

# 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 OCT 24 PM 2 13

<b>1. NAME OF COMMITTEE</b>			
Connecticut Republican SCC			
<b>2. TREASURER NAME</b>			
First	MI	Last	Suffix
Gary	M.	Schaffrick	
<b>3. TREASURER ADDRESS</b>			
Street Address		City	State Zip Code
515 Emmett ST Apt. 14		Bristol	CT 06010
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy)		<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee)	
11/05/2013			
		<b>6. DISTRICT NUMBER</b> (if applicable)	
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
First	MI	Last	Suffix
<b>8. TYPE OF REPORT</b> (Check One Box)			
<input type="checkbox"/> January 10 filing			
<input type="checkbox"/> April 10 filing			
<input type="checkbox"/> July 10 filing			
<input type="checkbox"/> October 10 filing			
<input type="checkbox"/> Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election			
<input type="checkbox"/> 7th day preceding primary			
<input type="checkbox"/> 30 days following primary			
<input type="checkbox"/> 7th day preceding election			
<input checked="" type="checkbox"/> 12th day preceding election (State Central Committees Only)			
<input type="checkbox"/> 45 days following election not held in November			
<input type="checkbox"/> 7th day preceding referendum			
<input type="checkbox"/> 45 days following referendum			
<input type="checkbox"/> Deficit			
<input type="checkbox"/> Termination			
<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)			
<input type="checkbox"/> Amendment to Type of Report: _____			
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
07/01/2013		thru 10/17/2013	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	
		10/23/13	
		DATE (mm/dd/yyyy)	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

**SEEC FORM 20****Itemized Campaign Finance Disclosure Statement****Candidates for Statewide Offices and General Assembly**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Page 2 of 2

**SUMMARY PAGE****TOTALS**

11. NAME OF COMMITTEE	REPORT TYPE	
Connecticut Republican scc	12th Day Preceding Election-11/05/2013	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from 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) <i>Municipal and Town Committees ONLY</i>	\$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) <b>OPTIONAL</b>	\$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. MONETARY RECEIPTS (Sections A-I)

Page 1 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						12th day preceding elec. 11/05/13	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>Subtotal Section A</b>	
						\$110.00	
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Lemetta</b>		First <b>Kenneth</b>		MI <b>L.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0ECE8A6A-ED00-4F3C-B737-2C4A2B57479E</b>
Residential Street Address <b>13 Hitchcock Road</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880-2630</b>	Date Received <b>10/02/2013</b>	
Principal Occupation <b>Contractor</b>		Name of Employer <b>Lemetta &amp; Sons</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$400.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Longo</b>		First <b>Patricia</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>DDFC454C-9414-49DD-B7B3-7E21E7DF3687</b>
Residential Street Address <b>10102 Avalon Gates</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-5836</b>	Date Received <b>09/09/2013</b>	
Principal Occupation <b>Homemaker</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$250.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Longo</b>		First <b>Patricia</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>77180B95-3227-414C-8C07-059CCE8F9FD9</b>
Residential Street Address <b>10102 Avalon Gates</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-5836</b>	Date Received <b>09/24/2013</b>	
Principal Occupation <b>Homemaker</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$250.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Frantz</b>		First <b>Leroy</b>		MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0AD2EE4F-5153-409F-B86C-7BCD710ABA53</b>
Residential Street Address <b>123 Meadow Rd Apt 123</b>		City <b>Riverside</b>		State <b>CT</b>	Zip Code <b>06878-2521</b>	Date Received <b>07/19/2013</b>	
Principal Occupation <b>President</b>		Name of Employer <b>Habler Capital</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$10,000.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Hudson</b>		First <b>Jeffery</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>882ACC84-58F1-4D04-A96D-FF3FF9F2E4CE</b>
Residential Street Address <b>15 Midbrook Ln</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820-3421</b>	Date Received <b>09/30/2013</b>	
Principal Occupation <b>Investment Advisor</b>		Name of Employer <b>Cedar Ridge Partners Llc</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUBTOTAL Section B-This Page

\$500.00

TOTAL of additional Section B Pages

\$42,375.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

I. MONETARY RECEIPTS (Sections A-I)						Page 2 of 37	
<b>NAME OF COMMITTEE</b>						<b>REPORT TYPE</b>	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>						<b>\$110.00</b>	
(See instructions for definition of Small Contributor)						Subtotal Section A	
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Carrier</b>		First <b>Francine</b>		MI <b>H.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>C9CBA9B8-B0DE-482C-9D43-3A30B1E19223</b>
Residential Street Address <b>19 Winston Ct</b>		City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06010-2691</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Assistant Manager</b>		Name of Employer <b>JFC Endeavors Incorporated</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$200.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Porter</b>		First <b>Mary</b>		MI <b>E.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>B36ABD33-C42D-4FB0-A78D-B06C14251980</b>
Residential Street Address <b>314 Olivia St</b>		City <b>Derby</b>		State <b>CT</b>	Zip Code <b>06418-1528</b>		Date Received <b>09/27/2013</b>
Principal Occupation <b>Disabled Veteran</b>		Name of Employer <b>N/a</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$250.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Farrell</b>		First <b>Gerald</b>		MI <b>E.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>4EDD8202-E7B4-4A13-86BB-9FDA6027D76A</b>
Residential Street Address <b>54 N Elm St</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-3802</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Attorney/consultant</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Mocabee</b>		First <b>Arthur</b>		MI <b>W</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>D9CAA181-41B9-4BA0-98A0-5FC63FC278FA</b>
Residential Street Address <b>PO Box 1943</b>		City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06011-1943</b>		Date Received <b>09/27/2013</b>
Principal Occupation <b>Financial Consultant</b>		Name of Employer <b>Axa Advisors Llc</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$200.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Reagen</b>		First <b>Sally</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>2FF56F9C-2AE7-4F0D-A89E-F49873B5C6F7</b>
Residential Street Address <b>303 River Run</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06831-4166</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Financial Advisor</b>		Name of Employer <b>Wells Fargo Bank</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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



## I. MONETARY RECEIPTS (Sections A-I)

Page 3 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Puskar</b>		First <b>John</b>		MI 	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>A1CF4C3F-587A-41B6-91AB-3F7F9367529E</b>
Residential Street Address <b>14 Haverhill Place</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-1812</b>		Date Received <b>10/11/2013</b>
Principal Occupation <b>Press</b>		Name of Employer <b>CT House of Representatives</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Flynn</b>		First <b>Thomas</b>		MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>FB0A3BFA-2413-401F-8FB4-F403B7078FEF</b>
Residential Street Address <b>87 Coral Drive</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825-3231</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Consultant/CFO</b>		Name of Employer <b>Coral Drive Partners</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Brickley</b>		First <b>Ann</b>		MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>BA70C928-BDA1-411D-A703-4CD74F371F36</b>
Residential Street Address <b>143 Highcrest Rd</b>		City <b>Wethersfield</b>		State <b>CT</b>	Zip Code <b>06109-4000</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Organizational Change Manager</b>		Name of Employer <b>General Electric</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>DePino</b>		First <b>Chris</b>		MI 	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>F7670347-72C4-4B7B-B0DE-3982FF61739C</b>
Residential Street Address <b>1160 Townsend Ave</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06512-1931</b>		Date Received <b>09/27/2013</b>
Principal Occupation <b>Lobbyist</b>		Name of Employer <b>Depino Associates Llc</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Kernan</b>		First <b>Gilbert</b>		MI <b>S.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>ACA08919-7409-4D14-901C-A365F7C709CC</b>
Residential Street Address <b>74 Rowayton Ave</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06853-1635</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Director-Business Development</b>		Name of Employer <b>Soluxe Energy Solutions</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	

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 RECEIPTS (Sections A-I)

Page 4 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Jakab</b>		First <b>Carol</b>		MI <b>L.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>3D43FC38-1ABE-43C4-83AC-C815427389A0</b>
Residential Street Address <b>30 Rosedale Cir</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484-2535</b>	Date Received <b>09/20/2013</b>	
Principal Occupation <b>Nurse</b>		Name of Employer <b>Canbridge Manor Health Care</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$125.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>McPherson</b>		First <b>Fillmore</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>EEC22263-A62C-464D-A2BA-D8E54B231BFD</b>
Residential Street Address <b>29 Evarts Ln</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443-2564</b>	Date Received <b>09/24/2013</b>	
Principal Occupation <b>First Selectman</b>		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Bavis</b>		First <b>Louise</b>		MI <b>T.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>9C6A3A62-4B23-4A48-9D32-43EC1F0F059D</b>
Residential Street Address <b>74 Alexander St</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830-6204</b>	Date Received <b>10/02/2013</b>	
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Hrubala</b>		First <b>Rudolph</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>FA49A854-4FEE-450D-9F79-0597E5580378</b>
Residential Street Address <b>252 Budwell ST Unit 10</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040-6464</b>	Date Received <b>09/20/2013</b>	
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Sheehan</b>		First <b>Victoria</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>8CF481CA-DA72-4FE6-9757-C89B57C710C63</b>
Residential Street Address <b>288 Beacon Hill Drive</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410-1701</b>	Date Received <b>10/11/2013</b>	
Principal Occupation <b>Marketing</b>		Name of Employer <b>L'Oreal</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUBTOTAL Section B-This Page

\$500.00

TOTAL of additional Section B Pages

\$42,375.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 5 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Torrano</b>		First <b>Peter</b>		MI <b>K.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>F0554C6C-79B8-4E41-B3 D3-68AD40A9D90B</b>
Residential Street Address <b>104 Dry Hill Rd</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06851-3127</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$200.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Maldonado</b>		First <b>Eva</b>		MI <b>A.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>BB20EF96-C9E9-4F12-A8 86-2CB99C1A3A12</b>
Residential Street Address <b>639 Summer St Apt 15</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06901-1409</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Law Enforcement</b>		Name of Employer <b>City Of Stamford</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$900.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Srinivasan</b>		First <b>Prasad</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>BF37D25F-E949-4529-86 1A-F7BCBB6F87C2</b>
Residential Street Address <b>268 Grandview Drive</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-3946</b>		Date Received <b>09/26/2013</b>
Principal Occupation <b>Legislator</b>		Name of Employer <b>State Of Ct</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Wright</b>		First <b>Jeffrey</b>		MI <b>A.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>04970F73-E302-451D-825 4-80FBB7DD430F</b>
Residential Street Address <b>1925 Huntington Tpke</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-5109</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Contractor</b>		Name of Employer <b>J. A. Wright Co., Inc.</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Jachimczyk</b>		First <b>Michael Charles</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>836F050D-AAC1-451E-92 20-C8E40BA728DE</b>
Residential Street Address <b>40 Wallacks Ln</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-7126</b>		Date Received <b>09/27/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 6 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>McGorty</b>		First <b>Noreen</b>		MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>2CEF91A2-A9EB-4854-9770-FABD7217660F</b>
Residential Street Address <b>3 Wigwam Drive</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484-2453</b>	Date Received <b>10/02/2013</b>	
Principal Occupation <b>Finance</b>		Name of Employer <b>Spruce Pvt. Investors</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Dykas</b>		First <b>Melanie</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>39AC8F22-1AB0-486B-A6A-B4DF28F72709</b>
Residential Street Address <b>221 Saybrook Road</b>		City <b>Higganum</b>		State <b>CT</b>	Zip Code <b>06441-4104</b>	Date Received <b>09/27/2013</b>	
Principal Occupation <b>Attorney</b>		Name of Employer <b>Harloran &amp; Sage LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$75.00</b>	
Last Name <b>Stevenson</b>		First <b>Jayne</b>		MI <b>J.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>79D8059D-B1D6-4A0A-933B-5C1947FB2821</b>
Residential Street Address <b>65 Saint Nicholas Rd</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820-2823</b>	Date Received <b>10/11/2013</b>	
Principal Occupation <b>Selectman</b>		Name of Employer <b>Town Of Darien</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$200.00</b>	
Last Name <b>Donovan</b>		First <b>Patrick</b>		MI <b>F.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>19B1301D-A6A7-4C58-918E-9E89E5F47F5B</b>
Residential Street Address <b>189 Brookwood Ln</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840-3104</b>	Date Received <b>10/11/2013</b>	
Principal Occupation <b>Financial Advisor</b>		Name of Employer <b>Merrill Lynch</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Intrieri</b>		First <b>Michael</b>		MI <b>F.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>3A8C86DD-B799-4C29-B8F5-6A035C977C85</b>
Residential Street Address <b>1 Island Drive Unit 3</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06855-2718</b>	Date Received <b>10/02/2013</b>	
Principal Occupation <b>Educational/R.E. Inventor</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	

SUBTOTAL Section B-This Page

\$450.00

TOTAL of additional Section B Pages

\$42,425.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 7 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Levy</b>		First <b>Allen</b>		MI <b>R.</b>	Method of contribution <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>BF747F61-D74B-42AD-A B17-20C801E2D97B</b>
Residential Street Address <b>19 Fillow St</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880-1218</b>	Date Received <b>09/30/2013</b>	
Principal Occupation <b>Real Estate</b>		Name of Employer <b>Wenconn</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b>				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Aggregate contributions		<b>\$100.00</b>	
Last Name <b>Bacchiochi</b>		First <b>Linda</b>		MI <b>M</b>	Method of contribution <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>A79E6677-10D8-4AA5-B 51724CC1502ER525</b>
Residential Street Address <b>12 Hopyard</b>		City <b>Stafford Springs</b>		State <b>CT</b>	Zip Code <b>06076-1317</b>	Date Received <b>10/02/2013</b>	
Principal Occupation <b>State Representative</b>		Name of Employer <b>State Of Ct</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b>				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Aggregate contributions		<b>\$200.00</b>	
Last Name <b>Brooks</b>		First <b>Frederic</b>		MI <b>H</b>	Method of contribution <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>EC9C5B90-11B3-49DE-A 965-99E9637552C7</b>
Residential Street Address <b>6 Jofran Lane</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830-4706</b>	Date Received <b>09/30/2013</b>	
Principal Occupation <b>Executive</b>		Name of Employer <b>CT Economic Corporation</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b>				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Aggregate contributions		<b>\$100.00</b>	
Last Name <b>Franzese</b>		First <b>Sara</b>		MI <b>A.</b>	Method of contribution <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>D5D171B6-C7F4-4A3C-B 51F-E33F748CBA36</b>
Residential Street Address <b>39 Intervale Rd</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820-3826</b>	Date Received <b>10/02/2013</b>	
Principal Occupation <b>Homemaker</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b>				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Aggregate contributions		<b>\$100.00</b>	
Last Name <b>Millington</b>		First <b>Jamie</b>		MI	Method of contribution <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>E163EEF8-CD9F-4A02-A DD9-E425AABD5B49</b>
Residential Street Address <b>245 Unquowa Road #18</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824-5021</b>	Date Received <b>10/02/2013</b>	
Principal Occupation <b>Police Officer</b>		Name of Employer <b>City Of Shelton</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b>				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Aggregate contributions		<b>\$100.00</b>	

SUBTOTAL Section B-This Page

\$525.00

TOTAL of additional Section B Pages

\$42,350.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 8 of 37

NAME OF COMMITTEE						REPORT TYPE		
Connecticut Republican scc						Form 20		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>		
<b>Subtotal Section A</b>								
<b>B. Itemized Contributions from Individuals</b>								
Last Name <b>Cavallo</b>		First <b>Victor</b>		MI <b>J.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>6295DBC1-C840-4438-8F FA-44B291FA7727</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>186 Rowayton Woods Dr</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06854-3944</b>	Date Received <b>10/14/2013</b>		
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		
Last Name <b>Budkins</b>		First <b>Carmella</b>		MI <b>C.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>03CCE86B-8B1D-4AC8-A 6BB-7D6F81E650DC</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>56 Alexander St</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830-6204</b>	Date Received <b>10/11/2013</b>		
Principal Occupation <b>Town Of Greenwich</b>		Name of Employer <b>Town Clerk</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$200.00</b>		
Last Name <b>Budkins</b>		First <b>Carmella</b>		MI <b>C.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>FF6AD2CB-BE0C-46B2- 8971-E77F68914DBF</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>56 Alexander St</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830-6204</b>	Date Received <b>09/30/2013</b>		
Principal Occupation <b>Town Of Greenwich</b>		Name of Employer <b>Town Clerk</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$200.00</b>		
Last Name <b>Walsh</b>		First <b>John</b>		MI <b>P.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>EC4090A0-EEC7-43F4-99 EC-1498F3A0F05D</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>148 Ramhorne Rd</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840-3007</b>	Date Received <b>09/30/2013</b>		
Principal Occupation <b>Voiceover Actor</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		
Last Name <b>Buchsbaum</b>		First <b>Jason</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>B7700059-8183-45FB-AC 27-EDC0F6DE6353</b>	Amount of Contribution  <b>\$75.00</b>
Residential Street Address <b>291 Dublin Road</b>		City <b>Southbury</b>		State <b>CT</b>	Zip Code <b>06488-1842</b>	Date Received <b>09/30/2013</b>		
Principal Occupation <b>Attorney</b>		Name of Employer <b>Cohen and Wolf PC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$75.00</b>		

SUBTOTAL Section B-This Page

\$475.00

TOTAL of additional Section B Pages

\$42,400.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 9 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Slavin</b>		First <b>Raymond</b>		MI <b>D</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>44650BC3-3C04-4CBD-9FBA-84F355415DC6</b>
Residential Street Address <b>4 McLaren Rd S</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820-3531</b>	Date Received <b>09/27/2013</b>	
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Walko</b>		First <b>Stephen</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>85C80113-0055-4E51-A984-4F0C43A05F99</b>
Residential Street Address <b>7 Charter Oak Ln</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830-6911</b>	Date Received <b>09/30/2013</b>	
Principal Occupation <b>Attorney</b>		Name of Employer <b>Ivey Barnum &amp; O'Mara</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Decker</b>		First <b>John</b>		MI <b>H</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>8A053D5B-3F67-4DCE-9701-D04050F2B93F</b>
Residential Street Address <b>254 S Main St</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-3652</b>	Date Received <b>10/02/2013</b>	
Principal Occupation <b>Wealth Advisor/C.F.P.</b>		Name of Employer <b>Morgan Stanley</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>DeFilippo</b>		First <b>Gary</b>		MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>DC5AE266-D3E8-4F45-B79A-9994FD1C74F1</b>
Residential Street Address <b>43 Perch Rd</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484-1824</b>	Date Received <b>10/11/2013</b>	
Principal Occupation <b>Legislative Aide</b>		Name of Employer <b>State Of Ct</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Burshtein</b>		First <b>Kathryn</b>		MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>98596171-257A-4FEA-8271-0D9C0022F337</b>
Residential Street Address <b>321 Canterbury Lane</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06850</b>	Date Received <b>09/30/2013</b>	
Principal Occupation <b>Business Owner</b>		Name of Employer <b>Beyond IT Support</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUBTOTAL Section B-This Page

\$625.00

TOTAL of additional Section B Pages

\$42,250.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00



## I. MONETARY RECEIPTS (Sections A-I)

Page 10 of 37

NAME OF COMMITTEE						REPORT TYPE		
Connecticut Republican scc						Form 20		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>		
<b>Subtotal Section A</b>								
<b>B. Itemized Contributions from Individuals</b>								
Last Name <b>Chicoine</b>		First <b>Raymond</b>		MI <b>D.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>BA1355E9-98AE-45D5-95</b> <b>64-D9F38C728069</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>93 John Hand Dr</b>		City <b>Coventry</b>		State <b>CT</b>	Zip Code <b>06238-2212</b>		Date Received <b>10/02/2013</b>	
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		
Last Name <b>Browne</b>		First <b>Elizabeth</b>		MI <b>P.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>8B8FFFF5-CC5F-4D36-B</b> <b>068-5DF88D5DCFB8</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>200 Edgewood Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825-1716</b>		Date Received <b>10/02/2013</b>	
Principal Occupation <b>Town Clerk</b>		Name of Employer <b>Town Of Fairfield</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		
Last Name <b>Maslan</b>		First <b>Robert</b>		MI <b>F.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>52B47F12-C97E-4116-A8</b> <b>0E-59163ADD3687</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>28 Douglas Dr</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06850-1729</b>		Date Received <b>10/17/2013</b>	
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self-employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		
Last Name <b>Garity</b>		First <b>Helen</b>		MI <b>B.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>516038CA-B629-4DFE-A</b> <b>0A9-F8F83622D4D5</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>100 Parrott Dr. Unit 1701</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484-4782</b>		Date Received <b>09/27/2013</b>	
Principal Occupation <b>Senior Managing Director</b>		Name of Employer <b>Nexspring Group Llc</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		
Last Name <b>Feigenbaum</b>		First <b>Marion</b>		MI <b>L.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1BF2596F-FFB3-45CC-86</b> <b>3D-9866CAC678C7</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>35 Princes Pine Road</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06850-2210</b>		Date Received <b>10/02/2013</b>	
Principal Occupation <b>Director of Conferences</b>		Name of Employer <b>NYC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		

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 RECEIPTS (Sections A-I)

Page 11 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Gidwani</b>		First <b>David</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>531D9173-780E-46B1-A7 9D-0F2841B9A184</b>
Residential Street Address <b>49 Independence Drive</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484-5954</b>		Date Received <b>10/11/2013</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Oxford WS</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Aggregate contributions <b>\$100.00</b>	
Last Name <b>DeMaso</b>		First <b>Jeffrey</b>		MI <b>A.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>DD4F7632-23E2-4591-92 FA-F0473256F51D</b>
Residential Street Address <b>60 Country Pl</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484-3862</b>		Date Received <b>08/30/2013</b>
Principal Occupation <b>Compliance Counsel</b>		Name of Employer <b>Clayton Services Llc</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Aggregate contributions <b>\$75.00</b>	
Last Name <b>Gagliola</b>		First <b>Lucian</b>		MI <b>C.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>DC98B1F2-E57B-4FC5-B9 A8-9519FF79DC2D</b>
Residential Street Address <b>986 Old Coach Rd</b>		City <b>Orange</b>		State <b>CT</b>	Zip Code <b>06477-1052</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Student</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Aggregate contributions <b>\$75.00</b>	
Last Name <b>Mazza</b>		First <b>Joseph</b>		MI <b>S.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>9B369311-487B-4A64-BB B6-8805D3B5C014</b>
Residential Street Address <b>115 Sugarbush Dr</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437-1221</b>		Date Received <b>09/20/2013</b>
Principal Occupation <b>1st Selectman</b>		Name of Employer <b>Town Of Guilford</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Aggregate contributions <b>\$100.00</b>	
Last Name <b>Moynahan</b>		First <b>Timothy</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>FEF1DB56-A3D3-4454-B 631-4FEAF0B158D</b>
Residential Street Address <b>296 Central Ave</b>		City <b>Wolcott</b>		State <b>CT</b>	Zip Code <b>06716-3005</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Aggregate contributions <b>\$100.00</b>	

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

## I. MONETARY RECEIPTS (Sections A-I)

Page 12 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Krawiecki</b>		First <b>Sharon</b>		MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>86F8893F-32A1-4281-AF75-FD04B7349C8B</b>
Residential Street Address <b>203 Pinehurst Rd</b>		City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06010-2963</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Registrar Of Voters</b>		Name of Employer <b>City Of Bristol</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$200.00</b>	
Last Name <b>Vitali</b>		First <b>Michael</b>		MI <b>T.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>4AAB3818-3A85-42EB-8372-659BD7304F49</b>
Residential Street Address <b>653 N Elm St</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-3233</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Lawyer</b>		Name of Employer <b>Cella-flanagan</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Penkoff</b>		First <b>Cynthia</b>		MI <b>L.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>ABB06C6F-A1AB-4AD7-30CC-264687DF494F</b>
Residential Street Address <b>101 Columbine Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-4600</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Realtor</b>		Name of Employer <b>Caldwell Banker</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Elliott</b>		First <b>Daniel</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>19A8EC1D-4B31-4C38-AFCB-3A108408FB7A</b>
Residential Street Address <b>8 Palmieri Pl</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473-4028</b>		Date Received <b>10/11/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Murtha Cullina Llp</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$75.00</b>	
Last Name <b>Crumbine</b>		First <b>Peter</b>		MI <b>J.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>4912FD1E-02F4-4D68-85E7-5D7470597C07</b>
Residential Street Address <b>3 Copper Beech Rd</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830-4033</b>		Date Received <b>09/20/2013</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$200.00</b>	

SUBTOTAL Section B-This Page

\$600.00

TOTAL of additional Section B Pages

\$42,275.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 13 of 37

NAME OF COMMITTEE						REPORT TYPE		
Connecticut Republican scc						Form 20		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>		
<b>Subtotal Section A</b>								
<b>B. Itemized Contributions from Individuals</b>								
Last Name <b>Michlin</b>		First <b>Rebecca</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>BBAFCFD1-3310-415A-8 680-3B/CFB4219949</b>	Amount of Contribution  <b>\$200.00</b>
Residential Street Address <b>172 Old Farms Rd</b>		City <b>Southington</b>		State <b>CT</b>	Zip Code <b>06489-2754</b>		Date Received <b>09/30/2013</b>	
Principal Occupation <b>Legislative Aide</b>		Name of Employer <b>State Of Ct</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$200.00</b>		
Last Name <b>Coyle</b>		First <b>Eugene</b>		MI <b>F.</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>D19FBB21-C62A-4431-89 D1-CEDDEC506CB</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>15 Echo Dr</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820-3104</b>		Date Received <b>10/02/2013</b>	
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		
Last Name <b>Coates</b>		First <b>Graham</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>FDAC944B-8A8B-4052-B 589-DDF9FFF54F7D</b>	Amount of Contribution  <b>\$75.00</b>
Residential Street Address <b>239 Old Farms Road</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001-2202</b>		Date Received <b>09/30/2013</b>	
Principal Occupation <b>Attorney</b>		Name of Employer <b>Murtha Cullina Llp</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$75.00</b>		
Last Name <b>Sheehan</b>		First <b>Patrick</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>DA994AAC-1BB6-4AFA- A59C-4C837827F96C</b>	Amount of Contribution  <b>\$200.00</b>
Residential Street Address <b>288 Beacon Hill Dr</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410-1701</b>		Date Received <b>09/30/2013</b>	
Principal Occupation <b>Investments</b>		Name of Employer <b>Stifel Nicolaus &amp; Co.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$200.00</b>		
Last Name <b>Simonetti</b>		First <b>Anthony</b>		MI <b>F.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>59649991-762B-4015-B61 6-3D6DB69DICE5</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>6 Hayfield Dr</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484-2177</b>		Date Received <b>10/14/2013</b>	
Principal Occupation <b>Nursing Home Administrator</b>		Name of Employer <b>Marshall Lane Manor</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		

SUBTOTAL Section B-This Page

\$475.00

TOTAL of additional Section B Pages

\$42,400.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 14 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)						\$110.00	
Subtotal Section A							
B. Itemized Contributions from Individuals							
Last Name		First		MI	Method of contribution:		Contribution ID #
Mannion		Arthur		J.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		B15BD9E7-7E9D-4FA3-983-92A16FB56CA1
Residential Street Address		City		State	Zip Code		Date Received
132 Main Street Apt. 304		Danbury		CT	06810-7886		10/11/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Attorney		Self Employed		If yes, list Event #		10213A	
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:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	
						\$100.00	
Last Name		First		MI	Method of contribution:		Contribution ID #
Knight		Doris		F.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		5F66189B-BBB1-4A8F-A88F-B089FAFFC87
Residential Street Address		City		State	Zip Code		Date Received
414 Old Tavern Rd		Orange		CT	06477-3319		09/20/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Office Clerk		Knights Inc		If yes, list Event #		10213A	
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:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	
						\$200.00	
Last Name		First		MI	Method of contribution:		Contribution ID #
Nickerson		William		H.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		B60FEEB9-98BD-4E01-9688-915744F16D5D
Residential Street Address		City		State	Zip Code		Date Received
35 Quail Rd		Greenwich		CT	06831-3322		09/30/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Real Estate		E. A. Hoffman Mgt. Inc.		If yes, list Event #		10213A	
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:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	
						\$100.00	
Last Name		First		MI	Method of contribution:		Contribution ID #
Hennessy		Donal			<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		5F1494A6-DC12-4CF7-A7B9-88090F1646CB
Residential Street Address		City		State	Zip Code		Date Received
64 Pond Road		Stamford		CT	06902-1817		10/11/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Consultant		Self Employed		If yes, list Event #		10213A	
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:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	
						\$100.00	
Last Name		First		MI	Method of contribution:		Contribution ID #
Bellis		Stephen		R.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		CEE0D6C1-A27E-4C0E-979E-5923CA13447F
Residential Street Address		City		State	Zip Code		Date Received
121 Lane St		Shelton		CT	06484-5224		09/27/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Attorney		Pellegrino Law Firm		If yes, list Event #		10213A	
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:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	
						\$100.00	

SUBTOTAL Section B-This Page

\$700.00

TOTAL of additional Section B Pages

\$42,175.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 15 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>B. Itemized Contributions from Individuals</b>							
Last Name		First		MI	Method of contribution		Contribution ID #
Ribas		Francisco		X.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		5B7C1A5A-6C28-4FF2-84 DB-230482BA36A6
Residential Street Address		City		State	Zip Code		Date Received
52 New Shore Rd		Waterford		CT	06385-3609		09/27/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
Civil Engineer		Gannett Fleming Inc.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 10213A			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Last Name		First		MI	Method of contribution		Contribution ID #
Farrell		Lynne		S.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		163D86E1-02EB-47AA-A 230-02C701485463
Residential Street Address		City		State	Zip Code		Date Received
25 Buddington Park		Shelton		CT	06484-5359		10/02/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
Attorney		Farrell, Leslie & Grochowski		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 10213A			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Last Name		First		MI	Method of contribution		Contribution ID #
Williamson		Laurie		E.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		7347B413-747A-45EB-A8 38-C4C3A359D49F
Residential Street Address		City		State	Zip Code		Date Received
2 Tinywood Rd		Darien		CT	06820-2429		10/02/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
Attorney		Self Employed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 10213A			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Last Name		First		MI	Method of contribution		Contribution ID #
Pulitzer		Bert			<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		97C89EE0-DD5A-4FCE-B 655-475322F13AE9
Residential Street Address		City		State	Zip Code		Date Received
51 Forest Avenue		Old Greenwich		CT	06870-1514		10/11/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
Menswear Designer		Self Employed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 10213A			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Last Name		First		MI	Method of contribution		Contribution ID #
McMahon		Linda		E.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		DBFDD879-9AE0-4163-B 44A-478F8F1ACEF3
Residential Street Address		City		State	Zip Code		Date Received
14 Hurlingham Dr		Greenwich		CT	06831-2739		09/23/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
Executive		Self Employed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10,000.00	

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 &amp; B) (Enter total on Line 14 of Summary Page) \$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 16 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Nielsen</b>		First <b>Gerald</b>		MI <b>A.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>C2E78A57-17D3-45D2-83 64-66B137812978</b>
Residential Street Address <b>33 Rocaton Rd</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820-3427</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Commercial Real Estate</b>		Name of Employer <b>The Nielsen Company</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event #</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>10213A</b>	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Aggregate contributions <b>\$100.00</b>	
Last Name <b>Serenbetz</b>		First <b>Paul</b>		MI <b>H.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>B06136B7-1789-458C-B1 3B-3998F9C1D3876</b>
Residential Street Address <b>100 York St Apt 17P</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511-5644</b>		Date Received <b>09/26/2013</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Clinton Bd. Of Ed.</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event #</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>10213A</b>	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Aggregate contributions <b>\$100.00</b>	
Last Name <b>Cowperthwait</b>		First <b>Scott</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>3D9BEEFD-D7D8-4920-9 830-25EE71E9BB9C</b>
Residential Street Address <b>110 Wakefield St</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06517-1329</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Shipman &amp; Goodwin</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event #</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>10213A</b>	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Aggregate contributions <b>\$75.00</b>	
Last Name <b>Ruppar</b>		First <b>Kate</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>3D516B57-4A11-4240-83 FF-C6E59A78694F</b>
Residential Street Address <b>37 Old Mill Ct</b>		City <b>Simsbury</b>		State <b>CT</b>	Zip Code <b>06070-1952</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Communications Specialist</b>		Name of Employer <b>Murtha Cullina Llp</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event #</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>10213A</b>	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Aggregate contributions <b>\$75.00</b>	
Last Name <b>Williams</b>		First <b>Christopher</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>6D59DEB9-3DC2-456A-9 6DC-4B27F87CF7F2</b>
Residential Street Address <b>496 Fern Street</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107-1408</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Conway Stoughton LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event #</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>10213A</b>	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Aggregate contributions <b>\$75.00</b>	

SUBTOTAL Section B-This Page

\$475.00

TOTAL of additional Section B Pages

\$42,400.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00



## I. MONETARY RECEIPTS (Sections A-I)

Page 17 of 37

NAME OF COMMITTEE						REPORT TYPE		
Connecticut Republican scc						Form 20		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>		
<b>Subtotal Section A</b>								
<b>B. Itemized Contributions from Individuals</b>								
Last Name <b>Palen</b>		First <b>James</b>		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1AEEC7C8-39E1-40BC-8C76-BC010048348B</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>45 Brookside Rd</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820-3504</b>	Date Received <b>10/02/2013</b>		
Principal Occupation <b>Banking</b>		Name of Employer <b>Jeffries LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		
Last Name <b>Whittemore</b>		First <b>Edward</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>8891B8D5-3803-434A-9A73-2157DC2C2941</b>	Amount of Contribution  <b>\$75.00</b>
Residential Street Address <b>53 Westwood Road</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117-2253</b>	Date Received <b>09/30/2013</b>		
Principal Occupation <b>Partner</b>		Name of Employer <b>Murtha Cullina Llp</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$75.00</b>		
Last Name <b>McArdle</b>		First <b>Laurie</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0ACA4B96-BB91-48C1-A3BA-68873B2D4380</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>267 Brookbend Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824-3831</b>	Date Received <b>09/30/2013</b>		
Principal Occupation <b>Homemaker</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		
Last Name <b>Nolan</b>		First <b>Peter</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>D79265E9-94A0-428C-9BEE-F85F4DA92A91</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>2 Douglas Dr 6855</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06850-1730</b>	Date Received <b>10/02/2013</b>		
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		
Last Name <b>Zawistowski</b>		First <b>Tami</b>		MI <b>W</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>63AD6304-AEEF-48C2-A37C-B718A6B173C2</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>11 Seymour Rd</b>		City <b>East Granby</b>		State <b>CT</b>	Zip Code <b>06026-9602</b>	Date Received <b>10/01/2013</b>		
Principal Occupation <b>Bookseller</b>		Name of Employer <b>Resource Books Llc</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		

SUBTOTAL Section B-This Page

\$500.00

TOTAL of additional Section B Pages

\$42,375.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 18 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Robins</b>		First <b>Robert</b>		MI <b>S.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1ABA3626-C71E-4B28-B0B8-C828EC5FA2F5</b>
Residential Street Address <b>25 West Elm Drive #16</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830-6469</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Lumaj</b>		First <b>Pjerin</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>31AB9EC9-CAA6-48A2-B0CA-24A63AC5A827</b>
Residential Street Address <b>745 Mill Plain Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824-3806</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Viscogliosi</b>		First <b>Anthony</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>CDB94253-C360-46E1-8959-93CA06F4A80F</b>
Residential Street Address <b>505 Park Ave #14</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10022-1106</b>		Date Received <b>10/04/2013</b>
Principal Occupation <b>Principal</b>		Name of Employer <b>Viscogliosi Brothers</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Turner</b>		First <b>Mary Ann</b>		MI <b>R.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>275CA593-D4AA-45DE-B3A-2121CCA1130F</b>
Residential Street Address <b>7 Meadow Rd</b>		City <b>Enfield</b>		State <b>CT</b>	Zip Code <b>06082-6003</b>		Date Received <b>09/27/2013</b>
Principal Occupation <b>Self Employed</b>		Name of Employer <b>Projects Unlimited</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Coudert</b>		First <b>Virginia</b>		MI <b>B.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>24357AC3-9516-4298-A3EC-22E9A6F6BC7</b>
Residential Street Address <b>1 Putnam Hill 3A</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830-5702</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUBTOTAL Section B-This Page \$475.00

TOTAL of additional Section B Pages \$42,400.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page) \$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 19 of 37

NAME OF COMMITTEE						REPORT TYPE		
Connecticut Republican scc						Form 20		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>		
<b>B. Itemized Contributions from Individuals</b>								
Last Name <b>Klarides</b>		First <b>Themis</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>D0E84AE8-31EB-4068-B5C2-9BB95151R4D4</b>	Amount of Contribution  <b>\$500.00</b>
Residential Street Address <b>23 East Ct</b>		City <b>Derby</b>		State <b>CT</b>	Zip Code <b>06418-2640</b>		Date Received <b>09/30/2013</b>	
Principal Occupation <b>Attorney/Legislator</b>		Name of Employer <b>Self Employed/st Of Ct</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$500.00</b>		
Last Name <b>Lycksell</b>		First <b>Lucas</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>DF2B2AB2-1AD7-4D0F-3DA5-7B9D9D86710D</b>	Amount of Contribution  <b>\$75.00</b>
Residential Street Address <b>266 Pearl Street</b>		City <b>Hartford</b>		State <b>CT</b>	Zip Code <b>06103-2004</b>		Date Received <b>10/11/2013</b>	
Principal Occupation <b>Law Clerk</b>		Name of Employer <b>Murtha Cullina Llp</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$75.00</b>		
Last Name <b>Laudonia</b>		First <b>Anthony</b>		MI <b>T.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>06EC1531-E6A5-4D46-8772-F0242F5F58F3</b>	Amount of Contribution  <b>\$300.00</b>
Residential Street Address <b>6 Caroline Farms Rd Unit 3</b>		City <b>Cos Cob</b>		State <b>CT</b>	Zip Code <b>06807-2232</b>		Date Received <b>09/30/2013</b>	
Principal Occupation <b>Tax Collector</b>		Name of Employer <b>Town Of Greenwich</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$300.00</b>		
Last Name <b>Wolk</b>		First <b>Walter</b>		MI <b>A.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>E3F0209C-F027-4385-8592-3DCBE74713A9</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>140 Middle River Rd</b>		City <b>Danbury</b>		State <b>CT</b>	Zip Code <b>06811-4338</b>		Date Received <b>10/02/2013</b>	
Principal Occupation <b>Manager</b>		Name of Employer <b>Intersurface Dynamics Incorporated</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		
Last Name <b>Hayes</b>		First <b>Brent</b>		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>23B02A82-6AA5-4A21-B024-F167A519D812</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>6 Overbrook Lane</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830</b>		Date Received <b>10/02/2013</b>	
Principal Occupation <b>Hedge Fund/Marketing</b>		Name of Employer <b>Basso Capital Management</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		

SUBTOTAL Section B-This Page

\$650.00

TOTAL of additional Section B Pages

\$42,225.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 20 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>B. Itemized Contributions from Individuals</b>							
Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
Boughton		Mark	D.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		B3E1A8B-1270-4F80-8A A7-F14799D0D816	
Residential Street Address		City		State	Zip Code	Date Received	\$100.00
23 Alan Ave		Danbury		CT	06811-4712	10/14/2013	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mayor		City Of Danbury		If yes, list Event #		10213A	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
Silhavey		Christopher Edward		<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		ECF50912-BD80-48EF-9C F4-27F66F4C5F66	
Residential Street Address		City		State	Zip Code	Date Received	\$250.00
111 Hickory Woods Ln		Stratford		CT	06614-1609	09/30/2013	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Computer Analyst		At & T		If yes, list Event #		10213A	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
Schoonmaker		Carolyn	P.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		2737F9D7-4C15-4E89-87 BB-372AF66739F3	
Residential Street Address		City		State	Zip Code	Date Received	\$100.00
231 Old Kings Hwy S		Darien		CT	06820-5931	09/24/2013	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Housewife		None		If yes, list Event #		10213A	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
Hoheb		Christian	R.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		95B56AD0-6CDD-49B7-B 699-6CF7CAF268F0	
Residential Street Address		City		State	Zip Code	Date Received	\$250.00
314 Main St		Farmington		CT	06032-2961	09/30/2013	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Attorney		Self Employed		If yes, list Event #		10213A	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
Pavia		John	P.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		E0F1E980-125E-4391-A5 0C4D09871AF8FC	
Residential Street Address		City		State	Zip Code	Date Received	\$100.00
311 Silver Hill Rd		Easton		CT	06612-1119	10/02/2013	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Attorney		Self Employed		If yes, list Event #		10213A	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 21 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Dean</b>		First <b>Martha</b>		MI <b>A.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>AE626DB3-79EC-426B-B54F-59630A3132B5</b>
Residential Street Address <b>144 Reverknolls</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001-2037</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self-employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Dadakakis</b>		First <b>Edward</b>		MI <b>D.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>3ACE6550-61B5-4CC2-99D2-838039852AF2</b>
Residential Street Address <b>81 Mallard Dr</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830-6708</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Broker</b>		Name of Employer <b>Aon Risk Services Inc Of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Clark</b>		First <b>Marianne A. Landers</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>D3D9DF56-EA41-499F-877A-F1D8B448F6A7</b>
Residential Street Address <b>100 Westland Rd</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001-2349</b>		Date Received <b>09/20/2013</b>
Principal Occupation <b>Marketing</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Gerard</b>		First <b>Scott</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>8D06A6D1-CF37-4E54-9B50-8906180D7225</b>
Residential Street Address <b>165 High Point Lane</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824-2063</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Lawyer</b>		Name of Employer <b>Murtha Cullina Llp</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$75.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Bisbikos</b>		First <b>Andreas</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>76975E07-A93F-4CC5-A788-419DDCF40DD6</b>
Residential Street Address <b>155 Standish Road</b>		City <b>Colchester</b>		State <b>CT</b>	Zip Code <b>06415-2219</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Social Studies Teacher</b>		Name of Employer <b>Windham Middle School</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUBTOTAL Section B-This Page

\$600.00

TOTAL of additional Section B Pages

\$42,275.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 22 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Fers</b>		First <b>Patricia</b>		MI <b>J.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>194C6629-0A90-4CC9-B45A-F818D3A1C296</b>
Residential Street Address <b>28 W Brookside Ave</b>		City <b>Ansonia</b>		State <b>CT</b>	Zip Code <b>06401-1326</b>		Date Received <b>09/24/2013</b>
Principal Occupation <b>Paralegal Specialist II</b>		Name of Employer <b>State Of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Healy</b>		First <b>Christopher</b>		MI <b>C.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1FD6FC07-4B68-466D-B907-C8A272F9201C</b>
Residential Street Address <b>27 Dorchester Rd</b>		City <b>Wethersfield</b>		State <b>CT</b>	Zip Code <b>06109-2320</b>		Date Received <b>09/19/2013</b>
Principal Occupation <b>Business Manager</b>		Name of Employer <b>Summit Financial</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>DeRiso</b>		First <b>Margaret Jane</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>621C8FC-A47D-4040-BFEC-D752B63F1DE9</b>
Residential Street Address <b>12 Jericho Dr</b>		City <b>Old Lyme</b>		State <b>CT</b>	Zip Code <b>06371-1326</b>		Date Received <b>09/20/2013</b>
Principal Occupation <b>Analyst</b>		Name of Employer <b>N/a</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Kriskey</b>		First <b>Richard</b>		MI <b>F.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>64ED7D74-07B3-44B3-97B9-88C5E5569F95</b>
Residential Street Address <b>8 Osceola Dr</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830-7228</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Managing Member</b>		Name of Employer <b>Livingston Builders Llc</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Testani</b>		First <b>Jack</b>		MI <b>H.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>9A7640D2-4046-4CA5-AF7E-8BE9120C59E3</b>
Residential Street Address <b>50 Cranbury Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-1413</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>New Business Director</b>		Name of Employer <b>Icon International</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$200.00</b>	

SUBTOTAL Section B-This Page

\$600.00

TOTAL of additional Section B Pages

\$42,275.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 23 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Kelly</b>		First <b>Kevin</b>		MI <b>C.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>04461057-233A-462A-996 A4DFC083F5DR9</b>
Residential Street Address <b>240 York St</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06615-7952</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Kevin Kelly &amp; Associates</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Knag</b>		First <b>Paul</b>		MI <b>E.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>44DD3CD7-EF3C-495A-8 8AE-BRA563ER54RA</b>
Residential Street Address <b>27 Miller Rd</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820-3015</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Murtha Cullina Pinney &amp; Richt</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$75.00</b>	
Last Name <b>Massaro</b>		First <b>Carl</b>		MI <b>A.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>265BF1EF-D44D-460D-B 746-630A0158FEDR</b>
Residential Street Address <b>61 Wedgewood Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-1638</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Shapiro</b>		First <b>Jonathan</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>2666C8D3-5A52-4EEC-9 B02-FDF834618F9C</b>
Residential Street Address <b>150 Monarca Drive</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457-7114</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$75.00</b>	
Last Name <b>Bertram</b>		First <b>Elana</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>10AF07E1-13E7-430E-8E 7E-7694E7FC590R</b>
Residential Street Address <b>4 Windy Woods</b>		City <b>Newtown</b>		State <b>CT</b>	Zip Code <b>06470-1029</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Hawley Legal Resources LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$150.00</b>	

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 &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00



## I. MONETARY RECEIPTS (Sections A-I)

Page 24 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Welch</b>		First <b>Thomas</b>		MI <b>J.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>016D259B-41C2-41CB-8D61-9707E0D9E7B6</b>
Residential Street Address <b>47 Old Shelton Rd</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484-2802</b>		Date Received <b>09/24/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Welch, teodosio, stanek &amp; Blake</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Grace</b>		First <b>Linda</b>		MI <b>A.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>802B9095-5D12-4129-AF42-125B2F480A98</b>
Residential Street Address <b>793 Broadbridge Rd</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06610-1259</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Registrar Of Voters</b>		Name of Employer <b>City Of Bridgeport</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>	
Last Name <b>McNiff</b>		First <b>Audrey</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>10138EC4-CEA0-40D1-8D4C-0F47201123C87</b>
Residential Street Address <b>102 Zaccheus Mead Ln</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06831-3751</b>		Date Received <b>09/27/2013</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$250.00</b>	
Last Name <b>Lilienthal</b>		First <b>Sal</b>		MI <b>S.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>89E626E2-0444-449A-B4D1-31A9F344F740</b>
Residential Street Address <b>9 Bridge Street</b>		City <b>Kent</b>		State <b>CT</b>	Zip Code <b>06757-1319</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Bicycle Tour Company</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$200.00</b>	
Last Name <b>Lilienthal</b>		First <b>Sal</b>		MI <b>S.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>6F2F3882-B9CE-478C-B692-22DACA646407F</b>
Residential Street Address <b>9 Bridge Street</b>		City <b>Kent</b>		State <b>CT</b>	Zip Code <b>06757-1319</b>		Date Received <b>09/27/2013</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Bicycle Tour Company</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$200.00</b>	

SUBTOTAL Section B-This Page

\$475.00

TOTAL of additional Section B Pages

\$42,400.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 25 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Miller</b>		First <b>Sheldon</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 3463D65C-9240-41CF-AF 69-CBD4737CF026
Residential Street Address <b>2 Pumpkin Lane</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06851-1420</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Wilson Foley</b>		First <b>Lisa</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 7C4DDCB4-121D-464E-9 E0C-B0A87BDB7261
Residential Street Address <b>76 Hartford Rd</b>		City <b>Simsbury</b>		State <b>CT</b>	Zip Code <b>06070-2508</b>		Date Received <b>10/10/2013</b>
Principal Occupation <b>President/CEO</b>		Name of Employer <b>Allstar Therapy Llc</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$5,500.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>McCarthy</b>		First <b>David</b>		MI <b>T.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # F006BD3B-D3A1-41BC-8 78D-FF1F4BF1EDF4
Residential Street Address <b>38 Nearwater Rd</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06853-1715</b>		Date Received <b>09/27/2013</b>
Principal Occupation <b>Capital Markets</b>		Name of Employer <b>Ibm</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Handrinos</b>		First <b>Alexandra</b>		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1CF9DAED-C8F1-4DA2- 3C05-723775BDEFA7
Residential Street Address <b>28 Anson Road</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06850-1427</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Homemaker</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Lavielle</b>		First <b>Gail M.</b>		MI <b>L.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # F0096439-1049-441A-BD 17-2D12CDB6F311
Residential Street Address <b>109 Hickory Hill Rd</b>		City <b>Wilton</b>		State <b>CT</b>	Zip Code <b>06897-1135</b>		Date Received <b>09/20/2013</b>
Principal Occupation <b>State Representative</b>		Name of Employer <b>State Of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUBTOTAL Section B-This Page

\$475.00

TOTAL of additional Section B Pages

\$42,400.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 26 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Knott</b>		First <b>Andrew</b>		MI <b>S.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>F0380E7B-0012-4795-A25 7-D309CB7F98FC</b>
Residential Street Address <b>19 Florence Ave</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06512-3944</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Knott &amp; Knott LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$75.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Morris</b>		First <b>John</b>		MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>E72AF878-A335-4FD1-B CA9-C911D6417942</b>
Residential Street Address <b>3533 Hall Meadow Rd Gosh</b>		City <b>Norfolk</b>		State <b>CT</b>	Zip Code <b>06058-1376</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Insurance Agent</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$200.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Corvo</b>		First <b>Brian</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>3202FE68-EDB3-4D48-93 8A-2DFCDDCC7A64</b>
Residential Street Address <b>46 Copper Beech Drive</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067-1837</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Jozus, Milardo, Thomasson</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$75.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Lyons</b>		First <b>Elizabeth</b>		MI <b>A.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>99AA8478-40FD-40B9-A4 31-A8AA064AACF0</b>
Residential Street Address <b>5 Raymond Ln</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06855-2804</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Insurance Producer</b>		Name of Employer <b>James P. Murphy &amp; Associates</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Boucher</b>		First <b>Antonietta</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>A6A54C75-DF28-46CC-9 173-4A70AE59165F</b>
Residential Street Address <b>5 Wicks End Ln</b>		City <b>Wilton</b>		State <b>CT</b>	Zip Code <b>06897-2633</b>		Date Received <b>09/26/2013</b>
Principal Occupation <b>State Senator/director</b>		Name of Employer <b>State Of Ct/common Fund</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUBTOTAL Section B-This Page

\$700.00

TOTAL of additional Section B Pages

\$42,175.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 27 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Cafero</b>		First <b>Lawrence</b>		MI <b>F.</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>D091DCEA-98B2-41AA-85A9-5787D3210F2C</b>
Residential Street Address <b>6 Weed Ave</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06850-2224</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Legislator/Attorney</b>		Name of Employer <b>State of CT/Brown Rudnick</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Fitzpatrick</b>		First <b>Michael</b>		MI <b>T.</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>96687B9B-223D-45AC-9398-6A0DA43AACAO</b>
Residential Street Address <b>271 Georgetown Dr</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033-2345</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Garrett</b>		First <b>Michael</b>		MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>F4B9EFA9-BB75-4A3B-9F40-5BD11377E18R</b>
Residential Street Address <b>49 Weber Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06610-3062</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Diesel</b>		First <b>Thomas</b>		MI <b>A.</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>A9C2AF9C-CC45-4E8F-8921-ED24D2D99F5F</b>
Residential Street Address <b>21 Willow Street</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-2336</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Marketing</b>		Name of Employer <b>Norwalk Redevelopment</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Cockayne</b>		First <b>Kenneth</b>		MI <b>B.</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>88BCD4C3-83C4-4EF8-85-DB3790373ERD</b>
Residential Street Address <b>36 Allen St</b>		City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06010-6431</b>		Date Received <b>09/27/2013</b>
Principal Occupation <b>Insurance Sales</b>		Name of Employer <b>Brokers Advanced Concepts</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUBTOTAL Section B-This Page

\$450.00

TOTAL of additional Section B Pages

\$42,425.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 28 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Bradley</b>		First <b>Mary</b>		MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>3709FC00-8FE8-40AF-87 ID-9CBDE20761C1</b>
Residential Street Address <b>27 Laurel Rd</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06517-4019</b>		Date Received <b>09/27/2013</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$200.00</b>	
Last Name <b>Cenami Sr.</b>		First <b>Richard</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>4FC39CF8-C284-4929-AB FE-9383554676FC</b>
Residential Street Address <b>355 Miles Rd</b>		City <b>Orange</b>		State <b>CT</b>	Zip Code <b>06477-3309</b>		Date Received <b>09/23/2013</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Roberts</b>		First <b>Laura A. Gregory</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>E9520079-E93B-49C4-B5 76-BFA7BC2950F7</b>
Residential Street Address <b>74 Nedwied Rd</b>		City <b>Tolland</b>		State <b>CT</b>	Zip Code <b>06084-4037</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>St. Francis Hospital</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
Last Name <b>Perillo</b>		First <b>Jason</b>		MI <b>D.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>F5F23EB6-5D2B-43C6-A 9CA-RDRAE447D9F77</b>
Residential Street Address <b>454 Coram Ave</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484-3133</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Legislator</b>		Name of Employer <b>State Of Ct</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
Last Name <b>DeSorbo</b>		First <b>Arthur</b>		MI <b>L.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>I2B4A346-7DCE-432C-8 DDE-074DDE6AF4DE</b>
Residential Street Address <b>494 Silver Sands Rd</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512-4129</b>		Date Received <b>10/14/2013</b>
Principal Occupation <b>Admin. Asst. To The Mayor</b>		Name of Employer <b>Town Of East Haven</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	

SUBTOTAL Section B-This Page

\$475.00

TOTAL of additional Section B Pages

\$42,400.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 29 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Proto</b>		First <b>Benjamin</b>		MI <b>S.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>B6C7F704-EF4D-4D43-9C21-E3A121A18792</b>
Residential Street Address <b>2090 Cutspring Rd</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614-8938</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b>				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Aggregate contributions						<b>\$100.00</b>	
Last Name <b>Kiley</b>		First <b>Kevin</b>		MI <b>P.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>9A71BF53-6D72-4B93-A632-78F4660604FFA</b>
Residential Street Address <b>237 Steiner Street</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825-2460</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>V.p. Finance</b>		Name of Employer <b>MAS</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b>				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Aggregate contributions						<b>\$100.00</b>	
Last Name <b>Katz</b>		First <b>Edward</b>		MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>4861F512-672B-4ADB-8630-098B5C157F0C</b>
Residential Street Address <b>15 Rockyfield Rd</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880-2202</b>		Date Received <b>10/11/2013</b>
Principal Occupation <b>Marketing &amp; Media Consultant</b>		Name of Employer <b>Katnip Marketing Llc</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b>				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Aggregate contributions						<b>\$100.00</b>	
Last Name <b>Osterndorf</b>		First <b>William</b>		MI <b>P.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>FB706D3A-8D1E-4527-A73A-39C09BC61BCC</b>
Residential Street Address <b>18 Fairty Drive</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840-6239</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b>				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Aggregate contributions						<b>\$100.00</b>	
Last Name <b>O'Hara</b>		First <b>James</b>		MI <b>Tt</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>214EC9AE-3C75-4E3A-8B54-4D8A89D09D2F</b>
Residential Street Address <b>382 White Oak Shade Rd</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840-6929</b>		Date Received <b>09/30/2013</b>
Principal Occupation <b>Financial Service Intermediary</b>		Name of Employer <b>Omnicap Llc</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b>				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Aggregate contributions						<b>\$250.00</b>	

SUBTOTAL Section B-This Page

\$650.00

TOTAL of additional Section B Pages

\$42,225.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 30 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>B. Itemized Contributions from Individuals</b>							
Last Name Coyle		First Kerrin		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # C971EB20-0170-4878-9D 0D-32E6E6407901
Residential Street Address 24 Sinawoy Road		City Cos Cob		State CT	Zip Code 06807-2324		Date Received 09/30/2013
Principal Occupation Investment Advisor		Name of Employer Wells Fargo Advisors		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 10213A		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions \$100.00	
Last Name Hoeing		First Laura		MI A.	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # DEE85E10-B8AC-42EB-B F2E-D6B65F81C7FD
Residential Street Address 97 Hopewell Woods Road		City Redding		State CT	Zip Code 06896-1727		Date Received 09/20/2013
Principal Occupation Homemaker		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 10213A		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions \$200.00	
Last Name Goldfarb		First Michael		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # F97AF9D8-440E-439B-A6 DE-B591D4A248AC
Residential Street Address 40 Westcliff Dr		City West Hartford		State CT	Zip Code 06117-1028		Date Received 09/27/2013
Principal Occupation Attorney		Name of Employer Murtha Cullina Llp		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 10213A		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions \$75.00	
Last Name Martone		First Michael		MI J.	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 74B08077-35E5-401B-97 A4-830F09B767CF
Residential Street Address 30 Charter Oak Dr		City Cheshire		State CT	Zip Code 06410-1057		Date Received 09/30/2013
Principal Occupation Government Relations/Lobbyist		Name of Employer Murtha Cullina Richter & Pinne		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 10213A		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions \$100.00	
Last Name Truebner		First Peter		MI L.	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 614DA28F-549F-477E-9B DC-2FC864325535
Residential Street Address 95 Pembroke Rd		City Darien		State CT	Zip Code 06820-2221		Date Received 10/02/2013
Principal Occupation Attorney		Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 10213A		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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 &amp; B) (Enter total on Line 14 of Summary Page) \$42,985.00



## I. MONETARY RECEIPTS (Sections A-I)

Page 31 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Wood</b>		First <b>Terrie</b>		MI <b>E.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>046004BB-4B23-4C5E-84F5-DE92C7BE1BF0</b>
Residential Street Address <b>50 Saint Nicholas Rd</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820-2823</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>State Representative</b>		Name of Employer <b>State Of Ct</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
Last Name <b>McKinney</b>		First <b>John</b>		MI <b>P.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>F26DD27B-41C2-4CB6-85B1-F1C9FCDD56EB</b>
Residential Street Address <b>986 S Pine Creek Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824-6348</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Senator</b>		Name of Employer <b>State Of Conn</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$200.00</b>	
Last Name <b>Kelsey</b>		First <b>J.</b>		MI <b>D.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>81F73279-2CC2-47FC-AA87-6BFB9DA355E3</b>
Residential Street Address <b>3 Lake Dr</b>		City <b>Old Lyme</b>		State <b>CT</b>	Zip Code <b>06371-1212</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>Owner-Principal</b>		Name of Employer <b>Hamilton Point Investments</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
Last Name <b>McMahon</b>		First <b>Vincent</b>		MI <b>K.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>S62952F7-2A9F-420E-A819-9F444546C015</b>
Residential Street Address <b>14 Hurlingham Dr</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06831-2739</b>		Date Received <b>09/23/2013</b>
Principal Occupation <b>Chairman &amp; CEO</b>		Name of Employer <b>Wwe Inc.</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event #</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$10,000.00</b>	
Last Name <b>Shaban</b>		First <b>John</b>		MI <b>T.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0BCBBE0-E53D-43DA-8297-F706485B19C6</b>
Residential Street Address <b>29 Ledgewood Rd</b>		City <b>Redding</b>		State <b>CT</b>	Zip Code <b>06896-2916</b>		Date Received <b>10/02/2013</b>
Principal Occupation <b>State Rep/lawyer</b>		Name of Employer <b>State Of Ct/whitman Breed</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	

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 &amp; B) (Enter total on Line 14 of Summary Page) \$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 32 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>B. Itemized Contributions from Individuals</b>							
Last Name DeDominicis		First Enzo		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 142B1A95-A55C-4AF4-927A-C196648CFB96
Residential Street Address 5 Hatters Ln		City Farmington		State CT	Zip Code 06032-2331		Date Received 07/08/2013
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$100.00	
Last Name Hess		First Karen		MI C.	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 5131DB07-91A2-45DE-B9C4-F9EA035A2DB7
Residential Street Address 11 Charcoal Hill Rd		City Westport		State CT	Zip Code 06880-1633		Date Received 09/30/2013
Principal Occupation N/a		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 10213A			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$250.00	
Last Name Walker		First David		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 9CFF7A6C-5840-49BF-A63-AD9E0D997FB3
Residential Street Address 37 Beacon Street		City Bridgeport		State CT	Zip Code 06605-3404		Date Received 10/11/2013
Principal Occupation CPA		Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 10213A			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$200.00	
Last Name Santiago		First F. Anthony		MI A.	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 80B7809-DDAF-433B-8456-F5B96527FA41
Residential Street Address 72-1 Cove Road		City Old Lyme		State CT	Zip Code 06371-3443		Date Received 09/27/2013
Principal Occupation Regional Strategic Operations		Name of Employer Holiday Retirement		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 10213A			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$100.00	
Last Name Phelps		First S.		MI D.	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 247EC9ED-7367-4DC1-A723-A2C19FAR746A
Residential Street Address 16 Fox Run Lane		City Middletown		State CT	Zip Code 06457		Date Received 10/02/2013
Principal Occupation Director Of External		Name of Employer Updike Kelly & Spellacy		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 10213A			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$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 &amp; B) (Enter total on Line 14 of Summary Page) \$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 33 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Romeo</b>		First <b>Mary</b>		MI <b>B.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>A065EBE7-11AB-4DBF-9 8AF-2847DB35007C</b>
Residential Street Address <b>7 Neighborly Way</b>		City <b>Riverside</b>		State <b>CT</b>	Zip Code <b>06878-1005</b>	Date Received <b>09/30/2013</b>	
Principal Occupation <b>Self Employed</b>		Name of Employer <b>Command Packaging Supply Company</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$200.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Dowin</b>		First <b>Richard</b>		MI <b>E.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>21615597-9353-431A-853 3-8DF388347C8F</b>
Residential Street Address <b>554 Merwin Ave</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460-7111</b>	Date Received <b>09/23/2013</b>	
Principal Occupation <b>A/A Registrar Of Voters</b>		Name of Employer <b>City Of Milford</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Klapatch</b>		First <b>Eleanore</b>		MI <b>K.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>2924A3FA-6017-4E0D-A3 34-4B01CDE59745</b>
Residential Street Address <b>44 Arbor Ct</b>		City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06010-3201</b>	Date Received <b>09/30/2013</b>	
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Johnson</b>		First <b>Clifford</b>		MI <b>S.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>E10677F2-6339-4A84-94E 2-391CC78C6477</b>
Residential Street Address <b>PO Box 764</b>		City <b>Old Lyme</b>		State <b>CT</b>	Zip Code <b>06371-0764</b>	Date Received <b>10/14/2013</b>	
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$125.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name <b>Johnson</b>		First <b>Clifford</b>		MI <b>S.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>DD515ED7-5FA3-4F22-9 839-291F8F89174D</b>
Residential Street Address <b>PO Box 764</b>		City <b>Old Lyme</b>		State <b>CT</b>	Zip Code <b>06371-0764</b>	Date Received <b>10/11/2013</b>	
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <b>If yes, list Event # 10213A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <b>If yes, indicate which branch or branches of government the contract is with:</b> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions <b>\$125.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUBTOTAL Section B-This Page

\$625.00

TOTAL of additional Section B Pages

\$42,250.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 34 of 37

NAME OF COMMITTEE						REPORT TYPE		
Connecticut Republican scc						Form 20		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>		
<b>B. Itemized Contributions from Individuals</b>								
Last Name <b>Dunsby</b>		First <b>Adam</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>9B8BE825-998C-45EF-89 32-C71F6D671455</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>65 Redding Rd</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612-1521</b>		Date Received <b>09/27/2013</b>	
Principal Occupation <b>Finance</b>		Name of Employer <b>Summer Haven Investment Mgmt.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$350.00</b>		
Last Name <b>Dunsby</b>		First <b>Adam</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>77BE045B-7173-4E53-B9 8A-41DB87C17F05</b>	Amount of Contribution  <b>\$250.00</b>
Residential Street Address <b>65 Redding Rd</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612-1521</b>		Date Received <b>08/01/2013</b>	
Principal Occupation <b>Finance</b>		Name of Employer <b>Summer Haven Investment Mgmt.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$350.00</b>		
Last Name <b>Betts</b>		First <b>George Whitefield</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>EEDADF5D-BCF0-4AD1- 832C-76128AC7B70F</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>1924 Perkins St</b>		City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06010-8924</b>		Date Received <b>09/24/2013</b>	
Principal Occupation <b>Legislator</b>		Name of Employer <b>State Of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		
Last Name <b>Ashton</b>		First <b>Philip</b>		MI <b>T.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>03D3FFBC-21C7-4161-A8 AF-CA4DBA8AD22A</b>	Amount of Contribution  <b>\$250.00</b>
Residential Street Address <b>39 Daffodil Ln</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450-3512</b>		Date Received <b>10/03/2013</b>	
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$250.00</b>		
Last Name <b>Pyne</b>		First <b>Warner</b>		MI <b>C.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0E54AFFC-DF43-406C-9 ED5-0C6D9DC9BB20</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>162 Center Rd</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525-1838</b>		Date Received <b>09/13/2013</b>	
Principal Occupation <b>Sales Manager</b>		Name of Employer <b>Kryon Systems</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		

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 &amp; B) (Enter total on Line 14 of Summary Page) \$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 35 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>B. Itemized Contributions from Individuals</b>							
Last Name	First	MI	Method of contribution:		Contribution ID #	Amount of Contribution	
Tracy	Gina	R.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		59FF1FA6-BDB0-4FB0-85CA-B4B780D128D7	\$100.00	
Residential Street Address		City		State	Zip Code	Date Received	
31 Water Lily Lane		Guilford		CT	06437-1232	10/02/2013	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
None		None		If yes, list Event #		10213A	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$100.00	
Last Name	First	MI	Method of contribution:		Contribution ID #	Amount of Contribution	
Delisle	Joseph	H.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		E4555BEB-AC6E-422C-82ER-5EADFDCCD716	\$100.00	
Residential Street Address		City		State	Zip Code	Date Received	
218 Green Manor Ter		Windsor Locks		CT	06096-2714	09/27/2013	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Tax Collector		Town Of Windsor		If yes, list Event #		10213A	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$100.00	
Last Name	First	MI	Method of contribution:		Contribution ID #	Amount of Contribution	
Bewkes	Robert	D.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		2CEA07A1-EF02-4FCA-831F-881BB7E06113	\$100.00	
Residential Street Address		City		State	Zip Code	Date Received	
1 Wheat Ln		Darien		CT	06820-2430	09/30/2013	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Real Estate Sales		Kelly Associates		If yes, list Event #		10213A	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$100.00	
Last Name	First	MI	Method of contribution:		Contribution ID #	Amount of Contribution	
Knauf	Irene	Ri	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		C817AC30-85A3-4DCC-95AD-1615373831CA	\$200.00	
Residential Street Address		City		State	Zip Code	Date Received	
28 Baldwin Street		West Haven		CT	06516-7202	09/30/2013	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Former College Dean		Self Employed		If yes, list Event #		10213A	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$200.00	
Last Name	First	MI	Method of contribution:		Contribution ID #	Amount of Contribution	
Pappalardo	Frank	S.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		BA769D2F-0072-4BFF-BF54-11360FEF516DA	\$100.00	
Residential Street Address		City		State	Zip Code	Date Received	
70 Eastview Dr		Coventry		CT	06238-1676	09/27/2013	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Manager		Innovative Environmental LLC		If yes, list Event #		10213A	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 &amp; B) (Enter total on Line 14 of Summary Page) \$42,985.00

## I. MONETARY RECEIPTS (Sections A-I)

Page 36 of 37

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						Form 20	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)						<b>\$110.00</b>	
<b>B. Itemized Contributions from Individuals</b>							
Last Name		First		MI	Method of contribution:		Contribution ID #
DiCocco Beauton		Louise			<input type="checkbox"/> Cash <input type="checkbox"/> Money Order		9B45107C-7EA0-4A52-A C6R-FF1A303E7AA4
Residential Street Address		City		State	Zip Code		Date Received
14 Oakwood Dr		Guilford		CT	06437-1344		10/02/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
Direct/Lobbyist		GNHCC		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Last Name		First		MI	Method of contribution:		Contribution ID #
Handrinos		Nikitas			<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order		4AE61BD1-54A1-41CE-A D8D-E127183FBD9C9
Residential Street Address		City		State	Zip Code		Date Received
28 Anson Road		Norwalk		CT	06850-1427		10/02/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
Manager		Cablevision		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Last Name		First		MI	Method of contribution:		Contribution ID #
Donen		Steven		R	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order		699C073F-0674-4E45-827 4R1B4DDE62040
Residential Street Address		City		State	Zip Code		Date Received
182 Skyview Dr		Cromwell		CT	06416-1801		10/02/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
Consultant		S. D. Associates		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Last Name		First		MI	Method of contribution:		Contribution ID #
Hempstead		Douglas		E.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order		FFE19D96-FFA6-4D08-A 8F8-FADEE9F097DF
Residential Street Address		City		State	Zip Code		Date Received
116 Chestnut Hill Rd		Norwalk		CT	06851-1911		10/02/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
Vice President		Stew Leonard's		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Last Name		First		MI	Method of contribution:		Contribution ID #
Frey		John		H.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order		5B8EA2AE-8AC6-4BD2-9 5B1-075100A4107E
Residential Street Address		City		State	Zip Code		Date Received
2 Copps Hill Rd		Ridgefield		CT	06877-4013		10/02/2013
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
State Representative		State Of Connecticut		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$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 &amp; B) (Enter total on Line 14 of Summary Page)

\$42,985.00

# I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE						REPORT TYPE		
Connecticut Republican scc						Form 20		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>						<b>Subtotal Section A</b> \$110.00		
<b>B. Itemized Contributions from Individuals</b>								
Last Name <b>Madonna</b>		First <b>Paul</b>		MI <b>K.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 731C2CE1-9551-4B08-82 6A-BF1078C54306	Amount of Contribution  \$200.00
Residential Street Address <b>63 Osga Ln</b>		City <b>Jewett City</b>		State <b>CT</b>	Zip Code <b>06351-8831</b>	Date Received <b>09/26/2013</b>		
Principal Occupation <b>Research Associate</b>		Name of Employer <b>Law Office Theresa Madonna</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$200.00</b>		
Last Name <b>Theis</b>		First <b>David</b>		MI <b>N</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 00FEF771-D734-4D23-B4 FE-C4097DC17DC1	Amount of Contribution  \$100.00
Residential Street Address <b>24 Sinawoy Rd</b>		City <b>Cos Cob</b>		State <b>CT</b>	Zip Code <b>06807-2324</b>	Date Received <b>09/20/2013</b>		
Principal Occupation <b>Investment Advisor</b>		Name of Employer <b>Wells Fargo Advisors</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		
Last Name <b>Wieland</b>		First <b>Richard</b>		MI <b>E.</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 01B434D5-D440-4830-91 A3-82145E932FE2	Amount of Contribution  \$100.00
Residential Street Address <b>44 Turney Rd</b>		City <b>Redding</b>		State <b>CT</b>	Zip Code <b>06896-2601</b>	Date Received <b>10/02/2013</b>		
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		
Last Name <b>Marks</b>		First <b>Susan</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 56DEE056-40ED-4E0D-B 8C6-50E3F9DA1C03	Amount of Contribution  \$100.00
Residential Street Address <b>39 Fairfield Ave</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820-4215</b>	Date Received <b>10/11/2013</b>		
Principal Occupation <b>N/a</b>		Name of Employer <b>N/a</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10213A</b>				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <b>\$100.00</b>		

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 &amp; B) (Enter total on Line 14 of Summary Page) \$42,985.00



## I. MONETARY RECEIPTS (Sections A-K)

Page 1 of 1

NAME OF COMMITTEE	REPORT DATE
Connecticut Republican scc	12th day preceding elec. 11/5/13

## C1. Contributions from Other Committees

Name of Committee Stamford First PAC				Name of Treasurer Ciro J. Pirone		Amount of Contribution  \$7,500.00
Address 1200 Summer Street				Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes If yes, list <input checked="" type="checkbox"/> No Event #		
City Stamford	State CT	Zip Code 06905-5528	Date Received 09/23/2013	Aggregate Contributions \$7,500.00		
Name of Committee Mayor Mark's 21st Century CT Committee				Name of Treasurer Joseph Scozzafava		Amount of Contribution  \$1,000.00
Address 68 Driftway Road				Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes If yes, list <input checked="" type="checkbox"/> No Event #		
City Danbury	State CT	Zip Code 06811-5121	Date Received 08/05/2013	Aggregate Contributions \$1,000.00		
Name of Committee Bridgeport RTC				Name of Treasurer Sara M. Burns		Amount of Contribution  \$250.00
Address 50 Sailors Lane				Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes If yes, list <input type="checkbox"/> No Event # 10213A		
City Bridgeport	State CT	Zip Code 06605-3622	Date Received 09/30/2013	Aggregate Contributions \$250.00		
Name of Committee Committee For Sensible Government				Name of Treasurer Chris W. Tymniak		Amount of Contribution  \$500.00
Address 235 Ridge Road				Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes If yes, list <input checked="" type="checkbox"/> No Event #		
City Stratford	State CT	Zip Code 06614-3245	Date Received 08/23/2013	Aggregate Contributions \$500.00		
Name of Committee New Canaan RTC				Name of Treasurer William P. Osterndorf		Amount of Contribution  \$500.00
Address William P. Osterndorf, Treasurer P.O. Box 42				Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes If yes, list <input type="checkbox"/> No Event # 10213A		
City New Canaan	State CT	Zip Code 06840-0042	Date Received 10/02/2013	Aggregate Contributions \$500.00		
Name of Committee New Haven RTC				Name of Treasurer Nancy Veale Ahern		Amount of Contribution  \$250.00
Address P.O. Box 9165				Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes If yes, list <input type="checkbox"/> No Event # 10213A		
City New Haven	State CT	Zip Code 06532-0165	Date Received 09/30/2013	Aggregate Contributions \$250.00		
Name of Committee Rocky Hill RTC				Name of Treasurer Michael Casasanta		Amount of Contribution  \$250.00
Address 217 Whitewood Drive				Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes If yes, list <input type="checkbox"/> No Event # 10213A		
City Rocky Hill	State CT	Zip Code 06067-4209	Date Received 10/01/2013	Aggregate Contributions \$250.00		

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 total on Line 14)	\$10,250.00

NAME OF COMMITTEE	REPORT TYPE
Connecticut Republican scc	12th day preceding elec. 11/5/2013

**J. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount
First Niagara Bank	07/03/2013	\$0.42
Street Address 133 E. Main Street	City Plainville State CT Zip Code 06062-1956	
First Niagara Bank	08/02/2013	\$0.42
Street Address 133 E. Main Street	City Plainville State CT Zip Code 06062-1956	
First Niagara Bank	08/31/2013	\$0.42
Street Address 133 E. Main Street	City Plainville State CT Zip Code 06062-1956	
First Niagara Bank	10/01/2013	\$0.42
Street Address 133 E. Main Street	City Plainville State CT Zip Code 06062-1956	

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT
Connecticut Republican SCC		12th day preceding elec. 11/5/13
SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)		
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
<b>Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 13 of Summary Page Totals)</b>		<b>1.68</b>

## II. FUNDRAISING EVENT ACTIVITY

Page 1 of 3

NAME OF COMMITTEE				TYPE OF REPORT	
Connecticut Republican scc				12th day preceding elec. 11/5/13	
<b>L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)</b>					
Name of Donor Innovative Environmental LLC				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 200 West Main Street		City Vernon		State CT	Zip Code 06066-3489
Date Received 09/30/2013	Event # 10213A	Aggregate purchases for all events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	
Name of Donor Stitch & Print Logowear LLC				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 355 Miles Road		City Orange		State CT	Zip Code 06477-3309
Date Received 10/02/2013	Event # 10213A	Aggregate purchases for all events \$150.00	Amount of Program Ad Purchase \$150.00	Amount of Sign Purchase	
Name of Donor Henri Martin Real Estate				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 531 Broad Street		City Bristol		State CT	Zip Code 06010-6639
Date Received 09/26/2013	Event # 10213A	Aggregate purchases for all events \$50.00	Amount of Program Ad Purchase \$50.00	Amount of Sign Purchase	
Name of Donor Thirteenth Floor Graphics And Printing				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 375 Lake Ave		City Bristol		State CT	Zip Code 06010-7326
Date Received 09/12/2013	Event # 10213A	Aggregate purchases for all events \$150.00	Amount of Program Ad Purchase \$150.00	Amount of Sign Purchase	
Name of Donor The Hamzy Law Firm Llc				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 140 Farmington Avenue		City Bristol		State CT	Zip Code 06010-4235
Date Received 09/27/2013	Event # 10213A	Aggregate purchases for all events \$150.00	Amount of Program Ad Purchase \$150.00	Amount of Sign Purchase	
Name of Donor Red Satin Band				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 70 Eastview Drive		City Coventry		State CT	Zip Code 06238-1676
Date Received 09/30/2013	Event # 10213A	Aggregate purchases for all events \$150.00	Amount of Program Ad Purchase \$150.00	Amount of Sign Purchase	

SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY)		\$900.00
Total Purchases of Advertising in Program Book - This Page		
SUBTOTAL Section L3 (Town Committees ONLY)		\$0.00
Total Purchases of Advertising on a Sign - This Page		
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. FUNDRAISING EVENT ACTIVITY					Page 2 of 3
NAME OF COMMITTEE				TYPE OF REPORT	
Connecticut Republican scc				Form 20	
<b>L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)</b>					
Name of Donor Image Aviation Services Inc.				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 288 Christian Street			City Oxford	State CT	Zip Code 06478-1038
Date Received 09/26/2013	Event # 10213A	Aggregate purchases for all events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	
Name of Donor The Nye Insurance Agency				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 273 Central Street			City Bristol	State CT	Zip Code 06010-6747
Date Received 09/12/2013	Event # 10213A	Aggregate purchases for all events \$150.00	Amount of Program Ad Purchase \$150.00	Amount of Sign Purchase	
Name of Donor Hamilton Point Investments				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 2 Huntley Road			City Old Lyme	State CT	Zip Code 06371-1449
Date Received 10/01/2013	Event # 10213A	Aggregate purchases for all events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	
Name of Donor Western Connecticut Orthopedic Specialists PC				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 226 White Street			City Danbury	State CT	Zip Code 06810-6814
Date Received 09/10/2013	Event # 10213A	Aggregate purchases for all events \$150.00	Amount of Program Ad Purchase \$150.00	Amount of Sign Purchase	
Name of Donor Riverside Investments LLC				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 136 Riverside Avenue			City Bristol	State CT	Zip Code 06010-6311
Date Received 09/12/2013	Event # 10213A	Aggregate purchases for all events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	
Name of Donor Labriola & Labriola, LLC				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 1451 New Haven Road			City Naugatuck	State CT	Zip Code 06770-5040
Date Received 08/22/2013	Event # 10213A	Aggregate purchases for all events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

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

II. FUNDRAISING EVENT ACTIVITY					Page 3 of 3
NAME OF COMMITTEE				TYPE OF REPORT	
Connecticut Republican scc				Form 20	
<b>L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)</b>					
Name of Donor Danbury Square Box Co.				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 1A Broad Street			City Danbury	State CT	Zip Code 06810-6204
Date Received 09/03/2013	Event # 10213A	Aggregate purchases for all events \$150.00	Amount of Program Ad Purchase \$150.00	Amount of Sign Purchase	
Name of Donor Nuchie's Restaurant				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 164 Central St			City Bristol	State CT	Zip Code 06010-6789
Date Received 09/26/2013	Event # 10213A	Aggregate purchases for all events \$150.00	Amount of Program Ad Purchase \$150.00	Amount of Sign Purchase	
Name of Donor JFC Endeavors Incorporated				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 68 A South Canal Street			City Plainville	State CT	Zip Code 06062-2722
Date Received 09/26/2013	Event # 10213A	Aggregate purchases for all events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY)	\$550.00
Total Purchases of Advertising in Program Book - This Page	
SUBTOTAL Section L3 (Town Committees ONLY)	\$0.00
Total Purchases of Advertising on a Sign - This Page	
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

IV. EXPENDITURES						Page 1 of 5	
NAME OF COMMITTEE					REPORT TYPE		
Connecticut Republican scc					12th day preceding elec. 11/5/13		
<b>P. Expenses Paid by Committee</b>							
Name of Payee ASantino Consulting				Date of Payment 07/11/2013		Method of Payment <input checked="" type="checkbox"/> Check # 1202 <input type="checkbox"/> Debit Card	
Street Address 42 Robin Hill Ln			City Hamden	State CT	Zip Code 06518-1900		
Purpose of Expenditure (by code) DVHD	Description Equipment Removal				Event #		Amount \$176.75
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought						
Name of Payee Bristol RTC				Date of Payment 09/05/2013		Method of Payment <input checked="" type="checkbox"/> Check # 1208 <input type="checkbox"/> Debit Card	
Street Address P.O. Box 1893			City Bristol	State CT	Zip Code 06011-1893		
Purpose of Expenditure (by code) CNTRB	Description Contribution				Event #		Amount \$2,500.00
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought						
Name of Payee Elavon				Date of Payment 07/02/2013		Method of Payment <input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card	
Street Address 7300 Chapman Hwy			City Knoxville	State TN	Zip Code 37920-6612		
Purpose of Expenditure (by code) MISC	Description Service Fee				Event #		Amount \$40.00
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought						
Name of Payee Elavon				Date of Payment 08/02/2013		Method of Payment <input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card	
Street Address 7300 Chapman Hwy			City Knoxville	State TN	Zip Code 37920-6612		
Purpose of Expenditure (by code) MISC	Description Service Fee				Event #		Amount \$70.16
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought						
Name of Payee Elavon				Date of Payment 09/03/2013		Method of Payment <input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card	
Street Address 7300 Chapman Hwy			City Knoxville	State TN	Zip Code 37920-6612		
Purpose of Expenditure (by code) MISC	Description Service Fee				Event #		Amount \$40.00
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought						
Name of Payee Elavon				Date of Payment 10/02/2013		Method of Payment <input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card	
Street Address 7300 Chapman Hwy			City Knoxville	State TN	Zip Code 37920-6612		
Purpose of Expenditure (by code) MISC	Description Service Fee				Event #		Amount \$40.00
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought						

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



IV. EXPENDITURES				Page 2 of 5	
NAME OF COMMITTEE			REPORT TYPE		
Connecticut Republican scc			Form 20		
<b>P. Expenses Paid by Committee</b>					
Name of Payee <b>DiCambio Photography</b>			Date of Payment <b>10/01/2013</b>		Method of Payment <input checked="" type="checkbox"/> Check # <b>1212</b> <input type="checkbox"/> Debit Card
Street Address <b>161 Silvermine Avenue</b>		City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06850-1611</b>	
Purpose of Expenditure (by code) FNRD	Description <b>Photography-PARTY Fundraising</b>		Event # <b>10213A</b>		Amount <b>\$600.00</b>
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				
Name of Payee <b>Northeast Printing Network LLC</b>			Date of Payment <b>10/03/2013</b>		Method of Payment <input checked="" type="checkbox"/> Check # <b>1215</b> <input type="checkbox"/> Debit Card
Street Address <b>135 Sebethe Dr</b>		City <b>Cromwell</b>	State <b>CT</b>	Zip Code <b>06416-1033</b>	
Purpose of Expenditure (by code) FNRD	Description <b>Printing-PARTY Fundraising</b>		Event # <b>10213A</b>		Amount <b>\$263.22</b>
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				
Name of Payee <b>Scott Brown</b>			Date of Payment <b>10/02/2013</b>		Method of Payment <input checked="" type="checkbox"/> Check # <b>1214</b> <input type="checkbox"/> Debit Card
Street Address <b>P.O. Box 566</b>		City <b>Wrentham</b>	State <b>MA</b>	Zip Code <b>02093-0566</b>	
Purpose of Expenditure (by code) FNRD	Description <b>Books</b>		Event # <b>10213A</b>		Amount <b>\$500.00</b>
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				
Name of Payee <b>Campaign Solutions</b>			Date of Payment <b>08/30/2013</b>		Method of Payment <input checked="" type="checkbox"/> Check # <b>EFT</b> <input type="checkbox"/> Debit Card
Street Address <b>117 N Saint Asaph St</b>		City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314-3109</b>	
Purpose of Expenditure (by code) MISC	Description <b>Service Fee</b>		Event #		Amount <b>\$2.20</b>
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				
Name of Payee <b>Campaign Solutions</b>			Date of Payment <b>09/06/2013</b>		Method of Payment <input checked="" type="checkbox"/> Check # <b>1209</b> <input type="checkbox"/> Debit Card
Street Address <b>117 N Saint Asaph St</b>		City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314-3109</b>	
Purpose of Expenditure (by code) MISC	Description <b>Service Fee</b>		Event #		Amount <b>\$2.23</b>
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				
Name of Payee <b>Campaign Solutions</b>			Date of Payment <b>10/04/2013</b>		Method of Payment <input checked="" type="checkbox"/> Check # <b>EFT</b> <input type="checkbox"/> Debit Card
Street Address <b>117 N Saint Asaph St</b>		City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314-3109</b>	
Purpose of Expenditure (by code) MISC	Description <b>Service Fee</b>		Event #		Amount <b>\$401.42</b>
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				

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	
NAME OF COMMITTEE					REPORT TYPE		
Connecticut Republican scc					Form 20		
<b>P. Expenses Paid by Committee</b>							
Name of Payee Campaign Solutions				Date of Payment 09/13/2013		Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card	
Street Address 117 N Saint Asaph St		City Alexandria		State VA		Zip Code 22314-3109	
Purpose of Expenditure (by code) MISC	Description Service Fee			Event #		Amount \$5.85	
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought						
Name of Payee Campaign Solutions				Date of Payment 09/20/2013		Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card	
Street Address 117 N Saint Asaph St		City Alexandria		State VA		Zip Code 22314-3109	
Purpose of Expenditure (by code) MISC	Description Service Fee			Event #		Amount \$38.17	
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought						
Name of Payee Campaign Solutions				Date of Payment 10/11/2013		Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card	
Street Address 117 N Saint Asaph St		City Alexandria		State VA		Zip Code 22314-3109	
Purpose of Expenditure (by code) MISC	Description Service Fee			Event #		Amount \$92.75	
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought						
Name of Payee Campaign Solutions				Date of Payment 09/27/2013		Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card	
Street Address 117 N Saint Asaph St		City Alexandria		State VA		Zip Code 22314-3109	
Purpose of Expenditure (by code) MISC	Description Service Fee			Event #		Amount \$149.99	
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought						
Name of Payee Connecticut Republican SCC				Date of Payment 08/28/2013		Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card	
Street Address 31 Pratt Street 4th Floor		City Hartford		State CT		Zip Code 06103-1630	
Purpose of Expenditure (by code) DVHD	Description Transfer to Federal			Event #		Amount \$1,020.00	
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought						
Name of Payee Connecticut Republican SCC				Date of Payment 08/22/2013		Method of Payment <input checked="" type="checkbox"/> Check # <u>1206</u> <input type="checkbox"/> Debit Card	
Street Address 31 Pratt Street 4th Floor		City Hartford		State CT		Zip Code 06103-1630	
Purpose of Expenditure (by code) DVHD	Description Transfer to Federal			Event #		Amount \$1,978.09	
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought						

SUBTOTAL Section P-This Page \$3,251.87

TOTAL of additional Section P Pages \$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 TYPE		
Connecticut Republican scc			Form 20		
<b>P. Expenses Paid by Committee</b>					
Name of Payee Connecticut Republican SCC			Date of Payment 09/13/2013		Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card
Street Address 31 Pratt Street 4th Floor		City Hartford	State CT	Zip Code 06103-1630	
Purpose of Expenditure (by code) DVHD	Description Transfer to Federal		Event #		Amount \$818.90
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				
Name of Payee Mohegan Sun Casino			Date of Payment 07/11/2013		Method of Payment <input checked="" type="checkbox"/> Check # <u>1203</u> <input type="checkbox"/> Debit Card
Street Address 1 Mohegan Sun Bouelvard		City Uncasville	State CT	Zip Code 06382-1355	
Purpose of Expenditure (by code) MISC	Description 2014 Convention Venue-Deposit		Event #		Amount \$2,000.00
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				
Name of Payee Lawlor Graphics & Printing LLC			Date of Payment 09/12/2013		Method of Payment <input checked="" type="checkbox"/> Check # <u>1210</u> <input type="checkbox"/> Debit Card
Street Address P.O. Box 391		City Bethel	State CT	Zip Code 06801-0391	
Purpose of Expenditure (by code) FNDR	Description Printing-PARTY Fundraising		Event # 10213A		Amount \$1,276.20
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				
Name of Payee FedEx			Date of Payment 08/19/2013		Method of Payment <input checked="" type="checkbox"/> Check # <u>1205</u> <input type="checkbox"/> Debit Card
Street Address PO Box 371461		City Pittsburgh	State PA	Zip Code 15250-7461	
Purpose of Expenditure (by code) POST	Description Courier Service		Event #		Amount \$33.28
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				
Name of Payee Nancy Haase For First Selectman			Date of Payment 10/10/2013		Method of Payment <input checked="" type="checkbox"/> Check # <u>1217</u> <input type="checkbox"/> Debit Card
Street Address 6 Pastore Lane		City West Simsbury	State CT	Zip Code 06092-2309	
Purpose of Expenditure (by code) CNTRB	Description Contribution		Event #		Amount \$1,000.00
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				
Name of Payee Airnet (formerlismartech)			Date of Payment 07/23/2013		Method of Payment <input type="checkbox"/> Check # <u>1204</u> <input type="checkbox"/> Debit Card
Street Address PO Box 11181		City Chattanooga	State TN	Zip Code 37401-2181	
Purpose of Expenditure (by code) A-ATM	Description GOTV Calls		Event #		Amount \$429.35
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				

<b>SUBTOTAL Section P-This Page</b>	<b>\$678.49</b>
<b>TOTAL of additional Section P Pages</b>	<b>\$22,655.12</b>
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)</b>	<b>\$23,333.61</b>

IV. EXPENDITURES				Page 5 of 5	
<b>NAME OF COMMITTEE</b>			<b>REPORT TYPE</b>		
Connecticut Republican scc			Form 20		
<b>P. Expenses Paid by Committee</b>					
Name of Payee		Date of Payment		Method of Payment	
Mr. Trophy & Company		09/30/2013		<input checked="" type="checkbox"/> Check # 1211	
Street Address		City	State	Zip Code	<input type="checkbox"/> Debit Card
330 Locust St		Hartford	CT	06114-2010	
Purpose of Expenditure (by code)	Description		Event #		Amount
FNDR	Awards-PARTY Fundraising		10213A		
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b>				
	<input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				
Name of Payee		Date of Payment		Method of Payment	
Continental Manor		09/10/2013		<input checked="" type="checkbox"/> Check # 1209	
Street Address		City	State	Zip Code	<input type="checkbox"/> Debit Card
112 Main St		Norwalk	CT	06851-4617	
Purpose of Expenditure (by code)	Description		Event #		Amount
FNDR	Venue-PARTY Fundraising		10213A		
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b>				
	<input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				
Name of Payee		Date of Payment		Method of Payment	
Continental Manor		10/02/2013		<input checked="" type="checkbox"/> Check # 1213	
Street Address		City	State	Zip Code	<input type="checkbox"/> Debit Card
112 Main St		Norwalk	CT	06851-4617	
Purpose of Expenditure (by code)	Description		Event #		Amount
FNDR	Venue-PARTY Fundraising		10213A		
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b>				
	<input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				
Name of Payee		Date of Payment		Method of Payment	
Scott Gerard		10/04/2013		<input type="checkbox"/> Check # 1216	
Street Address		City	State	Zip Code	<input type="checkbox"/> Debit Card
165 High Point Lane		Fairfield	CT	06824-2063	
Purpose of Expenditure (by code)	Description		Event #		Amount
REF	Return Contribution		10213A		
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b>				
	<input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought				

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

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