sales | | Brokers Advanced Conc | epts | | fundraising event listed in If yes, list Event # | Section J1? | |
| Is contributor a principal of a state contractor or prospe | ctive state c | ontractor? | Is contribu | utor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches | ☐ Exec | ■ No | or depend | ent child of a lob | obyist? 💆 No | \$100.00 | |
| of government the contract is with: | - Exec | T registative | .1 | · · · · · · · · · · · · · · · · · · · | | + · · · · · · · · · · · · · · · · · · · | |

| SUBTOTAL Section B-This Page | \$450.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,425.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| ************************************** | | I. MONETA | ARY R | ECEIPT | S (Sections | A-I) Pa | ge 28 of 37 | |
|---|---------------|---------------------|-------------|-------------|---|--|--|--------------|
| NAME OF COMMITTEE | | | | | | REPORT TYPE | | |
| Connecticut Republican scc | | | | | | Form 20 | | |
| A. Total Contributions from Sma | | ributors-Received | this P | | NLY Motal Section | \$110.00 | | |
| (See instructions for definition of Small Contr | rouwey | B. Itemized Con | ıtribu | tions fr | om Indiv | iduals | | |
| Last Name | First | | | MI | Method of contri ☐ Cash | ibution: Personal Check | Contribution ID # 8709FC00-8FE8-40AF-87 | Amount of |
| Bradley | Mary | | | М | Money Order | | LD-9CBDE20761C1 | Contribution |
| Residential Street Address 27 Laurel Rd | | City Hamden | | | State CT | Zip Code 06517-4019 | Date Received 09/27/2013 | \$200.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa | | |
| Retired | - | None | | | | fundraising event listed in If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prosper If yes, indicate which branch or branches of government the contract is with: | ctive state c | | Yes No | | tor a lobbyist, sp nt child of a lob | | Aggregate contributions \$200.00 | |
| Last Name | First | | | MI | Method of contri | | Contribution ID # | Amount of |
| Cenami Sr. | Richar | rd | | · | Cash Money Order | Personal Check Credit/Debit Card | 4FC39CF8-C284-4929-AB FE-9383554676FC | Contribution |
| Residential Street Address | | City | | | State | Zip Code | Date Received | \$100.00 |
| 355 Miles Rd | | Orange | | | СТ | 06477-3309 | 09/23/2013 | ,,00,00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution association fundraising event listed in | | |
| Retired | | None | | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospectif yes, indicate which branch or branches | ctive state o | | Yes No | | tor a lobbyist, sp nt child of a lob | | Aggregate contributions \$100.00 | |
| of government the contract is with: | | anve | | мі | Method of contr | ibution: | Contribution ID # | Amount of |
| Last Name Roberts | First | A Gragony | | | ☐ Cash ☐ Money Order | Personal Check | E9520079-E93B-49C4-B5 | Contribution |
| Residential Street Address | Laura | A. Gregory | | | State Order | Zip Code | 76-BFA7BC2950F7 Date Received | |
| 74 Nedwied Rd | | Tolland | | _ | СТ | 06084-4037 | 09/30/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa | | |
| Engineer | | St. Francis Hospita | al | | | fundraising event listed in a If yes, list Event # | Section J1? No | |
| Is contributor a principal of a state contractor or prosper If yes, indicate which branch or branches | ctive state c | | Yes No | | tor a lobbyist, sp | oouse, | Aggregate contributions | |
| of government the contract is with: | ☐ Execu | itive | 110 | or depende | in child of a foo | byist: | \$100.00 | |
| Last Name | First | | | MI | Method of contri | ibution: Personal Check | Contribution ID # F5F23EB6-5D2B-43C6-A | Amount of |
| Perillo | Jason | | | D. | Money Order | | 9CA-BDBAF447DE27 | Contribution |
| Residential Street Address | | City | | | State | Zip Code | Date Received | \$100.00 |
| 454 Coram Ave | | Shelton | | | СТ | 06484-3133 | 10/02/2013 | |
| Principal Occupation | | Name of Employer | | | • | Is this contribution associa | | |
| Legislator | | State Of Ct | | | | fundraising event listed in If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prospe | ctive state c | ontractor? | Yes | Is contribu | tor a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exect | ſ | No No | | nt child of a lob | | \$100.00 | |
| Last Name | First | | | MI | Method of contr ☐ Cash | ibution: Personal Check | Contribution ID # 12B4A346-7DCE-432C-8 | Amount of |
| DeSorbo | Arthur | | | L. | Money Order | | DDE-024DDE68F4DE | Contribution |
| Residential Street Address 494 Silver Sands Rd | | City East Haven | | | State CT | Zip Code 06512-4129 | Date Received 10/14/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | <u> </u> | Is this contribution associa | ted with a Yes | |
| Admin. Asst. To The Mayor | | Town Of East Have | en | | | fundraising event listed in If yes, list Event # | | |
| Is contributor a principal of a state contractor or prospe | ctive state c | ontractor? | Yes | Is contribu | tor a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exec | ľ | △ No | | nt child of a lob | | \$100.00 | |
| | _ | | | | | | | |

| \$475.00 | SUBTOTAL Section B-This Page | | 100 | | | |
|-----------------|---|-------------------|--------------|--------------|------------|--|
| \$42,400.00 | TOTAL of additional Section B Pages | | | | | |
| \$42,985.00 | ALS (Sections A & B) (Enter total on Line 14 of Summary Page) | NVIDUALS (Section | TONS FROM IN | ALL CONTRIBU | TOTAL OF A | |

| | I. MON | ETARY F | RECEIP | ΓS (Sections | A-I) Pag | ge 29 of 37 | |
|---|---|---------------------|--------|--|--|--|--------------|
| NAME OF COMMITTEE | | | | | REPORT TYPE | | |
| Connecticut Republican scc | | | | | Form 20 | | |
| A. Total Contributions from Sm | | ved this P | | NLY obtoin Section | \$110.00 | | |
| (Bee instructions) or a point of order cum | B. Itemized (| Contribu | | | | | |
| Last Name | First | · | MI | Method of contr | ibution: | Contribution ID # | Amount of |
| Proto | Benjamin | | S. | Cash Money Order | Personal Check Credit/Debit Card | B6C7F704-EF4D-4D43-9 C21-E3A121A18792 | Contribution |
| Residential Street Address | City | - | | State | Zip Code | Date Received | \$100.00 |
| 2090 Cutspring Rd | Stratford | | | СТ | 06614-8938 | 10/02/2013 | |
| Principal Occupation | Name of Employer | | | | Is this contribution associa | | |
| Attorney | Self Employed | | | | fundraising event listed in l If yes, list Event # | Section J1? | |
| Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the contract is with: | ective state contractor? | ☐ Yes ☑ No ve | | utor a lobbyist, s lent child of a lob | | Aggregate contributions \$100.00 | |
| Last Name | First | | МІ | Method of contr | ribution: Personal Check | Contribution ID # 9A71BF53-6D72-4B93-A6 | Amount of |
| Kiley | Kevin | | P. | ☐ Money Order | Credit/Debit Card | B2-78E460604FFA Date Received | Contribution |
| Residential Street Address 237 Steiner Street | City Fairfield | | | State CT | Zip Code 06825-2460 | 10/02/2013 | \$100.00 |
| Principal Occupation | Name of Employer | | | | Is this contribution associa | | |
| V.p. Finance | MAS | | | | fundraising event listed in If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the contract is with: | ective state contractor? □ Executive □ Legislative | ☐ Yes ☑ No ve | | outor a lobbyist, s dent child of a lol | | Aggregate contributions \$100.00 | |
| Last Name | First | · | MI | Method of cont | ribution: | Contribution ID # 4861F512-672B-4ADB-86 | Amount of |
| Katz | Edward | | М | Money Order | | B0-D98B5C157E0C | Contribution |
| Residential Street Address 15 Rockyfield Rd | City Westport | | | State CT | Zip Code 06880-2202 | Date Received 10/11/2013 | \$100.00 |
| Principal Occupation | Name of Employer | | | | Is this contribution associa | _ | |
| Marketing & Media Consultant | Katnip Marketir | ng Llc | | | fundraising event listed in <i>If yes</i> , list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the contract is with: | ective state contractor? | ☐ Yes ☑ No | | outor a lobbyist, s dent child of a lo | | Aggregate contributions \$100.00 | |
| Last Name | First | | МІ | Method of cont | | Contribution ID # | Amount of |
| Osterndorf | William | | P. | Cash Money Orde | Personal Check Credit/Debit Card | FB706D3A-8D1E-4527-A E3A-39C09BC61BCC | Contribution |
| Residential Street Address | City | | - | State | Zip Code | Date Received | \$100.00 |
| 18 Fairty Drive | New Canaan | | | СТ | 06840-6239 | 09/30/2013 | |
| Principal Occupation | Name of Employer | | | | Is this contribution association fundraising event listed in | | |
| Attorney | Self Employed | | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the contract is with: | ective state contractor? | Yes No | | outor a lobbyist, s dent child of a lo | | Aggregate contributions \$100.00 | |
| Last Name | First | | MI | Method of cont | ribution: | Contribution ID # | Amount of |
| O'Hora | James | | TI | Cash Money Orde | | 214EC9AE-3C75-4E3A-8 B54-4D8A89D()9D2F | Contribution |
| Residential Street Address 382 White Oak Shade Rd | City New Canaan | | | State CT | Zip Code 06840-6929 | Datc Received 09/30/2013 | \$250,00 |
| Principal Occupation | Name of Employer | | | | Is this contribution associa | | |
| Financial Service Intermediary | Omnicap Llc | | | | fundraising event listed in If yes, list Event # | Section J1? No | |
| Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the contract is with: | pective state contractor? □ Executive □ Legislati | ☐ Yes ☐ No | | outor a lobbyist, s dent child of a lo | spouse, | Aggregate contributions \$250.00 | |

| SUBTOTAL Section B-This Page | \$650.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,225.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | | I. MONE | TARY R | ЕСЕІРТ | S (Sections | A-I) Pag | e 30 of 37 | |
|---|---------------|-------------------|---------------|----------|---|--|--|--------------|
| NAME OF COMMITTEE | | | | 1 | | REPORT TYPE | | |
| Connecticut Republican scc | ٠, | | | | | Form 20 | | |
| A. Total Contributions from Sma | | ributors-Receive | d this P | | NLY stotal Sectio | \$110.00 | | |
| Que viscucions for definition of small Confe | mann) | B. Itemized Co | ontribu | tions fr | om Indiv | iduals | | |
| Last Name | First | | | МІ | Method of conti | ibution: Personal Check | Contribution ID # C971EB20-0170-4878-9D | Amount of |
| Coyle Residential Street Address | Kerrin | · | | | ☐ Money Order | T | 0D-32E6E6407901 Date Received | Contribution |
| 24 Sinawoy Road | | Cos Cob | | | State CT | Zip Code 06807-2324 | 09/30/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associate | | |
| Investment Advisor | | Wells Fargo Advi | sors | | | fundraising event listed in Se If yes, list Event # | ection J1? | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state c | | ☐ Yes █ No | 1 | tor a lobbyist, s nt child of a lob | | Aggregate contributions \$100.00 | |
| Last Name | First | | | мі | Method of conti | | Contribution ID # | Amount of |
| Hoeing | Laura | | | Α. | Cash Money Order | Personal Check Credit/Debit Card | DEE85E10-B8A C-42EB-B F2E-D6B65F81 C7FD | Contribution |
| Residential Street Address | | City _ | | : | State | Zip Code | Date Received | \$200.00 |
| 97 Hopewell Woods Road | | Redding | | | СТ | 06896-1727 | 09/20/2013 | |
| Principal Occupation | | Name of Employer | | | | Is this contribution associate | ** | |
| Homemaker | | None | | | : | fundraising event listed in So If yes, list Event # | ozion J1? No 0213A | |
| Is contributor a principal of a state contractor or prospe- If yes, indicate which branch or branches of government the contract is with: | ctive state c | | Yes No | 1 | tor a lobbyist, s | | Aggregate contributions \$200.00 | |
| Last Name | First | | | мі | Method of conti | ibution: | Contribution ID # | Amount of |
| Goldfarb | Micha | el | | | Cash Money Order | Personal Check Credit/Debit Card | F97AF9D8-440E-439B-A6 DE-B591D4A248AC | Contribution |
| Residential Street Address | | City | | | State | Zip Code | Date Received | \$75.00 |
| 40 Westcliff Dr | | West Hartford | <u> </u> | | СТ | 06117-1028 | 09/27/2013 | |
| Principal Occupation | | Name of Employer | | | | Is this contribution associate fundraising event listed in Se | | |
| Attorney | * | Murtha Cullina Ll | · | | | If yes, list Event # 1 | 0213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state c | | Yes No | 1 | tor a lobbyist, s nt child of a lob | | Aggregate contributions \$75.00 | |
| Last Name | First | | | МІ | Method of contr | ibution: | Contribution ID # | Amount of |
| Martone | Micha | el | | J. | Cash Money Order | | 74B08077-35E5-401B-97 A4-830F99B767CF | Contribution |
| Residential Street Address 30 Charter Oak Dr | | City Cheshire | | | State CT | Zip Code 06410-1057 | Date Received 09/30/2013 | \$100,00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associate | d with a ∑ Yes | |
| Government Relations/Lobbyist | | Murtha Cullina R | ichter & | Pinne | | fundraising event listed in Se | 3 | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state c | | ☐ Yes ☑ No | 1 | tor a lobbyist, s nt child of a lob | · | Aggregate contributions \$100.00 | |
| Last Name | First | | | MI | Method of contr | ibution: Rersonal Check | Contribution ID # | Amount of |
| Truebner | Peter | | | L. | ☐ Money Order | | 614DA28F-549F-477E-9B DC-2EC864325535 | Contribution |
| Residential Street Address | | City | | | State | Zip Code | Date Received | \$100.00 |
| 95 Pembroke Rd | | Darien | | | СТ | 06820-2221 | 10/02/2013 | |
| Principal Occupation | | Name of Employer | | | | Is this contribution associate fundraising event listed in Se | | |
| Attorney | | Self Employed | | | | | 0213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state c | | Yes No | | tor a lobbyist, s ent child of a lol | | Aggregate contributions . \$100.00 | |
| | | | | | | | | |

| SUBTOTAL Section B-This Page | \$750.00 |
|--|-------------|
| TOTAL of additional Section B Pages | \$42,125.00 |
| TOTAL OF ALL. CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | | I. MONETARY I | RECEIP | | . ,, | ge 31 of 37 | |
|--|---------------|--------------------------|-----------|---|--|--|--------------|
| NAME OF COMMITTEE | | | | | REPORT TYPE | | |
| Connecticut Republican scc | | | | | Form 20 | | |
| A. Total Contributions from Sma | | ributors-Received this I | | ONLY ibtotal Section | \$110.00 | | |
| (See instructions for definition of Small Contr | (OMIOF) | B. Itemized Contribu | | | | | |
| Last Name | First | D. HEHIIZEG CVIIII IV | MI | Method of contr | ibution: | Contribution ID # | Amount of |
| Wood | Terrie | | E. | ☐ Cash ☐ Money Order | Personal Check Credit/Debit Card | 046004BB-4B23-4C5E-84 F5-DF92C2BF1BE0 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 50 Saint Nicholas Rd | | Darien | | СТ | 06820-2823 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution association fundraising event listed in | | |
| State Representative | | State Of Ct | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state c | ™ No | | utor a lobbyist, sp dent child of a lob | | Aggregate contributions \$100.00 | |
| Last Name | First | | MI | Method of contr | ibution: Personal Check | Contribution ID # | Amount of |
| McKinney | John | | P. | Money Order | | F26DD27B-41C2-4CB6-8 5B1-F1C9FCCD56EB | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$200.00 |
| 986 S Pine Creek Rd | | Fairfield | | СТ | 06824-6348 | 10/02/2013 | |
| Principal Occupation | | Name of Employer | | | Is this contribution associa fundraising event listed in | | |
| Senator | | State Of Conn | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state c | ■ No | | utor a lobbyist, splent child of a lob | · | Aggregate contributions \$200.00 | |
| Last Name | First | | MI | Method of contr | | Contribution ID # | Amount of |
| Kelsey | J. | | D; | ☐ Cash ☐ Money Order | Personal Check Credit/Debit Card | 31F73279-2CC2-47FC-AA B7-6BEB9DA355E3 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 3 Lake Dr | | Old Lyme | | СТ | 06371-1212 | 10/02/2013 | |
| Principal Occupation | | Name of Employer | | | Is this contribution associa fundraising event listed in | | |
| Owner-Principal | | Hamilton Point Investme | nts | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state c | ☑ No. | | outor a lobbyist, sp dent child of a lob | | Aggregate contributions \$100.00 | |
| Last Name | First | | Мі | Method of contr | ibution: | Contribution ID # | Amount of |
| McMahon | Vincer | nt | K. | ☐ Cash ☐ Money Order | Personal Check Credit/Debit Card | 562952F7-2A9F-420E-A8 19-9F444546C015 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$10,000.00 |
| 14 Hurlingham Dr | | Greenwich | | СТ | 06831-2739 | 09/23/2013 | \$10,000.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associa fundraising event listed in | | |
| Chairman & CEO | | Wwe Inc. | | | If yes, list Event # | Section 11: | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state c | ™ No | | outor a lobbyist, splent child of a lob | | Aggregate contributions \$10,000.00 | |
| Last Name | First | | MI | Method of contr | ibution: | Contribution ID # | Amount of |
| Shaban | John | | T. | Cash Money Order | Personal Check Credit/Debit Card | DBCBBEF0-E53D-43DA- R297-F706485B19C6 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 29 Ledgewood Rd | | Redding | | СТ | 06896-2916 | 10/02/2013 | |
| Principal Occupation | | Name of Employer | | - | Is this contribution association fundraising event listed in | | |
| State Rep/lawyer | | State Of Ct/whitman Bre | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches | ctive state c | ontractor? ☐ Yes ☑ No | | outor a lobbyist, sident child of a lob | | Aggregate contributions | |
| of government the contract is with: | ☐ Exec | | or depend | uent child of a lot | obyist: 🗀 NO | \$100.00 | |
| | | | | | | | |

| SUBTOTAL Section B-This P | age \$10,275.00 |
|--|-----------------|
| TOTAL of additional Section B Pa | ges \$32,600.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Pa | \$42,985.00 |

| | | I. MONETARY | REC | EIPT | S (Sections | A-I) Pag | ge 32 of 37 | |
|--|-----------------|------------------------|---------|-----------|---|--|--|---------------------------|
| NAME OF COMMITTEE | | | | | | REPORT TYPE | | |
| Connecticut Republican scc Form 20 | | | | | | | | |
| A. Total Contributions from Sma | ll Cont | ributors-Received this | Peri | od O | NLY | \$110.00 | | |
| (See instructions for definition of Small Contri | | • | | Sul | ototal Section | IA TOTAL | | |
| | | B. Itemized Contrib | _ | ns fr | | | | |
| Last Name | First | | MI | | Method of contri | bution: Personal Check | Contribution ID # 142B1A95-A55C-4AF4-92 | Amount of Contribution |
| DeDominicis | Enzo | | | | Money Order | Credit/Debit Card | 7A-C196648CFBB6 Date Received | Contribution |
| Residential Street Address 5 Hatters Ln | | City Farmington | | | State CT | Zip Code 06032-2331 | 07/08/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associat | | |
| Retired | | None | | | | fundraising event listed in S If yes, list Event # | Dection J1: | |
| Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with: | Execu | Ľ No | | | tor a lobbyist, sp int child of a lobl | | Aggregate contributions \$100.00 | |
| Last Name | First | | MI | | Method of contri | bution: | Contribution ID # 6131DB07-91A2-45DE-B | Amount of |
| Hess | Karen | <u> </u> | c |). | Money Order | Credit/Debit Card | 9C4-F9EA035A2DB7 | Contribution |
| Residential Street Address 11 Charcoal Hill Rd | | City Westport | | | State | Zip Code 06880-1633 | Date Received 09/30/2013 | \$250.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associate | | |
| | | None | | | | fundraising event listed in : If yes, list Event # | Section J1? No 10213A | |
| N/a Is contributor a principal of a state contractor or prospec | ctive state o | | Is o | contribu | tor a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | Execu | Ľ No | or o | depende | ent child of a lob | , | \$250.00 | |
| Last Name | First | | MI | | Method of contri | ibution: Personal Check | Contribution ID # DCFF7A6C-5840-49BF-A | Amount of Contribution |
| Walker | David | | \perp | | Money Order | Credit/Debit Card | F63-AD9F0D997FB3 Date Received | Contribution |
| Residential Street Address 37 Beacon Street | | Bridgeport | | | State CT | Zip Code 06605-3404 | 10/11/2013 | \$200.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa | | |
| CPA | | Self Employed | | | | fundraising event listed in If yes, list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Hyes, indicate which branch or branches | | | | | itor a lobbyist, sp ent child of a lob | oouse, | Aggregate contributions \$200.00 | |
| of government the contract is with: | ☐ Exect | utive Legislative | МІ | | Method of contri | ibution: | Contribution ID # | Amount of |
| Last Name Santiago | First F. Ant | hony | | | Cash Money Order | □ Personal Check | 680B7809-DDAF-433B-84 | Contribution |
| Residential Street Address | F. AIII | City | | | State State | Zip Code | Date Received | \$100.00 |
| 72-1 Cove Road | | Old Lyme | | | СТ | 06371-3443 | 09/27/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa fundraising event listed in | | |
| Regional Strategic Operations | | Holiday Retirement | | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state c | 🗷 No | | | itor a lobbyist, spent child of a lob | | Aggregate contributions \$100.00 | |
| Last Name | First | | MI | [| Method of contr | ribution: | Contribution ID # | Amount of |
| Phelps | S. | | | <u></u> ن | Cash Money Order | Personal Check Credit/Debit Card | 247EC9ED-7367-4DC1-A F23-A2C19FAB246A | Contribution |
| Residential Street Address | - | City | | | State | Zip Code | Date Received 10/02/2013 | \$100.00 |
| 16 Fox Run Lane | | Middletown | | | СТ | 06457 | | - |
| Principal Occupation Name of Employer | | 1 ' ' | | | | Is this contribution association fundraising event listed in | _ | |
| Director Of External Updike Kelly & Spellacy | | | | | | If yes, list Event # | 10213A | 1 |
| Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: | ctive state o | 🗷 No | | | ator a lobbyist, spent child of a lob | | Aggregate contributions \$100.00 | |
| | | | | | | | | |

| SUBTOTAL Section B-This Pag | \$475.00 |
|--|-------------|
| TOTAL of additional Section B Pag | \$42,400.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page | \$42,985.00 |

Report Type: 12th day preceding election: 11/05/2013 Page 33 of 37 1. MONETARY RECEIPTS (Sections A-I) REPORT TYPE NAME OF COMMITTEE Form 20 Connecticut Republican scc A. Total Contributions from Small Contributors-Received this Period ONLY \$110.00 Subtotal Section A See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals Method of contribution ontribution ID# Amount of Last Name irst n:
Personal Check
Credit/Debit Card 065EBE7-11AB-4DBF-9 Contribution В Romeo Mary Money Order AE-2847DB35002C ate Received Residential Street Address State Zip Code \$200.00 09/30/2013 CT 06878-1005 7 Neighborly Way Riverside Yes Is this contribution associated with a Principal Occupation Name of Employer fundraising event listed in Section J1? □ No Command Packaging Supply Company Self Employed If yes, list Event # ☐ Yes Aggregate contributions ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, 🗖 No or dependent child of a lobbyist? If yes, indicate which branch or branches No No \$200.00 ■ Executive ■ Legislative of government the contract is with: Contribution ID # Amount of First Rersonal Check 1615597-9353-431A-853 ☐ Cash Contribution E. Money Order Credit/Debit Card -8DF38B342C8F Dowin Richard ate Received Residential Street Address State Zip Code \$100.00 09/23/2013 CT 06460-7111 554 Merwin Ave Milford Yes Is this contribution associated with a Principal Occupation Name of Employer fundraising event listed in Section J1? ■ No City Of Milford If yes, list Event # A/A Registrar Of Voters ☐ Yes Aggregate contributions ☐ Yes Is contributor a lobbyist, spouse. Is contributor a principal of a state contractor or prospective state contractor? ₫ No or dependent child of a lobbyist? If yes, indicate which branch or branches No No \$100.00 ☐ Legislative ☐ Executive of government the contract is with: Contribution ID # Amount of irst n:
Personal Check
Credit/Debit Card 2924A3FA-6017-4E0D-A3 Contribution K. Klapatch Eleanore Money Order 4-4B01CDE59245 Date Received Residential Street Address State Zip Code City \$100.00 09/30/2013 CT 06010-3201 44 Arbor Ct Bristol X Yes Is this contribution associated with a Name of Employer Principal Occupation fundraising event listed in Section J1? □ No None Retired If yes, list Event # ☐ Yes Aggregate contributions ☐ Yes Is contributor a lobbyist, spouse, Is contributor a principal of a state contractor or prospective state contractor? 🗖 No or dependent child of a lobbyist? If yes, indicate which branch or branches ☑ No \$100.00 ☐ Executive Legislative of government the contract is with: Contribution ID # Amount of First Personal Check E10677F2-6339-4A84-94E Contribution S. Johnson Clifford Money Order Credit/Debit Card -391CC78C6427 Date Received Residential Street Address State Zip Code \$25.00 10/14/2013 06371-0764 CT PO Box 764 Old Lyme ₹ Yes Is this contribution associated with a Name of Employer Principal Occupation fundraising event listed in Section J1? ■ No None If yes, list Event # Retired Aggregate contributions ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 🗖 No If yes, indicate which branch or branches No. \$125.00 ■ Executive ■ Legislative of government the contract is with: Contribution ID # Method of contribution Amount of Last Name irst Cash
Money Order Personal Check DD515ED7-5FA3-4F22-9 Contribution S Credit/Debit Card Clifford 39-291FBF89174D Johnson ate Received Residential Street Address State Zip Code \$100.00 10/11/2013 СТ 06371-0764 Old Lyme PO Box 764 Yes Is this contribution associated with a Name of Employer Principal Occupation fundraising event listed in Section J1? Retired If yes, list Event # Aggregate contributions ☐ Yes ☐ Yes Is contributor a lobbyist, spouse, Is contributor a principal of a state contractor or prospective state contractor 🗖 No or dependent child of a lobbyist? If yes, indicate which branch or branches No No \$125.00 ■ Legislative ■ Executive of government the contract is with:

| SUBTOTAL Section B-This Page | \$625.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,250.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

Report Type: 12th day preceding election: 11/05/2013 Page 34 of 37 I, MONETARY RECEIPTS (Sections A-I) REPORT TYPE NAME OF COMMITTEE Form 20 Connecticut Republican scc A. Total Contributions from Small Contributors-Received this Period ONLY \$110.00 (See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals Method of contribu Contribution ID # Last Name irst I.

☐ Personal Check

☐ Credit/Debit Card DB8BE825-998C-45EF-89 Contribution Dunsby Adam Money Order 2-C71F6D621455 Date Received Residential Street Address State Zip Code \$100.00 09/27/2013 CT 06612-1521 Easton 65 Redding Rd Yes Is this contribution associated with a Name of Employer Principal Occupation fundraising event listed in Section J1? □ No Summer Haven Investment Mgmt. Finance If yes, list Event # ☐ Yes Aggregate contributions ☐ Yes Is contributor a lobbyist, spouse, Is contributor a principal of a state contractor or prospective state contractor? 🗖 No or dependent child of a lobbyist? If yes, indicate which branch or branches ☑ No \$350.00 ■ Executive ■ Legislative of government the contract is with: Contribution ID # Amount of Method of contribution irst Last Name Personal Check 7BE045B-7173-4E53-B9 ☐ Cash Contribution Money Order Credit/Debit Card Dunsby Adam 8-41DB87C17E05 Date Received Residential Street Address City State Zip Code \$250.00 08/01/2013 CT 06612-1521 65 Redding Rd Easton Yes Is this contribution associated with a Principal Occupation Name of Employer fundraising event listed in Section J1? □No Summer Haven Investment Mgmt. If yes, list Event # Finance ☐ Yes Aggregate contributions ☐ Yes Is contributor a lobbyist, spouse, Is contributor a principal of a state contractor or prospective state contractor? ☑ No or dependent child of a lobbyist? If yes, indicate which branch or branches ☑ No \$350.00 ■ Executive ■ Legislative of government the contract is with: Method of contribution
Cash
Money Order Contribution ID# Last Name irst n:
Personal Check
Credit/Debit Card EEDADF5D-BCF0-4AD1-Contribution **Betts** George Whitefield 32C-76128AC2B70F Date Received Residential Street Address State Zip Code City \$100.00 09/24/2013 СТ 06010-8924 1924 Perkins St Bristol Yes Is this contribution associated with a Principal Occupation Name of Employer fundraising event listed in Section J1? ■ No State Of Connecticut Legislator If ves list Event # ☐ Yes Aggregate contributions ☐ Yes Is contributor a lobbyist, spouse, Is contributor a principal of a state contractor or prospective state contractor? 🗖 No or dependent child of a lobbyist? If yes, indicate which branch or branches No. \$100.00 ■ Executive ■ Legislative of government the contract is with: Method of contribution
Cash
Money Order Contribution ID # Amount of irst Personal Check 3D3FFBC-21C7-4161-A8 Contribution T. Ashton Philip Credit/Debit Card E-CA4DBA8AD22A Date Received Residential Street Address City State Zip Code \$250.00 10/03/2013 CT 06450-3512 Meriden 39 Daffodil Ln Yes Is this contribution associated with a Name of Employer Principal Occupation fundraising event listed in Section J1? □No If yes, list Event # Retired ☐ Yes Aggregate contributions Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse, 🗖 No If yes, indicate which branch or branches or dependent child of a lobbyist? No. \$250.00 ■ Executive ☐ Legislative of government the contract is with: Contribution ID # Method of contribution Amount of First Last Name Personal Check
Credit/Debit Card Cash
Money Order 0E54AFFC-DF43-406C-9 Contribution С Warner Pyne D5-0C6D9DC9RB20 Date Received Residential Street Address State Zip Code \$100.00 09/13/2013 CT 06525-1838 Woodbridge 162 Center Rd Yes Is this contribution associated with a Principal Occupation Name of Employer fundraising event listed in Section J1? \square No Kryon Systems Sales Manager If ves, list Event # Aggregate contributions Yes ☐ Yes Is contributor a lobbyist, spouse, Is contributor a principal of a state contractor or prospective state contractor? 🖸 No or dependent child of a lobbyist? If yes, indicate which branch or branches No \$100.00 ☐ Executive ☐ Legislative of government the contract is with:

| SUBTOTAL Section B-This Page | \$1,100.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$41,775.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | | , | DECES | | | ceding election: 11/05/20 ge 35 of 37 | 13 |
|---|------------------|------------------------|----------------|--|---|---|---------------------------|
| NAME OF COMMITTEE | | I. MONETARY | RECEIP | TS (Sections | REPORT TYPE | ge 35 01 37 | |
| Connecticut Republican scc | | - | | | Form 20 | | |
| A. Total Contributions from Sm (See instructions for definition of Small Con- | | ributors-Received this | | ONLY ubtotal Section | \$110.00 | | |
| Gee instructions for definition of Shaar Con | uniculor) | B. Itemized Contrib | | | | | |
| Last Name | First | | MI | Method of contr | Rersonal Check | Contribution ID # 59FF1FA6-BDB0-4FB0-8 | Amount of Contribution |
| Tracy Residential Street Address | Gina | City | R. | Money Order State | Credit/Debit Card Zip Code | 5CA-B4B280D128D7 Date Received | |
| 31 Water Lily Lane | | Guilford | | СТ | 06437-1232 | 10/02/2013 | \$100.00 |
| Principal Occupation None | , | Name of Employer None | | | Is this contribution associate fundraising event listed in S If yes, list Event # | | |
| Is contributor a principal of a state contractor or prosp | pective state c | ontractor? | Is contri | butor a lobbyist, sp | pouse, | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exec | utive Legislative | <u> </u> | ndent child of a lob | | \$100.00 | |
| Last Name Delisle | First Josep | h | мі Н | Method of contr | □ Personal Check | E4555BEB-AC6E-422C-8 2F8-5FADEDCDD716 | Amount of Contribution |
| Residential Street Address | 1 0000 | City | | State | Zip Code | Date Received | \$100.00 |
| 218 Green Manor Ter | | Windsor Locks | | СТ | 06096-2714 | 09/27/2013 | |
| Principal Occupation | | Name of Employer | ٠, | | Is this contribution associate fundraising event listed in | | |
| Tax Collector | | Town Of Windsor | · . | | If yes, list Event # | 10213A | • |
| Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the contract is with: | pective state o | ⊾ No | | butor a lobbyist, s ident child of a lob | | Aggregate contributions \$100.00 | |
| Last Name | First | | МІ | Method of contr | ribution: | Contribution ID # 2CEA07A1-EF02-4FCA-8 | Amount of |
| Bewkes | Rober | | D. | ☐ Money Order | Credit/Debit Card | BIF-881BB7E06113 Date Received | Contribution |
| Residential Street Address 1 Wheat Ln | | City Darien | | State CT | Zip Code 06820-2430 | 09/30/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associa | | |
| Real Estate Sales | | Kelly Associates | | | fundraising event listed in <i>If yes</i> , list Event # | Section J1? No 10213A | |
| Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the contract is with. | pective state of | . No | | ibutor a lobbyist, s ndent child of a lob | | Aggregate contributions \$100.00 | |
| Last Name | First | | MI | Method of conti | ribution: | Contribution ID # | Amount of |
| Knauf | Irene | · | Ri | Money Order | Credit/Debit Card | C817AC30-85A3-4DCC-9 5AD-1615323831CA Date Received | Contribution |
| Residential Street Address 28 Baldwin Street | | City West Haven | | State CT | Zip Code 06516-7202 | 09/30/2013 | \$200.00 |
| Principal Occupation | | Name of Employer | | | Is this contribution associa | | |
| Former College Dean | | Self Employed | | | fundraising event listed in <i>If yes</i> , list Event # | Section JI? No | |
| Is contributor a principal of a state contractor or pros | spective state | contractor? | | ibutor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches of government the contract is with: | ☐ Exec | | or deper | | | \$200.00 | |
| | | - | MI | Method of cont | ribution: Personal Check | Contribution ID # BA769D2F-0072-4BFF-B | Amount of |
| Last Name Pappalardo | First Frank | <u> </u> | S. | ☐ Cash ☐ Money Orde | | F54-11360FF516DA | Contribution |
| | | City | S. | State CT | | | Contribution \$100.00 |
| Pappalardo Residential Street Address | | | S | Money Orde | Zip Code 06238-1676 Is this contribution associa | 754-11360FF516DA Date Received 09/27/2013 | |
| Pappalardo Residential Street Address 70 Eastview Dr | | Coventry | | Money Orde | Zip Code 06238-1676 | 754-11360FF516DA Date Received 09/27/2013 | |

| SUBTOTAL Section B-This Page | \$475.00 |
|--|-------------|
| TOTAL of additional Section B Pages | \$42,400.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B). (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | _ | I. MONE | TARY R | ECEIPT | S (Sections | A-I) Pag | e 36 of 37 | |
|---|------------------|-------------------|---------------|-----------------|---|---|--|--------------|
| 229 - | | | | | | REPORT TYPE | | |
| NAME OF COMMITTEE | | | | | | Form 20 | | |
| Connecticut Republican scc | | | | | ×17 ×7 | | | |
| A. Total Contributions from Sma | | ributors-Receive | d this P | | INLY <u>btotal Sectio</u> | \$110.00 | | |
| | | B. Itemized Co | ontribu | tions fi | om Indiv | iduals | | |
| Last Name | First | | | MI | Method of contr | | Contribution ID # | Amount of |
| DiCocco Beauton | Louise | | | | Cash Money Order | | 9B45107C-7EA0-4A52-A C6B-FF1A303E7AA4 | Contribution |
| Residential Street Address | _ | City | | | State | Zip Code | Date Received | \$100.00 |
| 14 Oakwood Dr | | Guilford | | | СТ | 06437-1344 | 10/02/2013 | |
| Principal Occupation | | Name of Employer | | | | Is this contribution associate fundraising event listed in S | | |
| Direct/Lobbyist | | GNHCC | | | | | 10213A | |
| Is contributor a principal of a state contractor or prospec | ctive state co | ontractor? | ☐ Yes | Is contribu | ntor a lobbyist, sp | | Aggregate contributions | |
| If yes, indicate which branch or branches | ☐ Execu | | No No | or depend | ent child of a lob | obyist? 🔼 No | \$100.00 | |
| of government the contract is with: | | | | мі | Method of contr | ibution: | Contribution ID # | Amount of |
| Last Name | First Nikitas | • | | | Cash Money Order | Personal Check | 4AE61BD1-54A1-41CE-A D8D-E32383EBD9C9 | Contribution |
| Handrinos Residential Street Address | ININITAS | City | | | State State | Zip Code | Date Received | \$100.00 |
| 28 Anson Road | | Norwalk | | - | СТ | 06850-1427 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associated fundraising event listed in S | | |
| Manager | | Cablevision | | | | | 10213A | |
| Is contributor a principal of a state contractor or prosper | ctive state c | ontractor? | ☐ Yes | Is contrib | utor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches | | | No No | or depend | ent child of a lob | obyist? | \$100.00 | |
| of government the contract is with: | ☐ Execu | itive Legislative | | MI | Method of contr | ribution: | Contribution ID # | Amount of |
| Last Name | First | _ | | R. | Cash Money Order | Rersonal Check | 699C073F-0674-4E45-827 4-B1B4DDE62040 | Contribution |
| Donen Residential Street Address | Steve | City | | 1 | State State | Zip Code | Date Received | 6100.00 |
| 182 Skyview Dr | | Cromwell | | | СТ | 06416-1801 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associate fundraising event listed in | _ | |
| Consultant | | S. D. Associates | | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospe | ctive state c | ontractor? | ☐ Yes | | utor a lobbyist, s | | Aggregate contributions | |
| If yes, indicate which branch or branches | ☐ Exec | | 🗷 No | or depend | lent child of a lo | bbyist? | \$100.00 | |
| of government the contract is with: | | dive Begisharve | | мі | Method of cont | ribution: | Contribution ID # | Amount of |
| Lasi Name | First Dougl | 26 | | l _{E.} | Cash Money Orde | Personal Check Credit/Debit Card | FFE19D96-FFA6-4D08-A 9F8-EADFE9F097DF | Contribution |
| Hempstead Residential Street Address | Dougi | City | | | State | Zip Code | Date Received | \$100.00 |
| 116 Chestnut Hill Rd | | Norwalk | | - | СТ | 06851-1911 | 10/02/2013 | 3100.00 |
| Principal Occupation | | Name of Employer | | _ | | Is this contribution associated fundraising event listed in | | |
| Vice President | | Stew Leonard's | | | _ | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prospe | ctive state | contractor? | Yes | | outor a lobbyist, | | Aggregate contributions | |
| If yes, indicate which branch or branches | ☐ Exec | | 🗷 No | or depend | dent child of a lo | bbyist? | \$100.00 | |
| of government the contract is with: | | Logislative | | MI | Method of con | tribution: | Contribution ID # | Amount of |
| Last Name | First John | | | H. | ☐ Cash ☐ Money Ordo | Personal Check Credit/Debit Card | 5B8EA2AE-8AC6-4BD2-9 5B1-025100A4107E | Contribution |
| Frey Residential Street Address | 1 001111 | City | | | State | Zip Code | Date Received | \$100.00 |
| 2 Copps Hill Rd | | Ridgefield | | | СТ | 06877-4013 | 10/02/2013 | \$100.00 |
| Principal Occupation | | Name of Employer | | | | Is this contribution associa fundraising event listed in | | |
| State Representative | | State Of Connec | cticut | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prosper If yes, indicate which branch or branches | ective state | | ☐ Yes ☑ No | | outor a lobbyist, dent child of a lo | | Aggregate contributions \$100.00 | |
| of government the contract is with: | | | | | | | | |

| SUBTOTAL Section B-This Page | \$750.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$42,125.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | \$42,985.00 |

| | | L MONETARY R | RECEIPT | Reg S (Sections | oort Type: 12 th day pre | ceding election: 11/05/20 je 37 of 37 | 713 |
|--|------------------|--------------------------|---|--|--|--|---------------------------|
| AL ST ST STANDARD TO | | A Property of | | <u> </u> | REPORT TYPE | The second of the | |
| NAME OF COMMITTEE Connecticut Republican scc | | | | | Form 20 | | |
| A. Total Contributions from Sm | all Can | ributors Passivad this P | eriod C | NI V | \$110.00 | | |
| A. 1 otal Contributions from Sin (See instructions for definition of Small Cont | | indigis accered this t | | btotal Section | | | |
| | | B. Itemized Contribu | tions f | ro <u>m Indi</u> vi | <u>iduals</u> | | |
| Last Name | First | | MI | Method of contri | bution: Personal Check | Contribution ID # 731C2CE1-9551-4B08-82 | Amount of Contribution |
| Madonna | Paul | | K. | Money Order | Credit/Debit Card | SA-BE1078C54306 Date Received | Contribution |
| Residential Street Address | | City | | State | Zip Code 06351-8831 | 09/26/2013 | \$200.00 |
| 63 Osga Ln | | Jewett City | | To. | Is this contribution associat | ed with a | |
| Principal Occupation | | Name of Employer | 0000 | | fundraising event listed in S | Section J1? | |
| Research Associate | | Law Office Theresa Mad | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the contract is with: | ective state c | 🗷 No | | utor a lobbyist, sp ent child of a lob | | Aggregate contributions \$200.00 | |
| Last Name | First | | MI | Method of contr | ibution: Personal Check | Contribution ID # 00FEF771-D734-4D23-B4 | Amount of Contribution |
| Theis | David | | N | ☐ Money Order | | CF-C4097DC17DC1 Date Received | Courtmanny |
| Residential Street Address | | City | | State CT | Zip Code 06807-2324 | 09/20/2013 | \$100.00 |
| 24 Sinawoy Rd | <u> </u> | Cos Cob | | 101 | | | |
| Principal Occupation | Name of Employer | | | | | | |
| Investment Advisor | | Wells Fargo Advisors | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the contract is with. | ective state o | 🚨 No | | utor a lobbyist, splent child of a lob | | Aggregate contributions \$100.00 | |
| Last Name | First | | MI | Method of contr | ibution: Personal Check | Contribution ID # | Amount of |
| Wieland | Richa | rd | E. | Cash Money Order | | 01B434D5-D440-4830-91 A3-82145E932EE2 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 44 Turney Rd | | Redding | | СТ | 06896-2601 | 10/02/2013 | |
| Principal Occupation | | Name of Employer | Is this contribution associated fundraising event listed in | | | · | |
| Retired | | None | If yes, list Event # | | | 10213A | |
| Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches | ective state o | 🔼 No | | outor a lobbyist, s dent child of a lob | | Aggregate contributions \$100.00 | |
| of government the contract is with: | First | | МІ | Method of contr | ribution: | Contribution ID # | Amount of |
| Marks | Susar | 1 | | Cash Money Order | Personal Check Credit/Debit Card | 56DEE056-40ED-4E0D-B 3C6-50E3F9DA LC03 | Contribution |
| Residential Street Address | | City | | State | Zip Code | Date Received | \$100.00 |
| 39 Fairfield Ave | | Darien | | СТ | 06820-4215 | 10/11/2013 | |
| Principal Occupation | | Name of Employer | | | Is this contribution association fundraising event listed in | | |
| N/a | | N/a | | | If yes, list Event # | 10213A | |
| Is contributor a principal of a state contractor or pros If yes, indicate which branch or branches of government the contract is with: | ective state | . No | | outor a lobbyist, s dent child of a lo | | Aggregate contributions \$100.00 | |
| or government the contract is with. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| SUBTOTAL Section B-This Page \$ | 10,400.00 |
|---|-------------|
| TOTAL of additional Section B Pages | \$32,475.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) | 42,985.00 |

| | | I. MC | NETAR | Y RECEIPT | S (Sections | s A-K) Page 1 of | 1 |
|--|---------------------------------------|-------------|---------------|---|------------------|---|--|
| NAME OF COMMITTEE | | | | | | REPORT TAPE TO A STATE | A Property of the Control of the Con |
| Connecticut Republican scc | | | | | | 12th day precedi | mg elec. 11/5/13 |
| | C1. | Conti | ibution | s from Ot | her Com | mittees | |
| Name of Committee | | | | - | Name of Treasur | | , |
| Stamford First PAC | | | | | Ciro | J. Pirone | |
| Address | | | Is this contr | ibution associate | d with a | ☐ Yes If yes, list | Amount of Contribution |
| 1200 Summer Street | · · · · · · · · · · · · · · · · · · · | | fundraising | event listed in Se | ection L1? | No Event# | |
| City | State | Zip Code | | Date Received | - | Aggregate Contributions | \$7,500.00 |
| Stamford | СТ | 06905 | -5528 | 09/23/2013 | 3 | \$7,500.00 | |
| Name of Committee | | | | | Name of Treasure | | |
| Mayor Mark's 21st Century CT Committe | е | | | | Jose | oh Scozzafava | · |
| Address 68 Driftw | ay Road | | | ibution associate event listed in Se | | Yes If yes, list No Event # | Amount of Contribution |
| City | State | Zip Code | | Date Received | | Aggregate Contributions | \$1,000.00 |
| Danbury | СТ | 06811 | -5121 | 08/05/2013 | 3 | \$1,000.00 | |
| Name of Committee | ' | | | | Name of Treasure | er | |
| Bridgeport RTC | | | | | Sara M. B | Burns | |
| Address | | | Is this contr | ibution associate | d with a | Yes If yes, list | Amount of Contribution |
| 50 Sailors Lane | <u> </u> | | fundraising | event listed in Se | ection L1? | □ No Event# <u>10213A</u> | |
| City | State | Zip Code | | Date Received | | Aggregate Contributions | \$250.00 |
| Bridgeport | CT | 06605 | -3622 | 09/30/2013 | 3 | \$250.00 | |
| Name of Committee | | | | | Name of Treasure | | |
| Committee For Sensible Government | | | | | Chris W. | Tymniak | |
| Address 235 Ridge Road | | | | ibution associate event listed in Se | | Yes If yes, list No Event # | Amount of Contribution |
| City | State | Zip Code | | Date Received | | Aggregate Contributions | \$500.00 |
| Stratford | СТ | 06614 | -3245 | 08/23/2013 | 3 | \$500.00 | |
| Name of Committee | | | | | Name of Treasure | | |
| New Canaan RTC | | | | | William P. | Osterndorf | , |
| ^{Address} William P. Osterndorf, Treasurer P.O. Bo | ox 42 | · - | | ibution associate event listed in Se | | ⊠ Yes <i>If yes</i> , list No Event #10213A | Amount of Contribution |
| City | State | Zip Code | | Date Received | | Aggregate Contributions | \$500.00 |
| New Caṇaan | СТ | 06840 | -0042 | 10/02/2013 | 3 | \$500.00 | |
| Name of Committee | | | | | Name of Treasure | | - |
| New Haven RTC | | | , | | Nancy Ve | ale Ahern | |
| Address P.O. Box 9165 | | | | ibution associate event listed in Se | | Yes If yes, list No Event # 10213A | Amount of Contribution |
| City | State | Zip Code | | Date Received | | Aggregate Contributions | \$250.00 |
| New Haven | CT | 06532 | -0165 | 09/30/2013 | 3 | \$250.00 | |
| Name of Committee | · · · · · · · · · · · · · · · · · · · | | | | Name of Treasur | er | |
| Rocky Hill RTC | | | | | Michael C | Casasanta | · · · · · · · · · · · · · · · · · · · |
| Address 217 Whitewood Drive | | | | ibution associate event listed in Se | | Yes If yes, list No Event # 10213A | Amount of Contribution |
| City | State | Zip Code | | Date Received | | Aggregate Contributions | \$250.00 |
| Rocky Hill | СТ | 06067 | -4209 | 10/01/2013 | 3 | \$250.00 | |
| | | | | <u> </u> | | <u> </u> | |

| SUBTOTAL Section C - This Page | \$10,250.00 |
|---|-------------|
| TOTAL of additional Section C Pages | \$0.00 |
| TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1+C2) (Enter fotal on Line 14) | \$10,250.00 |

| | I. MONETARY RECEIPTS | (Sections A-K) | | Page 1 of 1 | |
|----------------------------|-----------------------------------|----------------|----------|-----------------|-----------------|
| NAME OF COMMITTEE | | i i R | EPORT | TYPE . | No. |
| Connecticut Republican scc | | \ 1 | 12th o | bay preceding o | elec. 11/5/2013 |
| | J. Interest from Deposits in Auth | orized Accoun | ts | 1 | |
| Name of Institution | | | Received | | Amount |
| First Niagara Bank | | | 07/03 | /2013 | |
| Street Address | City | | State | Zip Code | \$0.42 |
| 133 E. Main Street | Plainville | C | T | 06062-1956 | |
| Name of Institution | | Date | Received | | Amount |
| First Niagara Bank | | | | | |
| Street Address | City | | State | Zin Code | \$0.42 |
| 133 E. Main Street | Plainville | C | T | 06062-1956 | |
| Name of Institution | | Date | Received | | Amount |
| First Niagara Bank | | | 08/31 | /2013 | |
| Street Address | City | | State | Zip Code | \$0.42 |
| 133 E. Main Street | Plainville | C | T. | 06062-1956 | · |
| Name of Institution | | Date | Received | | Amount |
| First Niagara Bank | | | 10/01 | /2013 | <u> </u> |
| Street Address | City | | State | Zip Code | \$0.42 |
| 133 E. Main Street | Plainville | C | T | 06062-1956 | |

SEEC FORM 20

I. MONETARY RECEIPTS (Sections A—K)

| NOV 012 | | |
|---|-------------------|--|
| NAME OF COMMITTEE | iype of report 🗄 | 15 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
| Connecticut Republican SCC | 12th day prece | ding elec. 11/5/13 |
| SUMMARY OF OTHER MONETARY RECEIPTS (Sections | D through K) | All Control of the second |
| Total Loans Received this Period (Section D) | | 0.00 |
| Total Receipts from Entities other than Individuals or Other Committees (Section E) | + | 0.00 |
| Total Amount Transferred from Affiliated Business Treasury (Section F) | + | 0.00 |
| Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) | + | 0.00 |
| Total Amount of Personal Funds of the Candidate Received this Period (Section H) | + | 0.00 |
| Total Amount of Interest from Deposits in Authorized Accounts (Section J) | + | 1.68 |
| Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) | + | 0.00 |
| Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Sumn | nary Page Totals) | 1,68 |

| AME OF COMMITTEE | | II. I Ultipl | | NT ACTIVITY F | Page 1 o | | |
|---------------------------|--------------------|---------------------------|---------------------------------------|---|-----------------|----------------------------------|------------------------|
| Connecticut Republic | an scc | | | | | eding el | ec. 11/5/13 |
| | | in a Program Bo | ok or on a S | ign (Municipal Candidate and | | | |
| ime of Donor | | | | • | Purch | nase Made By: | ☐ Individual |
| novative Environme | ental LLC | | | | | ole Proprietors | _ |
| reet Address | | | City | | | State | Zip Code |
| 00 West Main Stree | t | | Vernon | | | CT | 06066-3489 |
| te Received | Event # | Aggregate purchases for a | all events | Amount of Program Ad Purchase | Am | ount of Sign Pu | rchase |
| /30/2013 | 10213A | \$250.00 | | \$250.00 | | | |
| me of Donor | | | | | | nase Made By: usiness Entity | ☐ Individual |
| itch & Print Logowe | ear LLC | | | | 1 | ole Proprietors | |
| ect Address | | | City | | | State | Zip Code |
| 55 Miles Road | | | Orange | | | СТ | 06477-3309 |
| ate Received | Event # 10213A | Aggregate purchases for | all events | Amount of Program Ad Purchase | Am | ount of Sign Pu | rchase |
|)/02/2013 | 10213/4 | \$150.00 | | \$150.00 | | | · |
| me of Donor | | | | | l | nase Made By: usiness Entity | ☐ Individual |
| enri Martin Real Es | tate | | | | - I | ole Proprietors | |
| rect Address | | ··· | City | | | State | Zip Code |
| 31 Broad Street | | | Bristol | | | СТ | 06010-6639 |
| te Received | Event # | Aggregate purchases for | all events | Amount of Program Ad Purchase | Ап | ount of Sign Pu | rchase |
| 9/26/2013 | 10213A | \$50.00 | · · · · · · · · · · · · · · · · · · · | \$50.00 | | | |
| ime of Donor | • | | | | 1 — | hase Made By: Jusiness Entity | ☐ Individual |
| nirteenth Floor Grap | phics And Printing | | | | □ s | ole Proprietors | hip |
| reet Address | | | City | | | State | Zip Code |
| 75 Lake Ave | | • | Bristol | | | СТ | 06010-7326 |
| ite Received | Event # | Aggregate purchases for | all events | Amount of Program Ad Purchase | Ап | ount of Sign Pu | rchase |
| 9/12/2013 | 10213A | \$150.00 | | \$150.00 | 1 2 | hase Made By: | |
| me of Donor | | • | | | - 1 | Susiness Entity | ☐ Individual |
| ne Hamzy Law Firn | ı Llc | | | | □ S | ole Proprietors | |
| reet Address | | | City | | | State | Zip Code |
| 40 Farmington Ave | nue | | Bristol | | | СТ | 06010-4235 |
| ate Received | 10213A | Aggregate purchases for | all events | Amount of Program Ad Purchase | An | nount of Sign Pu | rchase |
| 9/27/2013 | | \$150.00 | | \$150.00 | Purc | hase Made By: | |
| ame of Donor | | | | | ₽ E | Business Entity | ☐ Individual |
| ed Satin Band | | | | - | □ s | ole Proprietors | |
| reet Address | | | City | | | State CT | Zip Code 06238-1676 |
| D Eastview Drive | | | Coventry | | - T: | | |
| ate Received 9/30/2013 | Event # 10213A | Aggregate purchases for | all events | Amount of Program Ad Purchase \$150.00 | An | nount of Sign Pu | ırchase |
| | i IUZIJA | ! \$150.00 | | I Φ130.00 | 1 | | |

| SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY) Total Purchases of Advertising in Program Book - This Page | \$900.00 |
|--|------------|
| SUBTOTAL Section L3 (Town Committees ONLY) Total Purchases of Advertising on a Sign - This Page | 1 |
| TOTAL of additional L#Pages | |
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c of Summary Page Totals) | \$2,750.00 |

| | | II. FUNDR | AISING EVEN | T ACTIVITY | Page 2 c | of 3 | |
|------------------------------|-------------------------|-----------------------------|---------------------------------------|---|-----------|-------------------------------------|------------------------|
| NAME OF COMMITTEE | 5 10 4 | | | - TYPE OF R | EPORT | | |
| Connecticut Republican | scc | | | Form 20 |) | | |
| L3. Purcha | ses of Advertising in a | Program Boo | k or on a Sig | n (Municipal Candidate ar | id Town C | oni <u>mittees</u> | ONLY |
| Name of Donor | | | | | Purch | ase Made By: | |
| Image Aviation Services | Inc. | | · | | I | usiness Entity de Proprietorshi | ☐ Individual p |
| Street Address | | _ | City | | | State | Zip Code |
| 288 Christian Street | | | Oxford | | | СТ | 06478-1038 |
| Date Received | Event # | Aggregate purchases for all | events | Amount of Program Ad Purchase | Am | ount of Sign Purc | chase |
| 09/26/2013 | 10213A | \$250.00 | | \$250.00 | | | |
| Name of Donor | | | | | l | ase Made By | |
| The Nye Insurance Ager | ncy | | | | i | usiness Entity ble Proprietorshi | ☐ Individual p |
| Street Address | | | City | | | State | Zip Code |
| 273 Central Street | | | Bristol | | | СТ | 06010-6747 |
| Date Received | Event # | Aggregate purchases for all | l events | Amount of Program Ad Purchase | Am | ount of Sign Pure | chase |
| 09/12/2013 | 10213A | \$150.00 | | \$150.00 | | | |
| Name of Donor | | | • | | | ase Made By: | |
| Hamilton Point Investme | ents | | | | 4 | usiness Entity ble Proprietorshi | ☐ Individual |
| | | | Cim. | | | State | Zip Code |
| Street Address | | | City Old Lymn | | • | СТ | 06371-1449 |
| 2 Huntley Road | <u> </u> | | Old Lyme | | | J | |
| Date Received | Event # | Aggregate purchases for al | I events | Amount of Program Ad Purchase \$250.00 | Am | ount of Sign Pur | chase |
| 10/01/2013 | 10213A | \$250.00 | | Ψ230.00 | Bural | nase Made By: | |
| Name of Donor | | | | | 1 | usiness Entity | ☐ Individual |
| Western Connecticut Or | thopedic Specialists PC | . ' | | | □ S | ole Proprietorsh | ip |
| Street Address | | | City | | | State | Zip Code |
| 226 White Street | | | Danbury | | | СТ | 06810-6814 |
| Date Received | Event # | Aggregate purchases for al | l events | Amount of Program Ad Purchase | An | ount of Sign Pur | chase |
| 09/10/2013 | 10213A | \$150.00 | | \$150.00 | | | |
| Name of Donor | | | | | | nase Made By: | |
| Riverside Investments L | LC | | | | | usiness Entity ole Proprietorsh | ☐ Individual |
| | | | la: | | | State | Zip Code |
| Street Address | | | City | | | CT | 06010-6311 |
| 136 Riverside Avenue | | r | Bristol | | 1. | | <u> </u> |
| Date Received | Event # | Aggregate purchases for a | ll events | Amount of Program Ad Purchase | An | ount of Sign Pur | cnase |
| 09/12/2013 | 10213A | \$250.00 | | \$250.00 | | 16.1.D | |
| Name of Donor | | | | | | nase Made By: Jusiness Entity | ☐ Individual |
| Labriola & Labriola, LLC | , | | · · · · · · · · · · · · · · · · · · · | | | ole Proprietorsh | ip |
| Street Address | | | City | • | | State | Zip Code 06770-5040 |
| 1451 New Haven Road | | | Naugatuck | г | | <u> </u> | |
| Date Received | Event # | Aggregate purchases for a | ll events | Amount of Program Ad Purchase | An | ount of Sign Pur | chase |
| 08/22/2013 | 10213A | \$250.00 | | \$250.00 | | | |
| | | | | | | | |

| SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY) \$ Total Purchases of Advertising in Program Book - This Page | \$1,300.00 |
|--|------------|
| SUBTOTAL Section L3 (Town Committees ONLY) \$ Total Purchases of Advertising on a Sign - This Page | \$0.00 |
| TOTAL of additional L# Pages | |
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c of Summary Page Totals) | \$2,750.00 |

| | | H FUNDO | AIGING EVI | ENT ACTIVITY | Pa | age 3 o | f 3 | . , |
|---------------------------------------|-----------------------|------------------------------------|--------------------|--|--------------|---------------|--|------------------------|
| NAME OF COMMITTEE | | II. FUNDR | Alsing Evi | MIACIIVIII | TYPE OF REPO | | | |
| Connecticut Republic | can scc | | | | Form 20 | | | |
| | chases of Advertising | g in a Program Roc | ak ar an a S | ion (Municipal Co | indidate and | Town C | ommittees | ONLY) |
| Name of Donor Danbury Square Box | | | | and the second s | | Purch E Bu | ase Made By: Isiness Entity le Proprietorsh | ☐ Individual |
| Street Address 1A Broad Street | | | City Danbury | | | | State CT | Zip Code 06810-6204 |
| Date Received 09/03/2013 | Event # 10213A | Aggregate purchases for a \$150.00 | Il events | Amount of Program A | d Purchase | Am | ount of Sign Pu | rchase |
| Name of Donor Nuchie's Restaurant | | | | | <u> </u> | В В | ase Made By: usiness Entity ble Proprietorsh | ☐ Individual |
| Street Address 164 Central St | | | City Bristol | | | | State CT | Zip Code 06010-6789 |
| Date Received 09/26/2013 | Event # 10213A | Aggregate purchases for a \$150.00 | ll events | Amount of Program A | d Purchase | Am | ount of Sign Pu | rchase |
| Name of Donor JFC Endeavors Inco | rporated | | | | | ₿B | ase Made By: usiness Entity ble Proprietors | ☐ Individual |
| Street Address 68 A South Canal St | reet | | City Plainville | | | | State CT | Zip Code 06062-2722 |
| Date Received 09/26/2013 | Event # 10213A | Aggregate purchases for a \$250.00 | II events | Amount of Program A \$250.00 | d Purchase | Am | ount of Sign Pu | rchase |

| SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY) Total Purchases of Advertising in Program Book - This Page | \$550.00 |
|--|------------|
| SUBTOTAL Section L3 (Town Committees ONLY) Total Purchases of Advertising on a Sign - This Page | |
| POTAL of additional L# Pages | |
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c of Summary Page Totals) | \$2,750.00 |

| · | | IV. EXPENDITURES | | Page 1 of 5 | | |
|--|--|--|-------------------------|--|-------------|----------------|
| | | IV. EXPENDITURES | | Charles and the Control of the Contr | | |
| NAME OF COMMITTE Connecticut Repu | | <u> </u> | | TTVPE | ~ വിഹ | 11/5/1 |
| Johnecticut Repu | | an and the second of the secon | | day preceding | i era | ·• 11/J/1 |
| Name of Payee | ** 15 TE | P. Expenses Paid by Committee | | Date of Payment | | Method of Payr |
| vame oz rayee ASantino Consulti | na | | | 07/11/2013 | | heck # 120 |
| Street Address | | City | State | Zip Code | | ebit Card |
| 12 Robin Hill Ln | | Hamden | СТ | 06518-1900 | | |
| urpose of Expenditure by code) | Description | | | Event # | | Amour |
| DVHD | Equipment Removal | | | | | \$1 |
| expenditure # | Type of Expenditure (if applicaple) Itemization in | | ☐ Coordinated☐ B☐ C☐ | with Reimbursement soug | nt | |
| Vanue of Payee | Coordinated without reimbursement sought | Independent I Organization I A | | Date of Payment | | Method of Pays |
| Bristol RTC | | | | 09/05/2013 | B 0 | theck # 120 |
| Street Address | | City | State | Zip Code | | ebit Card |
| P.O. Box 1893 | | Bristol | СТ | 06011-1893 | | |
| urpose of Expenditure by code) | Description | | | Event # | | Amour |
| ENTRB | Contribution | | | <u> </u> | | \$2,5 |
| expenditure # | Type of Expenditure (if applicaple) Itemization in | | ☐ Coordinated ☐ B ☐ C ☐ | with Reimbursement soug | ht · | |
| Name of Payee | ☐ Coordinated without reimbursement sought | Independent I Organization I A | | Date of Payment | | Method of Payr |
| Elavon | | | | 07/02/2013 | | Check # EF |
| Street Address | | City | State | Zip Code | ╗╸ | Debit Card |
| 7300 Chapman H | wy | Knoxville | TN | 37920-6612 | | |
| urpose of Expenditure by code) | Description | | | Event # | | Amour |
| MISC | Service Fee | | | | 1. | \$ |
| Expenditure # | Type of Expenditure (if applicable) Itemization in Coordinated without reimbursement sought | | ☐ B ☐ C ☐ | with Reimbursement soug | nt | , |
| Name of Payee | Coordinated without realibursement sought | — independent — organization — in | | Date of Payment | Т | Method of Payr |
| Elavon | | | | 08/02/2013 | | heck # EF |
| Street Address | | City | State | Zip Code | | Debit Card |
| 7300 Chapman H | wy | Knoxville | TN | 37920-6612 | | |
| Purpose of Expenditure by code) | Description | | | Event # | | Amoui |
| MISC | Service Fee | | | with Reimbursement soug | · · · | 9 |
| expenditure # | Type of Expenditure (if applicable) Itemization in Coordinated without reimbursement sought | | □ B □ C □ | | | . * |
| Name of Payee | Coordinated without remineurs ement sought | _ marpinant organization | | Date of Payment | | Method of Payr |
| Elavon | | | | 09/03/2013 | | Check # EF |
| Street Address | | City | State | Zip Code | | Debit Card |
| 7300 Chapman H | wy | Knoxville | TN | 37920-6612 | L_ | I |
| Purpose of Expenditure by code) | Description | | | Event # | | Amoui |
| MISC | Service Fee | Added on P. Province | Condinated | with Reimbursement soug | ht | |
| Expenditure # | Type of Expenditure (if applicable) Itemization in Coordinated without reimbursement sought | ☐ Independent ☐ Organization ☐ A | □ B □ C □ | | | |
| Name of Payee | Coordinated without relations sometic sought | - Comment - Comment | | Date of Payment | | Method of Pay |
| Elavon | | <u> </u> | • | 10/02/2013 | | Check# EF |
| Street Address | | City | State | Zip Code | | Debit Card |
| | wy | Knoxville | TN | 37920-6612 | | - |
| 7300 Chapman H | | | | Event # | | Amou |
| 7300 Chapman H Purpose of Expenditure by code) | Description | | | 1 . | | |
| | Description Service Fee Type of Expenditure (if applicable) Itemization in | | - | with Reimbursement soug | ıbt. | : |

| SUBTOTAL Section P-This Page | \$9,394.36 |
|--|-------------|
| TOTAL of additional Section P Pages | \$13,939.25 |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page) | #22 222 G1 |

| | | IV. EXPENDITURES | | Page 2 of 5 | |
|--|--|----------------------------------|------------------|------------------------------------|--------------------------|
| TAME OF COMMITTEE | | | REPORT | TYPE | |
| Connecticut Repub | | | Form : | 20 | |
| | | Expenses Paid by Committee | | Date of Payment | Method of Payment |
| ame of Payee DiCambio Photogr | anhy | | | 10/01/2013 | ☐ Check # 1212 |
| treet Address | | City | State | Zip Code | ☐ Debit Card |
| 61 Silvermine Ave | enue | Norwalk | СТ | 06850-1611 | |
| urpose of Expenditure | Description | J | • | Event # | Amount |
| y code) NDR | Photography-PARTY Fundraising | landum P Required | ☐ Coordinated w | 10213A ith Reimbursement sought | \$600.00 |
| xpenditure # | Type of Expenditure (if applicable) Itemization in Add Coordinated without reimbursement sought | | B C C | | |
| lame of Payee | Coordinated without remounsement sought | | . | Date of Payment | Method of Payment |
| lortheast Printing | Network Llc | <u> </u> | | 10/03/2013 | Marcheck # 1215 |
| treet Address | | City | State | Zip Code | ☐ Debit Card |
| 35 Sebethe Dr | | Cromwell | СТ | 06416-1033 | <u></u> |
| urpose of Expenditure by code) NDR | Description Printing-PARTY Fundraising | | | Event # 10213A | Amount \$263.22 |
| xpenditure # | Type of Expenditure (if applicaple) Itemization in Add | lendum P Required | Coordinated w | ith Reimbursement sought | |
| • | ☐ Coordinated without reimbursement sought | | 3 B C C | D 🗆 E | |
| lame of Payee | | | | Date of Payment | Method of Payment |
| Scott Brown | | | State | 10/02/2013 | Check # 1214 Debit Card |
| Street Address | | City | 1 | Zip Code 02093-0566 | |
| P.O. Box 566 | | Wrentham | MA | | |
| urpose of Expenditure by code) | Description | | | Event # | Amount |
| NDR | Books | | | 10213A | \$500.00 |
| xpenditure # | Type of Expenditure (if applicaple) Itemization in Ad | | B Coordinated w | with Reimbursement sought | |
| | ☐ Coordinated without reimbursement sought | Independent D Organization D A | | Date of Payment | Method of Payment |
| Name of Payee Campaign Solutio | ne | | | 08/30/2013 | Check # EFT |
| Street Address | | City. | State | Zip Code | ☐ Debit Card |
| I17 N Saint Asapl | h St | Alexandria | VA | 22314-3109 | |
| urpose of Expenditure | Description | | | Event # | Amount |
| by code) MISC | Service Fee | | | | \$2.20 |
| Expenditure # | Type of Expenditure (if applicaple) Itemization in Ad | dendum P Required | _ | vith Reimbursement sought | |
| • | ☐ Coordinated without reimbursement sought | ☐ Independent ☐ Organization ☐ A | _{В С С} | D D E | |
| Name of Payee | <u> </u> | | <u> </u> | Date of Payment | Method of Payment 1209 |
| Campaign Solutio | ns | | State | 09/06/2013 | Check # 1209 Debit Card |
| Street Address | | City | | Zip Code 22314-3109 | |
| 117 N Saint Asap | h St | Alexandria | VA | ļ | |
| Purpose of Expenditure by code) | Description | | | Event # | Amount |
| MISC | Service Fee | | | 1 | \$2.23 |
| Expenditure # | Type of Expenditure (if applicaple) Itemization in Ad | | Coordinated v | with Reimbursement sought | |
| | Coordinated without reimbursement sought | ☐ Independent ☐ Organization ☐ A | | Date of Payment | Method of Payment |
| Name of Payee Campaign Solutic | ane. | | | 10/04/2013 | Check # EFT |
| | 7/13 | City | State | Zip Code | ☐ Debit Card |
| Street Address 117 N Saint Asap | h St | Alexandria | VA | 22314-3109 | |
| Purpose of Expenditure | Description | | | Event # | Amount |
| by code) | Service Fee | | | | \$401.4 |
| MISC Expenditure # | Type of Expenditure (if applicaple) Itemization in Ac | Idendum P Required | ☐ Coordinated | with Reimbursement sought | |
| F | ☐ Coordinated without reimbursement sought | ☐ Independent ☐ Organization ☐ A | □ B □ C □ | D D E | <u> </u> |
| <u> </u> | | | | | |
| | | | | | |

| SUBTOTAL Section P-This Page | \$2,192.69 |
|--|-------------|
| TOTAL of additional Section P Pages \$21 | ,140.92 |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page) | \$23,333.61 |

| | | IV. EXPENDITURES | | Page 3 of 5 | |
|--|--|--|---|--------------------------------------|---|
| AME OF COMMITTE | DE CONTRACTOR OF THE CONTRACTO | | | T TYPE | |
| Connecticut Repu | iblican scc | | Form | 20 | |
| | | P. Expenses Paid by Committee |) | | The Decided Association |
| ame of Payee | | | | Date of Payment 09/13/2013 | Method of Payment Check # EFT |
| Campaign Solutio | ons | City | State | Zip Code | Debit Card |
| treet Address 17 N Saint Asap | h St | Alexandria | VA | 22314-3109 | 1 |
| urpose of Expenditure | Description | | | Event # | Amount |
| oy code) fISC | Service Fee | | | | \$5.85 |
| xpenditure # | Type of Expenditure (if applicaple) Itemization in A | Addendum P Required | _ | with Reimbursement sough | |
| · | ☐ Coordinated without reimbursement sought | ☐ Independent ☐ Organization ☐ A | □ _В □ _С □ | | l M d l CD |
| lame of Payce | | | | Date of Payment 09/20/2013 | Method of Payment Check # EFT |
| Campaign Solutio | ons | City | State | Zip Code | Debit Card |
| Street Address 17 N Saint Asap | oh St | Alexandria | VA | 22314-3109 | |
| urpose of Expenditure | Description | | | Event # | Amount |
| oy code) IISC | Service Fee | | | | \$38.1 ⁻ |
| xpenditure # | Type of Expenditure (if applicaple) Itemization in A | | _ | with Reimbursement sough | |
| | ☐ Coordinated without reimbursement sought | ☐ Independent ☐ Organization ☐ A | □ B □ C □ | | |
| Name of Payee | | | | Date of Payment 10/11/2013 | Method of Payment Check # EFT |
| Campaign Solutio | ons | City | State | Zip Code | ☐ Debit Card |
| | | | | | |
| Street Address | | | IVA | 122314-3109 | |
| Street Address I 17 N Saint Asap | oh St | Alexandria | VA | 22314-3109 Event # | Amount |
| Street Address I 17 N Saint Asap Purpose of Expenditure by code) | Description | | VA | | Amount \$92.7 |
| Street Address 117 N Saint Asap urpose of Expenditure | Description Service Fee | Alexandria | | | \$92.7 |
| Street Address 117 N Saint Asap Turpose of Expenditure by code) ALSC | Description | Alexandria | | Event # with Reimbursement sough | \$92.7 |
| Street Address I 17 N Saint Asap Turpose of Expenditure by code) IISC Expenditure # | Description Service Fee Type of Expenditure (if applicaple) Itemization in A | Alexandria | ☐ Coordinated | Event # with Reimbursement sough D | \$92.7 |
| Street Address I 17 N Saint Asap Turpose of Expenditure by code) HISC Expenditure # Name of Payee Campaign Solution | Description Service Fee Type of Expenditure (if applicaple) Itemization in A | Alexandria Addendum P Required Independent Organization A | ☐ Coordinated | Event # with Reimbursement sough | \$92.7 |
| Street Address I 17 N Saint Asap Turpose of Expenditure by code) AISC Expenditure # Name of Payee Campaign Solutio Street Address | Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought | Alexandria Addendum P Required Independent Organization A | □ Coordinated □ B □ C □ | with Reimbursement sough D | Method of Payment By Check # EFT |
| Street Address I 17 N Saint Asap turpose of Expenditure by code) AISC Expenditure # Name of Payee Campaign Solution Street Address 1 17 N Saint Asap | Description Service Fee Type of Expenditure (if applicable) Itemization in A Coordinated without reimbursement sought Ons | Alexandria Addendum P Required Independent Organization A | Coordinated BCC State | Event # with Reimbursement sough D | Method of Payment By Check # EFT |
| Street Address I 17 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Campaign Solution Street Address I 17 N Saint Asap Purpose of Expenditure by code) | Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought | Alexandria Addendum P Required Independent Organization A | Coordinated BCC State | Event # with Reimbursement sough D | Method of Payment Check # EFT Debit Card |
| Street Address I 17 N Saint Asap Purpose of Expenditure by code) AISC Expenditure # Name of Payee Campaign Solution Street Address I 17 N Saint Asap Purpose of Expenditure | Description Service Fee Type of Expenditure (if applicable) Itemization in A Coordinated without reimbursement sought Ons Oh St Description | Addendum P Required Independent Organization A City Alexandria | Coordinated BCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC | Event # with Reimbursement sough D | Method of Payment Check # EFT Debit Card Amount \$149.9 |
| Street Address I 17 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Campaign Solution Street Address I 17 N Saint Asap Purpose of Expenditure by code) MISC | Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Ons Oh St Description Service Fee | Alexandria Addendum P Required Independent Organization A City Alexandria | Coordinated BCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC | Event # with Reimbursement sough D | Method of Payment Check # EFT Debit Card Amount \$149.9 |
| Street Address I 17 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Campaign Solution Street Address I 17 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # | Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought | Addendum P Required Independent Organization A City Alexandria | Coordinated BCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC | Event # with Reimbursement sough D | Method of Payment By Check # EFT Debit Card Amount \$149.9 |
| Street Address I 17 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Campaign Solution Street Address 1 17 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Connecticut Repo | Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought | Addendum P Required Independent Organization A City Alexandria Addendum P Required Independent Organization A | Coordinated BCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC | Event # with Reimbursement sough D | Method of Payment Method of Payment |
| Street Address I 17 N Saint Asap Turpose of Expenditure by code) AISC Expenditure # Name of Payee Campaign Solution Street Address 1 17 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Connecticut Rept Street Address | Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought | Addendum P Required Independent Organization A City Alexandria Addendum P Required Independent Organization A City | Coordinated BCC State VA Coordinated BCC | Event # with Reimbursement sough D | Method of Payment By Check # EFT Debit Card Amount \$149.9 Method of Payment Ey Check # EFT |
| Street Address I 17 N Saint Asap Purpose of Expenditure by code) IISC Expenditure # Name of Payee Campaign Solution Street Address I 17 N Saint Asap Purpose of Expenditure by code) IISC Expenditure # Name of Payee Connecticut Repu | Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Under Coordinated without reimbursement sought Under Coordinated without reimbursement sought Under Coordinated without reimbursement sought | Addendum P Required Independent Organization A City Alexandria Addendum P Required Independent Organization A | Coordinated BCC State VA Coordinated Coordinated Coordinated State | Event # with Reimbursement sough D | Method of Payment Greek # EFT Debit Card Amount \$149.9 Method of Payment EFT Debit Card |
| Street Address I 17 N Saint Asap Purpose of Expenditure by code) Street Address I 17 N Saint Asap Expenditure # Campaign Solution Street Address I 17 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Connecticut Rept Street Address I 17 N Saint Asap Purpose of Expenditure by code) | Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought | Addendum P Required Independent Organization A City Alexandria Addendum P Required Independent Organization A City | Coordinated BCC State VA Coordinated Coordinated Coordinated State | Event # with Reimbursement sough D | Method of Payment By Check # EFT Debit Card Amount \$149.9 |
| Street Address I 17 N Saint Asap Turpose of Expenditure by code) MISC Expenditure # Name of Payee Campaign Solution Street Address I 17 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Connecticut Reputation Street Address 31 Pratt Street 4 Purpose of Expenditure | Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought ublican SCC | Addendum P Required City Addendum P Required Independent Organization Addendum P Required Independent Organization Addendum P Required Addendum P Required City Hartford Addendum P Required | Coordinated State VA Coordinated State CT Coordinated | Event # with Reimbursement sough D | Method of Payment By Check # EFT Debit Card Amount \$149.9 Method of Payment \$149.9 |
| Street Address I 17 N Saint Asap Purpose of Expenditure by code) Street Address I 17 N Saint Asap Expenditure # Name of Payee Campaign Solution Street Address I 17 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Connecticut Reputation Street Address I Pratt Street 4 Purpose of Expenditure by code) Street Address I Pratt Street 4 Purpose of Expenditure by code) DVHD | Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Ublican SCC Ith Floor Description Transfer to Federal | Addendum P Required City Addendum P Required Independent Organization Addendum P Required Independent Organization Addendum P Required Addendum P Required City Hartford Addendum P Required | Coordinated BCCC State VA Coordinated BCCC State CT | Event # with Reimbursement sough D | Method of Payment El Check # EFT Debit Card Method of Payment \$149.9 Method of Payment \$149.9 Method of Payment Amount \$149.0 Amount \$1,020.0 |
| Street Address I 17 N Saint Asap Turpose of Expenditure by code) MISC Expenditure # Name of Payee Campaign Solution Street Address I 17 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Connecticut Reputation Street Address 31 Pratt Street 4 Purpose of Expenditure by code) DVHD Expenditure # | Description Service Fee Type of Expenditure (if applicaple) Itemization in A Description Service Fee Type of Expenditure (if applicaple) Itemization in A Description Service Fee Type of Expenditure (if applicaple) Itemization in A Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in A Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in A Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in C Description | Addendum P Required City Addendum P Required Independent Organization Addendum P Required Independent Organization Addendum P Required City Hartford Addendum P Required | Coordinated State VA Coordinated State CT Coordinated | Event # with Reimbursement sough D | Method of Payment EFT Debit Card Method of Payment \$149.9 Method of Payment EFT Debit Card Method of Payment FT Amount \$1,020.0 |
| Street Address 117 N Saint Asap Turpose of Expenditure by code) Also Anne of Payee Campaign Solution Street Address 117 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Connecticut Reputation Street Address 31 Pratt Street 4 Purpose of Expenditure by code) Street Address Turpose of Expenditure by code) Expenditure # Name of Payee Connecticut Reputation Expenditure # | Description Service Fee Type of Expenditure (if applicaple) Itemization in A Description Service Fee Type of Expenditure (if applicaple) Itemization in A Description Service Fee Type of Expenditure (if applicaple) Itemization in A Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in A Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in A Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in C Description | Alexandria Addendum P Required Independent Organization A City Alexandria City Independent Organization A City Hartford Addendum P Required Independent Organization A City Hartford | Coordinated B C C State VA Coordinated B C C State CT Coordinated | Event # with Reimbursement sough D | Method of Payment El Check # EFT Debit Card Method of Payment \$149.9 Method of Payment \$149.9 Method of Payment Amount \$149.0 Amount \$1,020.0 |
| Street Address I 17 N Saint Asap Turpose of Expenditure by code) MISC Expenditure # Name of Payee Campaign Solution Street Address I 17 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Connecticut Report Street Address 31 Pratt Street 4 Purpose of Expenditure by code) DythD Expenditure # Name of Payee Connecticut Report Street Address Name of Payee Connecticut Report Street Address | Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in A Coordinated without reimbursement sought ublican SCC Ith Floor Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Coordinated without reimbursement sought ublican SCC | Alexandria Addendum P Required Independent Organization A City Alexandria City Hartford Addendum P Required Independent Organization A City Hartford City Hartford | Coordinated State VA Coordinated State CT Coordinated | Event # with Reimbursement sough D | Method of Payment Check # EFT Debit Card Method of Payment \$149.9 Method of Payment FFT Debit Card Amount \$1,020.0 |
| Street Address 117 N Saint Asap Turpose of Expenditure by code) Alsc Expenditure # Name of Payee Campaign Solution Street Address 117 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Connecticut Rept Street Address 31 Pratt Street 4 Purpose of Expenditure by code) Street Address 31 Pratt Street 4 Purpose of Expenditure by code) DVHD Expenditure # Name of Payee Connecticut Rept Street Address 31 Pratt Street 4 Purpose of Expenditure by code) Expenditure # | Description Service Fee Type of Expenditure (if applicaple) Itemization in a Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in a Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in Coordinated without reimbursement sought Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Coordinated without reimbursement sought Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Coordinated without reimbursement sought | Alexandria Addendum P Required Independent Organization A City Alexandria City Independent Organization A City Hartford Addendum P Required Independent Organization A City Hartford | Coordinated BCC State VA Coordinated BCC State CT State CT | Event # with Reimbursement sough D | Method of Payment EFT Debit Card Method of Payment \$149.9 Method of Payment EFT Debit Card Method of Payment EFT Debit Card Method of Payment 1206 Debit Card |
| Street Address 117 N Saint Asap Turpose of Expenditure by code) Alsc Expenditure # Name of Payee Campaign Solution Street Address 117 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Connecticut Repu Street Address 31 Pratt Street 4 Purpose of Expenditure by code) DVHD Expenditure # Name of Payee Connecticut Repu Street Address 31 Pratt Street 4 Purpose of Expenditure by code) Street Address 31 Pratt Street 4 Purpose of Expenditure by code) | Description Service Fee Type of Expenditure (if applicaple) Itemization in a Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in a Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in Coordinated without reimbursement sought Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Coordinated without reimbursement sought Description Description Description Description Description | Alexandria Addendum P Required Independent Organization A City Alexandria City Hartford Addendum P Required Independent Organization A City Hartford City Hartford | Coordinated BCC State VA Coordinated BCC State CT State CT | Event # with Reimbursement sough D | Method of Payment EFT Debit Card Method of Payment \$149.9 Method of Payment \$149.9 Method of Payment FFT Debit Card Amount \$1,020.0 Method of Payment \$1,020.0 Amount \$1,020.0 |
| Street Address 117 N Saint Asap Turpose of Expenditure by code) Altic Expenditure # Name of Payee Campaign Solution Street Address 117 N Saint Asap Purpose of Expenditure by code) MISC Expenditure # Name of Payee Connecticut Republication Street Address 31 Pratt Street 4 Purpose of Expenditure by code) OVHD Expenditure # Name of Payee Connecticut Republication Expenditure # Name of Payee Connecticut Republication Expenditure # Name of Payee Connecticut Republication Expenditure # Purpose of Expenditure Purpose of Expenditure Purpose of Expenditure | Description Service Fee Type of Expenditure (if applicaple) Itemization in a Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in a Coordinated without reimbursement sought Description Service Fee Type of Expenditure (if applicaple) Itemization in Coordinated without reimbursement sought Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Coordinated without reimbursement sought Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Coordinated without reimbursement sought | Addendum P Required Independent | Coordinated B C C State VA Coordinated B C C State CT State CT State CT | Event # with Reimbursement sough D | Method of Payment EFT Debit Card Method of Payment \$149.9 Method of Payment \$149.9 Amount \$1,020.0 Method of Payment \$1,020.0 Amount \$1,020.0 |

| SUBTOTAL Section P-This Page | \$3,251.87 |
|--|-------------|
| TOTAL of additional Section P.Pages \$2 | 20,081.74 |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page) | \$23,333.61 |

| | | IV. EXPENDITURES | | Page 4 of 5 | | |
|--|---|---|-----------------|-------------------------------------|------------|-------------------------------|
| NAME OF COMMITTEE | | | REPORT | ТҮРЕ | | |
| Connecticut Repub | olican scc | | Form | 20 | | |
| 100 | P | Expenses Paid by Committe | e | | | |
| Name of Payee Connecticut Repub | olican SCC | | | Date of Payment 09/13/2013 | Chec | |
| Street Address | | City - | State | Zip Code | ☐ Debi | t Card |
| 31 Pratt Street 4th | Floor | Hartford | СТ | 06103-1630 | ┸~ | |
| Purpose of Expenditure by code) DVHD | Description Transfer to Federal | | | Event # | | Amount \$818.90 |
| Expenditure # | Type of Expenditure (if applicaple) Itemization in Ad | | | ith Reimbursement sought | | 40.0.00 |
| | ☐ Coordinated without reimbursement sought | ☐ Independent ☐ Organization ☐ A | ВОС | | | ethod of Payment |
| Name of Payee | ino | | | Date of Payment 07/11/2013 | Chec | 1202 |
| Mohegan Sun Cas Street Address | 1110 | City | State | Zip Code | Debi | |
| 1 Mohegan Sun Bo | ouelvard | Uncasville | СТ | 06382-1355 | | |
| Purpose of Expenditure | Description | | | Event # | | Amount |
| by code) MISC | 2014 Convention Venue-Deposit | | | <u> </u> | | \$2,000.00 |
| Expenditure # | Type of Expenditure (if applicaple) Itemization in Ad Coordinated without reimbursement sought | | Coordinated w | ith Reimbursement sought D | | |
| Name of Payee | <u> </u> | | | Date of Payment | 1 | ethod of Payment |
| Lawlor Graphics & | Printing LLC | | State | 09/12/2013 Zip Code | Che | |
| Street Address | | City | СТ | 06801-0391 | | |
| P.O. Box 391 | 1 | Bethel | | Event# | $+_{\top}$ | |
| Purpose of Expenditure (by code) FNDR | Description Printing-PARTY Fundraising | | | 10213A | | Amount \$1,276.20 |
| Expenditure # | Type of Expenditure (if applicaple) Itemization in Ad | ldendum P Required | ☐ Coordinated w | vith Reimbursement sough | : | ψ1,270.20 |
| · | ☐ Coordinated without reimbursement sought | ☐ Independent ☐ Organization ☐ A | ЛОВОСО | | | |
| Name of Payee | | | | Date of Payment 08/19/2013 | M Che | ethod of Payment |
| FedEx | | City | State | Zip Code | Deb | |
| Street Address PO Box 371461 | | Pittsburgh | PA | 15250-7461 | | |
| Purpose of Expenditure | Description | <u></u> | <u> </u> | Event # | | Amount |
| by code) POST | Courier Service | · | | | | \$33.28 |
| Expenditure # | Type of Expenditure (if applicaple) Itemization in Ac | | | vith Reimbursement sough | t l | |
| | ☐ Coordinated without reimbursement sought | ☐ Independent ☐ Organization ☐ A | A D B D C D | Date of Payment | <u> </u> | lethod of Payment |
| Name of Payce Nancy Haase For | First Salactman | | | 10/10/2013 | Che | 1217 |
| Street Address | i iist delectinan | City | State | Zip Code | ☐ Deb | it Card |
| 6 Pastore Lane | | West Simsbury | СТ | 06092-2309 | | |
| Purpose of Expenditure | Description | | · · | Event # | | Amount |
| [by code) CNTRB | Contribution | | | | | \$1,000.00 |
| Expenditure # | Type of Expenditure (if applicaple) Itemization in Ac | | _ | with Reimbursement sough | t | |
| | Coordinated without reimbursement sought | ☐ Independent ☐ Organization ☐ A | A LI B LI C LI | | | lethod of Payment |
| l ' | · · | | | 07/23/2013 | 1 | 1204 |
| | artecii) | City | State | Zip Code | | oit Card |
| PO Box 11181 | | Chattanooga | TN | 37401-2181 | | |
| Purpose of Expenditure | Description | | | Event # | | Amount |
| by code) A-ATM | GOTV Calls | | | | | \$429.35 |
| Expenditure # | Type of Expenditure (if applicaple) Itemization in A | ddendum P Required | _ | with Reimbursement sough | ıt | |
| | ☐ Coordinated without reimbursement sought | ☐ Independent ☐ Organization ☐ | а 🗆 в 🗆 с 🗅 | DUE | | |
| Purpose of Expenditure by code) EXPENDITURE Expenditure # Name of Payee Airnet (formerlysm Street Address PO Box 11181 Purpose of Expenditure by code) A-ATM | Contribution Type of Expenditure (if applicaple) Itemization in Act □ Coordinated without reimbursement sought nartech) Description GOTV Calls Type of Expenditure (if applicaple) Itemization in Act | ddendum P Required Independent Organization D City Chattanooga | Coordinated v | Event # with Reimbursement sough D | N Che | 1ethod o eck # oit Card |

| SUBTOTAL Section P-This Page | \$678.49 |
|--|-------------------|
| TOTAL of additional Section P Pages | \$22,655.12 |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page) | #22.022.64 |

| | | IV. EXPENDITURES | | Page 5 of 5 | | | |
|------------------------------------|--|------------------------------------|-----------|-------------------------------|---------------------------------|--|--|
| NAME OF COMMITTEE | | | | ГТҮРЕ | Mary Control | | |
| Connecticut Rep | | | Form | 20 | | | |
| | | Expenses Paid by Committee | • | | 4 4 | | |
| Name of Payee | | | | Date of Payment | Method of Payment | | |
| Mr. Trophy & Company | | | | 09/30/2013 | Check # 1211 | | |
| Street Address | | City | | Zip Code | ☐ Debit Card | | |
| 330 Locust St | | Hartford | СТ | 06114-2010 | <u> </u> | | |
| Purpose of Expenditure | Description | | | Event # | Amount | | |
| by code) FNDR | Awards-PARTY Fundraising | | | 10213A | \$233.44 | | |
| Expenditure # | Type of Expenditure (if applicaple) Itemization in Addendum P Required Coordinated with Reimbursement sought | | | | | | |
| | ☐ Coordinated without reimbursement sought | D D E | | | | | |
| Name of Payee | | · | | Date of Payment | Method of Payment 1209 | | |
| Continental Manor | | | | 09/10/2013 | Check # 1209 Debit Card | | |
| Street Address | | City | State | Zip Code | Deon Card | | |
| 112 Main St | | Norwalk | СТ | 06851-4617 | <u> </u> | | |
| Purpose of Expenditure | Description | | | Event # | Amount | | |
| by code) FNDR | Venue-PARTY Fundraising | | | 10213A | \$1,000.00 | | |
| Expenditure # | Type of Expenditure (if applicaple) Itemization in Addendum P Required Coordinated with Reimbursement sought | | | | | | |
| | ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization ☐ A ☐ B ☐ C ☐ D ☐ E | | | | | | |
| Name of Payce | | | | Date of Payment 10/02/2013 | Method of Payment Check # 1213 | | |
| Continental Manor | | City State | | 70/02/2013 Zip Code | ☐ Check # 1213 ☐ Debit Card | | |
| Street Address | | City | СТ | 06851-4617 | | | |
| 112 Main St | | Norwalk | | Event # | | | |
| Purpose of Expenditure by code) | Description | | | 10213A | Amount | | |
| NDR | Venue-PARTY Fundraising | | | | | | |
| Expenditure # | Type of Expenditure (if applicaple) Itemization in Addendum P Required | | | | | | |
| | Coordinated without reimbursement sought | ☐ Independent ☐ Organization ☐ A ☐ | - B - C - | Date of Payment | Method of Payment | | |
| Name of Payee | | | | 10/04/2013 | Check # 1216 | | |
| Scott Gerard | | City | State | Zip Code | Debit Card | | |
| Street Address | | Fairfield | СТ | 06824-2063 | | | |
| 165 High Point L | | I aimeiu | | Event# | | | |
| Purpose of Expenditure by code) | Description | | | 10213A | Amount | | |
| REF | Return Contribution | \$75.00 | | | | | |
| Expenditure # | Type of Expenditure (if applicaple) Itemization in Addendum P Required | | | | | | |
| | ☐ Coordinated without reimbursement sought | ☐ Independent ☐ Organization ☐ A ☐ | | <u> </u> | | | |

| SUBTOTAL Section P-This Page | \$9,394.36 |
|--|-------------|
| TOTAL of additional Section P Pages \$ | 13,939.25 |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page) | \$23,333.61 |

Connecticut Republican SCC Gary M. Schaffrick, Treasurer 515-14 Emmett Street Bristol, CT 06010

Report Due October 24, 2013 Period: 07/01 - 10/17/13

Organization Expenditure - Schedule P - Addendum

| Date | Expenditure # | Candidate | Office Sought | Amount | |
|-----------|---------------|-------------|----------------------|--------------|--|
| 7/23/2013 | 1204 | Sam Belsito | State Representative | \$ 429.35 | |