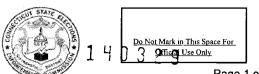
SEEC FORM 20

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



Page 1 of 2

1. NAME OF COMMI	FUER		SUMI	MAR'	Y PAGE					
I. NAME OF COMMI	ILL				FII CD OFF					
Connecticut Repu	ıblican scc				FILED SEEC					
3. TREASURER NAMI	F.									
Title	First				ind ?	-			Suffix	
	Gary			N	Schaffrick	-				
4. TREASURER ADDE	RESS	K.I.	City			State			Zip Code	
515 Emmett St Apt 14						СТ			06010	
5. ELECTION DATE		6. OFFICE SOUGHT (if applie	Bristol			101	7. DIS	STRICT N	MBER (if appl	icable)
(mm/dd/yyyy)										<u> </u>
04/11/2014		I								
8. CANDIDATE NAMI	First	Artis -	MI		Last				Suffix	
	, , , , ,				The state of the s				Journa	
9. TYPE OF REPORT										_
☐ January 10 filing	П	7th day preceding primary			☐ 7th day preceding reference	dum			tribution or Disb	ursement
_					☐ 45 days following referen	dum	_	(PACs ON	LY)	
April 10 filing		30 days following primary			☐ Deficit			Amendme		
☐ July 10 filing	_	7th day preceding election			☐ Termination			Type of Ro	гроп.	
October 10 filing	딡	12th day preceeding election (State Central Committees Only)			_ remmation				779	
☐ Independent Expen		45 days following election not						ز این		
a timay a Ex	ection	held in November						~3 [~3	ED	
10. PERIOD COVEREI									<u>ω</u>	
IV. PERROD COVERE									rn Til	
		Beginning Date			Ending Date			ယ	0	
								<u></u>		
		01/01/2014			03/24/2014					
				thru						
			H. C	ERTIFIC	ATION					
<u> </u>			·							
		penalties of false statement			ormation set forth on this	Itemiz	ed Cai	mpaign F	inance	
Disclosure State	ement for the per	riod covered is true, accura	te and com	plete.						
~ ./										
		1111		?	! N				-1	,
July,	III SM			My	M-Schatte	iex		_	<u> 3/2</u>	7/14
TREASURER OR DEP	UTY TREASURER (91	Gy y TURE)	PRINT	ED NAME	OF SIGNER				DATE (mm	/dd/yyyy)
		<u> </u>								
					ISHABLE BY FINE NOT TO EXC ORE THAN ONE YEAR, OR BOTH					

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Connecticut Republican SCC	12th Day Preceding Election	1
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		16,675.43
12. Balance on hand at the beginning of Reporting Period	16,675.43	
13. Contributions Received from Individuals (Sections A and B)	69,831	69,831
14. Receipts from Other Committees (Sections C1 and C2)	5,360.16	5,360.16
15. Other Monetary Receipts (Sections D through K)	0.84	0.84
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	О
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		SA SELL STREET
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY	300	300
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	75,492	75,492
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	92,167.43	92,167.43
19. Expenses Paid by Committee (Section P)	33,243.36	33,243.36
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	58,924.07	58,924.07
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Contributions Received (Section M)		
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>		
25. Beginning Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	495.41	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	495.41	
	• - · · · · · · · · · · · · · · · · · · 	

<u>.</u> :	 -	I. MONETARY	RECEIP	TS (Sections	s A-I) P	age	1 of 6	
		i Monte in the internal in the	the chin	To (occion.			10,0	
NAME OF COMMITTEE Connecticut Republican scc					REPORT TYP		eeding Election	
	_				12th Day i	100	eeding Election	
A. Total Contributions from Sm (See instructions for definition of Small Con		tributors-Received this l		ONLY ubtotal Sectio	\$1,58	1.00)	
	-	B. Itemized Contribu						
Last Name	First		МІ	Method of cont	ribution:		Contribution ID #	Amount of
LaPlaca	Peter		J.	Cash Money Order	Personal Check Credit/Debit Card		DA4E8DC3-C9C5-4CA2- BA38-673ADA8D4C90	Contribution
Residential Street Address	_	City	•	State	Zip Code		Date Received	\$100.00
24 Quarry Dr		Vernon Rockville		СТ	06066-4917		03/07/2014	\$100.00
Principal Occupation		Name of Employer			Is this contribution assoc			
Retired		None			fundraising event listed in If yes, list Event #	n Sect	ion J1? No	
Is contributor a principal of a state contractor or prosp	ective state	contractor?	Is contrib	outor a lobbyist, s		Ag	gregate contributions	
If yes, indicate which branch or branches of government the contract is with:	☐ Exec	tutive		dent child of a lot			\$100.00	
Last Name	First		MI	Method of contr	ribution:		Contribution ID #	Amount of
Mayer	Georg	je	L.	Cash Money Order	Credit/Debit Card		\$A4F75A2-3C88-4BCF-A 994-C684A7D529AA	Contribution
Residential Street Address	-	City		State	Zip Code		Date Received	\$500.00
2 Andrews Rd		Essex		СТ	06426-1311		02/19/2014	*******
Principal Occupation		Name of Employer		-	Is this contribution associ			
Real Estate/investment		Manhattan Realty Group			fundraising event listed in If yes, list Event #	n Sect	ion J1? No	
Is contributor a principal of a state contractor or prosp	ective state of			outor a lobbyist, s	·	Ag	gregate contributions	
If yes, indicate which branch or branches of government the contract is with:	☐ Exec	utive Legislative	or depend	dent child of a lot	obyist? 🔼 No		\$500.00	
Last Name	First	- · · · · · · · · · · · · · · · · · · ·	MI	Method of contr		٠	Contribution ID #	Amount of
Simanski	Willian	m	J.	Cash Money Order	☐ Personal Check ☐ Credit/Debit Card		26C52EF0-B408-4BFF-B2 87-DCFCFC33E6B6	Contribution
Residential Street Address		City		State	Zip Code		Date Received	\$100,00
12 Kilmer Ln		Granby		СТ	06035-2524		02/14/2014	\$100,00
Principal Occupation		Name of Employer			Is this contribution associ			
Retired		None			fundraising event listed in If yes, list Event #	Sect	ion J1?	
Is contributor a principal of a state contractor or prosp	ective state of	contractor?	Is contrib	outor a lobbyist, s	pouse,	Agg	gregate contributions	
If yes, indicate which branch or branches of government the contract is with:	☐ Exec	utive Legislative	or depend	dent child of a lob	obyist? 🗖 No		\$100.00	
Last Name	First		MI	Method of contr	ribution:		Contribution ID #	Amount of
Kallan	Beatri	7	Sı	Cash Money Order	Personal Check Credit/Debit Card		837049C3-FEAD-4F3F-85 C6-C1CE98F10E25	Contribution
Residential Street Address	1 200	City		State	Zip Code		Date Received	
311 Los Pinos Place		Coral Gables		FL	33143-6426		02/26/2014	\$2,000.00
Principal Occupation		Name of Employer		<u>.</u>	Is this contribution associ	ated v	vith a ☐ Yes	
Housewife		None			fundraising event listed in If yes, list Event #	Sect	ion Jl? 🔣 No	
Is contributor a principal of a state contractor or prosp	ective state o	contractor?	Is contrib	outor a lobbyist, s		Agg	gregate contributions	
If yes, indicate which branch or branches	☐ Exec	No D. Logislativo		dent child of a lob			\$2.000.00	
of government the contract is with:	7	utive Legislative	MI	Method of contr	ribution:		Contribution ID #	
Last Name Johnson	First Nancy	i	L.	☐ Cash	Personal Check		7BFA315C-B9F3-4241-A	Amount of Contribution
Residential Street Address	INANC	City	1 ~.	☐ Money Order State	Credit/Debit Card Zip Code		EB5-769E34DB30EA Date Received	
310 Seabury Drive		Bloomfield		СТ	06002-2657		01/23/2014	\$1,000.00
Principal Occupation		Name of Employer			Is this contribution associ	ated v	vith a Yes	
Senior Analyst		Baker Donelson			fundraising event listed ir			
Is contributor a principal of a state contractor or prosp	ective state o		Is contrib	utor a lobbyist, s	If yes, list Event #	Acc	regate contributions	
If yes, indicate which branch or branches		🖪 No .		lutor a tobbytst, sp lent child of a lob	·	l aga		
of government the contract is with:	☐ Exec	utive Legislative	1				\$1,000.00	

SUBTOTAL Section B-This Page	\$3,700.00
TOTAL of additional Section B Pages	\$64,550.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)	\$69,831.00

		I. MONE	TARY I	RECEIP	TS (Sections	s A-I) Pa	ge 2 of 6	
NAME OF COMMITTEE						REPORT TYPE		
Connecticut Republican scc							receeding Election	
A. Total Contributions from Sm		ributors-Receive	d this I			\$1,581	.00	
(See instructions for definition of Small Cont	ribidor)	B. Itemized Co	ontribu		<u>ubtotal Sectio</u> from Indiv			
Last Name	First			MI	Method of contr	ribution:	Contribution ID #	Amount of
Hubbard	Kathry	'n		В.	☐ Cash ☐ Money Order	Personal Check Credit/Debit Card	7D7EE11C-C929-4343-B4 RA-EEB57FB29A81	Contribution
Residential Street Address		City			State	Zip Code	Date Received	\$10,000.00
5600 Sunset Lane		Indianapolis			IN	46228-1446	02/26/2014	\$10,000.00
Principal Occupation		Name of Employer				Is this contribution associa	ted with a Yes	
Marketing		E+A Industries In	IC.			fundraising event listed in If yes, list Event #	Section J1?	
Is contributor a principal of a state contractor or prosp	ective state c	ontractor?	☐ Yes		outor a lobbyist, s		Aggregate contributions	
If yes, indicate which branch or branches of government the contract is with:	☐ Exec	tive Legislative	▲ No	or depen	dent child of a lob	obyist? 🔼 No	\$10,000.00	
Last Name	First	·		MI	Method of contr	ribution:	Contribution ID #	Amount of
Hubbard	Allan			B.	☐ Cash ☐ Money Order	Personal Check Credit/Debit Card	0DBE74E8-9240-4790-9E 82-D1D2AF67EF3D	Contribution
Residential Street Address	•	City			State	Zip Code	Date Received	\$10,000.00
5600 Sunset Lane		Indianapolis			IN	46228-1446	02/26/2014	\$10,000.00
Principal Occupation		Name of Employer				Is this contribution associa		
Chairman		E+A Industries In	C.			fundraising event listed in land fundraising event #	Section J1? No	
Is contributor a principal of a state contractor or prosper If yes, indicate which branch or branches	ective state c	ontractor?	Yes 🖪 No	1	outor a lobbyist, s	pouse,	Aggregate contributions	
of government the contract is with:	■ Execution	tive Legislative	L NO	or depen	dent child of a lot	boyist?	\$10,000.00	
Last Name	First			MI	Method of contr	ibution: Rersonal Check	Contribution ID #	Amount of
McMahon	Linda			E.	Money Order		ECAE98EA-6973-4762-A 0FA-B2FC4A33B23D	Contribution
Residential Street Address		City			State	Zip Code	Date Received	\$10,000.00
14 Hurlingham Dr		Greenwich			СТ	06831-2739	01/17/2014	
Principal Occupation		Name of Employer				Is this contribution associate		
Executive		Self Employed				fundraising event listed in ! If yes, list Event #	Section J1?	
Is contributor a principal of a state contractor or prospe	ective state c	ontractor?	☐ Yes	Is contrib	outor a lobbyist, s		Aggregate contributions	
If yes, indicate which branch or branches	☐ Execu	itive	No No	or depen	dent child of a lob	byist? 🔼 No	\$10,000.00	
of government the contract is with:		Legislative		MI	Method of contr	ibution	Contribution ID #	Amount of
Joyce	First Thoma	is		М	Cash Money Order	Rersonal Check	F391F577-44AF-4D8C-AE	Contribution
Residential Street Address	11101110	City		1	State	Zip Code	90-0117514C5C59 Date Received	
142 Goodwives River Rd		Darien			СТ	06820-5807	03/19/2014	\$5,000.00
Principal Occupation		Name of Employer			-	Is this contribution associate		
Retired		None				fundraising event listed in S If yes, list Event #	Section J1?	
s contributor a principal of a state contractor or prospe	ective state o	ontractor?	☐ Yes	Is contrib	outor a lobbyist, sp		Aggregate contributions	
If yes, indicate which branch or branches	☐ Execu	ntiva	No No		dent child of a lob		\$5,000.00	
of government the contract is with:		tive Legislative		MI	Method of contr	ibution	Contribution ID #	
Last Name Miyashiro	First Gary			H.	☐ Cash	Rersonal Check	C0EFE074-DE71-474A-A	Amount of Contribution
Residential Street Address	Gary	City		1	☐ Money Order State	Credit/Debit Card Zip Code	IDC-5D020E2A43E9 Date Received	
41 Sullivan Dr		Redding			CT	06896-2509	01/06/2014	\$250.00
Principal Occupation		Name of Employer			+	Is this contribution associat	ed with a Yes	
Retired		None				fundraising event listed in S	Section J1?	
s contributor a principal of a state contractor or prospe	ective state o	ontractor?	☐ Yes	Is contrib	outor a lobbyist, sp	If yes, list Event #	Aggregate contributions	
If yes, indicate which branch or branches			■ No		dent child of a lob	· -	\$250.00	
of government the contract is with:	☐ Execu	tive Legislative		<u> </u>			Ψ230.00	

SUBTOTAL Section B-This Page \$35,250.00	
FOTAL of additional Section B Pages \$33,000.00	
er total on Line 14 of Summary Page) \$69,831.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Ent

		I. MONE	TARY F	RECEIPT	TS (Sections	s A-I) Pa	ge 3 of 6	
NAME OF COMMITTEE						REPORT TYPE		
Connecticut Republican scc						12th Day P	receeding Election	
A. Total Contributions from Sm:		ributors-Receive	d this P		NLY btotal Sectio	\$1,581	.00	
		B. Itemized Co	ontribu					
Last Name	First			MI	Method of cont		Contribution ID #	Amount of
Hanzalek	Astrid			T.	Cash Money Order	Personal Check Credit/Debit Card	4FD81C98-2A9C-4EEC-B FBE-D2DFAF31F76A	Contribution
Residential Street Address	710010	City			State	Zip Code	Date Received	
31 Abraham Ter		Suffield			СТ	06078-2167	01/15/2014	\$1,500.00
Principal Occupation		Name of Employer				Is this contribution associa		
Retired		None				fundraising event listed in If yes, list Event #	Section J1? No	
Is contributor a principal of a state contractor or prospe	ctive state c	ontractor?	☐ Yes	Is contribu	itor a lobbyist, s		Aggregate contributions	
If yes, indicate which branch or branches	☐ Execu	itive	™ No	or depende	ent child of a lob	obyist? 🗖 No	\$1,500.00	
of government the contract is with:		Legislative		MI	Method of conti	ibution	Contribution ID #	
Pendleton	First			R.	□ Cash	Personal Check	FE28829F-96DA-42A8-81	Amount of Contribution
Residential Street Address	Arthur	City		TX:	☐ Money Order State	_	4A-E10A007AB67C Date Received	Contribution
PO Box 657		Manchester			CT	Zip Code 06045-0657	01/06/2014	\$100.00
Principal Occupation		Name of Employer			 	Is this contribution associa	ted with a Yes	
Manufacturing Agent		Pendleton Assoc	iates, In	C.		fundraising event listed in . If ves. list Event #	Section J1? No	
Is contributor a principal of a state contractor or prospe-	ctive state c	ontractor ⁹	☐ Yes	le contribu	ttor a lobbyist, s		Aggregate contributions	
If yes, indicate which branch or branches of government the contract is with:	Execu		No No		ent child of a lob	·	\$100.00	
Last Name	First	-		MI .	Method of contr		Contribution ID #	Amount of
McNiff	Audre	v			Cash Money Order	Personal Check Credit/Debit Card	B1020C56-2D53-4515-8C 43-CB45DD0E1562	Contribution
Residential Street Address	/ tuu. 0	City	· · ·	L	State	Zip Code	Date Received	
102 Zaccheus Mead Ln		Greenwich			СТ	06831-3751	02/28/2014	\$5,000.00
Principal Occupation		Name of Employer			•	Is this contribution associa		
Retired		None				fundraising event listed in : If yes, list Event #	Section J1?	
Is contributor a principal of a state contractor or prosper	ctive state c	Intractor?	☐ Yes	Is contribu	itor a lobbyist, s		Aggregate contributions	
If yes, indicate which branch or branches			ĭ No		ent child of a lob		\$5,000.00	
of government the contract is with:	☐ Exect	tive Legislative		1				
Last Name	First			мі Р .	Method of contr	Personal Check	Contribution ID # 98EACC73-3501-4ED5-A	Amount of Contribution
Seabourne Residential Street Address	Georg			Г.	Money Order		F8F-138830A IA806 Date Received	Contribution
12 Valley View Road		City Thomaston			State	Zip Code 06787-1056	01/02/2014	\$100.00
Principal Occupation		Name of Employer			<u>. </u>	Is this contribution associat	ed with a Yes	
		Seabourne & Mal	llov			fundraising event listed in	Section J1? 🖸 No	
Attorney Is contributor a principal of a state contractor or prosper				T		If yes, list Event #		
If yes, indicate which branch or branches of government the contract is with:	Execu		☐ Yes ☐ No		tor a lobbyist, sp ent child of a lob		Aggregate contributions \$100.00	
Last Name	First			Mİ	Method of contr	ibution:	Contribution ID #	Amount of
Munger	Linda	7wack			Cash Money Order	Rersonal Check	CD40FFC0-2264-44A1-92 DE-D2DC50436EB6	Contribution
Residential Street Address	Ziiiaa i	City		1	State	Zip Code	Date Received	
16 Knollwood Dr		Greenwich			ст	06830-4733	02/12/2014	\$5,000.00
Principal Occupation		Name of Employer				Is this contribution associat	=1	
Retired		None				fundraising event listed in S If yes, list Event #	Section J1?	
Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches	ctive state co	ontractor?	☐ Yes		tor a lobbyist, sp		Aggregate contributions	
of government the contract is with:	■ Execu	tive	🖪 No	or depende	ent child of a lob	byist?	\$5,000.00	

SUBTOTAL Section B-This Page	\$11,700.00
TOTAL of additional Section B Pages	\$56,550.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)	\$69,831.00

		I. MONE	TARY F	RECEIP	TS (Section:	s A-I) Pa	ge 4 of 6	
NAME OF COMMITTEE						REPORT TYPE		
Connecticut Republican scc						12th Day P	receeding Election	
A. Total Contributions from So		tributors-Receive	d this P		ONLY ubtotal Sectio	\$1,581	.00	
The manager of the second of t		B. Itemized Co	ontribu					
Last Name	First		-	MI	Method of cont	ribution:	Contribution ID#	Amount of
Масу	J.			TI	☐ Cash ☐ Money Orde	Personal Check Credit/Debit Card	E560144B-6ADD-49D9-B 7CA-429A3F08CD75	Contribution
Residential Street Address		City			State	Zip Code	Date Received	\$100.00
136 Quonnipaug Ln		Guilford			СТ	06437-1103	01/02/2014	******
Principal Occupation		Name of Employer			 	Is this contribution associa	ted with a Yes	
Retired		None				fundraising event listed in If yes, list Event #	Section J1?	
Is contributor a principal of a state contractor or pro-	spective state	contractor?	☐ Yes	Is contrib	outor a lobbyist, s		Aggregate contributions	
If yes, indicate which branch or branches of government the contract is with:	☐ Exec	eutive	No No	or depend	dent child of a lol	bbyist? 🗖 No	\$100.00	
Last Name	First			MI	Method of cont		Contribution ID #	Amount of
Buckley	Eileer	1		S.	Cash Money Order	Personal Check Credit/Debit Card	DB1B6EF6-AC13-4328-A0 AD-71BC3F97EEBB	Contribution
Residential Street Address		City			State	Zip Code	Date Received	£100.00
248 Lyons Plain Rd		Weston			СТ	06883-2452	01/28/2014	\$100.00
Principal Occupation		Name of Employer				Is this contribution associa		
Retired		None				fundraising event listed in If yes, list Event #	Section J1?	
Is contributor a principal of a state contractor or pro-	spective state	contractor?	☐ Yes	Is contrib	utor a lobbyist, s		Aggregate contributions	
If yes, indicate which branch or branches of government the contract is with:	☐ Exec	utive Legislative	🖪 No	or depend	dent child of a lot	obyist? 🔼 No	\$100.00	
Last Name	First		-	MI	Method of contr	ribution:	Contribution ID #	Amount of
Jahncke	Redin	aton			Cash Money Order	Rersonal Check	9F4FB577-2D1E-4C7A-99	Contribution
Residential Street Address	Titedin	City			State State	Zip Code	FD-B988F5A66D98 Date Received	
PO Box 953		Greenwich			СТ	06836-0953	01/13/2014	\$100.00
Principal Occupation		Name of Employer		· · · ·		Is this contribution associate	ed with a Yes	
Consulting		The Townsend G	roup Int	l Llc		fundraising event listed in a lift yes, list Event #	Section J1? □ No I	
Is contributor a principal of a state contractor or pro-	pective state of	contractor?	☐ Yes	Is contrib	utor a lobbyist, s		Aggregate contributions	
If yes, indicate which branch or branches			No		lent child of a lot		\$100.00	
of government the contract is with:	☐ Exec	utive Legislative		MI	Method of contr	ihuriaa	Contribution ID #	
Last Name McMahon	First Vince	nt.		K.	Cash	Rersonal Check	9173808C-5BC7-4238-838	Amount of Contribution
Residential Street Address	Vilice	City		1 1 1 1	Money Order State	Credit/Debit Card	5-0CFC05D1C80F Date Received	
14 Hurlingham Dr		Greenwich			СТ	06831-2739	01/17/2014	\$10,000.00
Principal Occupation		Name of Employer			<u></u>	Is this contribution associat	ed with a ☐ Yes	
Chairman & CEO		Wwe Inc.				fundraising event listed in S	Section J1?	
Is contributor a principal of a state contractor or pros	pective state of	contractor?	☐ Yes	Is contrib	utor a lobbyist, s	If yes, list Event #	Aggregate contributions	:
If yes, indicate which branch or branches			ĭ No		lent child of a lob	·	\$10,000.00	
of government the contract is with:	☐ Exec	utive Legislative		D.G	Trans.			
Last Name	First			мі В.	Method of contr	Personal Check	Contribution ID # 71B7FD11-16C5-4A83-91	Amount of Contribution
Residential Street Address	Peter	City		<u> </u>	Money Order State		RC-CFA0B8A259DF Date Received	Contribution
18 Mayfair Ln		Greenwich			CT	Zip Code 06831-3640	02/14/2014	\$100.00
Principal Occupation		Name of Employer			1	Is this contribution associat		
Real Estate		Kamber Manager	ment Co			fundraising event listed in S		
Is contributor a principal of a state contractor or pros	nactive state	<u> </u>	☐ Yes		and a fable to	If yes, list Event #	A constant and the st	
If yes, indicate which branch or branches	•		☐ Yes No		utor a lobbyist, s lent child of a lob	·	Aggregate contributions	
of government the contract is with:	☐ Exec	utive Legislative		'		•	\$100.00	

THE BUBIOTAL Section B-This Page	\$10,400.00
TOTAL of additional Section B Pages	\$57,850.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)	\$69,831.00

		I. MONE	TARY F	RECEIP	TS (Sections	A-I) Pa	ge 5 of 6	-
NAME OF COMMITTEE						REPORT TYPE		
Connecticut Republican scc				*	•	12th Day P	receeding Election	
A. Total Contributions from Smal		ributors-Receive	d this P		ONLY ubtotal Sectio	\$1,581	.00	
,000 577,800 519 747,777,000 757,000	,0 ,, ,0,,	B. Itemized Co	ontribu					
Last Name	First			MI	Method of contr	ibution:	Contribution ID #	Amount of
Hess	Karen			C.	Money Order		C5B9F533-41D8-4813-B6 6E-E54EDA1B6D29	Contribution
Residential Street Address 11 Charcoal Hill Rd		City Westport		•	State	Zip Code 06880-1633	Date Received 01/30/2014	\$5,000.00
					101	<u></u>		
Principal Occupation N/a		Name of Employer None				Is this contribution associal fundraising event listed in a If yes, list Event #		
Is contributor a principal of a state contractor or prospec	ctive state co	ontractor?	☐ Yes	Is contrib	utor a lobbyist, s		Aggregate contributions	
If yes, indicate which branch or branches of government the contract is with:	■ Execu	tive	No No	or depend	lent child of a lob	obyist? 🗖 No	\$5,000.00	
Last Name	First			Ml	Method of conti	ibution: Personal Check	Contribution ID # 93AEC76B-F6D4-402B-9	Amount of
Fields	Dougla			P.	Money Order		B87-61445DB8DDF9	Contribution
Residential Street Address		City			State	Zip Code	Date Received	\$500.00
100 Midwood Rd		Greenwich			СТ	06830-3837	01/30/2014	
Principal Occupation		Name of Employer			•	Is this contribution associate		
Retired		None				fundraising event listed in a If yes, list Event #	Section J1?	
Is contributor a principal of a state contractor or prospec	ctive state co	ntractor?	☐ Yes	Is contrib	utor a lobbyist, s		Aggregate contributions	
If yes, indicate which branch or branches	■ Execu	tive Legislative	No No		lent child of a lob		\$500.00	
of government the contract is with:		ilve 🔲 Legislative		MI	Method of contr	ibution	Contribution ID#	
Last Name Gibbons	First Lil e			R.	Cash	Rersonal Check	28BF3288-E0A5-40DB-A	Amount of Contribution
Residential Street Address	Lile	City		13.	Money Order	Credit/Debit Card Zip Code	C46-195DF654B8DD Date Received	,
27 Sunset Rd		Old Greenwich			СТ	06870-2109	01/27/2014	\$500.00
Principal Occupation		Name of Employer				Is this contribution associate	ed with a Yes	
Retired		None				fundraising event listed in ! If yes, list Event #	Section J1?	
Is contributor a principal of a state contractor or prospec	tive state co	ntractor?	☐ Yes	Is contrib	utor a lobbyist, s		Aggregate contributions	
If yes, indicate which branch or branches			™ No		lent child of a lob		\$500.00	
of government the contract is with:	☐ Execu	tive Legislative		MI	Inch in a	9		-
Last Name Gressel	First			L.	Method of contr Cash Money Order	Personal Check	Contribution ID # BFBB3AAD-F26C-4F7F-	Amount of Contribution
Residential Street Address	Daniel	City			State Order	Credit/Debit Card Zip Code	AB84-5C0FED5A69FC Date Received	
88 Cedar Cliff Rd		Riverside			СТ	06878-2604	03/18/2014	\$1,000.00
Principal Occupation		Name of Employer			<u>.</u>	Is this contribution associat	ed with a Yes	
Investment Manager		Teleos Asset Mar	nageme	nt		fundraising event listed in S	Section J1?	
Is contributor a principal of a state contractor or prospec	tive state co	ntractor?	☐ Yes	Is contribu	utor a lobbyist, s	oouse,	Aggregate contributions	
If yes, indicate which branch or branches of government the contract is with:	☐ Execu		™ No		ent child of a lob		\$1,000.00	
Last Name	First			MI	Method of contr	ibution: Personal Check	Contribution ID #	Amount of
Standish	Peter			G	Money Order	Credit/Debit Card	B0402F53-21B2-403B-B0 FD-C5DFEEF9127B	Contribution
Residential Street Address		City			State	Zip Code	Date Received	\$100.00
35 Point Beach Dr		Milford			СТ	06460-7642	01/07/2014	
Principal Occupation		Name of Employer				Is this contribution associate fundraising event listed in S		
CEO/owner		Coastal Pallet Co	rp.			If yes, list Event #	NO NO	
Is contributor a principal of a state contractor or prospec	tive state co	ntractor?	Yes		utor a lobbyist, sp		Aggregate contributions	
If yes, indicate which branch or branches of government the contract is with:	☐ Execu	tive	™ No	or depend	ent child of a lob	byist? 🗖 No	\$100.00	
<u> </u>		-		<u> </u>				

SUBTOTAL Section B-This Pag	\$7,100.00
TOTAL of additional Section B Page	\$61,150.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page,	\$69,831.00

	I. MONET	ARY R	ECEIPT	S (Sections	A-I)	Pa	ge 6 of 6	
NAME OF COMMITTEE				,		REPORT TYPE		
Connecticut Republican scc						12th Day Pr		
A. Total Contributions from Sm (See instructions for definition of Small Con		this P		NLY ototal Section	n A	\$1,581	.00	
	B. Itemized Cor	ıtribu	tions fr	om Indiv	iduals			
Last Name Madonna	First Paul		мі К .	Method of contr ☐ Cash ☐ Money Order	□P	ersonal Check redit/Debit Card	Contribution ID # 4ACF2512-69E3-41F7-87 64-951C3F384087	Amount of Contribution
Residential Street Address 63 Osga Ln	City Jewett City			State CT	Zip Code 06351	I-8831	Date Received 01/31/2014	\$100.00
Principal Occupation Retired	Name of Employer None	None			fundraisi	ntribution associating event listed in Sist Event #	=	
Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the contract is with:	_	Yes No		or a lobbyist, sp nt child of a lob		Yes No	Aggregate contributions \$100.00	

· · · · · · · · · · · · · · · · · · ·		I. M	ONETAR	Y RECEIPT	S (Section	ıs A-K)	Page 1 o	f 1
NAME OF COMMITTEE						REPO	ORT TYPE	
Connecticut Republican scc						12t	h Day Preceeding	g Election
		C1 Cont	ribution	s from Oth	ier Com	mittees		
Name of Committee		Cr. Com.	i ibutioi		Name of Treasu			
Griswold RTC					Erma	Imperato		
Address			Is this cont	ribution associated		☐Yes If yes	, list	Amount of Contribution
19 Slater Avenue			fundraising	event listed in Sec	ction L1?	No Even		
City	State	Zip Code		Date Received		Aggregate Contribu	utions	\$250.00
Jewett City	СТ	0635	1-2426	03/04/2014			\$250.00	
Name of Committee		•			Name of Treasur	rer		•
Republican Women of Westport					Joan	G. Laspro	gato	
Address			Is this cont	ribution associated	with a	☐Yes If yes	, list	Amount of Contribution
28 Drumlin Road			fundraising	event listed in Sec	tion L1?	No Event	#	,
City .	State	Zip Code	,	Date Received		Aggregate Contribu	itions	\$200.00
Westport	СТ	06880)-6137	01/28/2014			\$200.00	
Name of Committee	•			1	Name of Treasur	rer		
Harkins For Mayor 2014					Wi 11	iam O. Cal	ora1	
Address			Is this cont	ribution associated	with a	☐Yes If yes	, list	Amount of Contribution
1034 East Main Street			fundraising	event listed in Sec	tion L1?	No Event	#	
City	State	Zip Code		Date Received		Aggregate Contribu	itions	\$500.00
Stratford	СТ	06614	I-3606	02/26/2014		ļ	\$500.00	

SUBTOTAL Section C - This Page	\$950.00
TOTAL of additional Section C Pages	\$4,410.16
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1+C2) (Enter total on Line 14)	\$5,360.16

	<u>.</u>	I. MONETAR	Y RECEIPTS (Sections A-I)	Page 1 of	<u>1</u>
NAME OF COMMITTEE				REPORT TYPE	
Connecticut Republican scc				12th Day Preceedi	ng Election
	C2 Rei	mbursements or F	ayments from other Con	omittees	
Name of Committee			Name of Treasurer		
New Britain RTC			Tony Cane		
Address			Date Received		Amount of Receipt
100 Brook Street			01/07/2014		
City	State	Zip Code	Reimbursement for shared expens	e	\$410.16
New Britain	СТ	06051-3430	Payment for goods and services		*
Name of Committee			Name of Treasurer	·	
Lumaj 2014			Steven P. Blackbur	m	
Address			Date Received		Amount of Receipt
745 Mill Plain Road			03/18/2014		
City	State	Zip Code	Reimbursement for shared expens	e	\$500.00
Fairfield	СТ	06824-3806	☐ Payment for goods and services		
Name of Committee		-	Name of Treasurer		
Lumaj 2014			Steven P. Blackbur	m	
Address			Date Received		Amount of Receipt
745 Mill Plain Road	Plain Road				
City	State	Zip Code	Reimbursement for shared expens	e	\$3,500.00
Fairfield	СТ	06824-3806	Payment for goods and services		1

SUBTOTAL Section C-This Page	\$4,410.16
TOTAL of additional Section C Pages	\$950.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 15 of Summary Page)	\$5,360.16

,	I. MONETARY RECEIPTS ((Sections A-K)	Page 1 of 1	
NAME OF COMMITTEE	The Hills of the Control of the Cont	REP	ORT TYPE	
Connecticut Republican scc		12t	h Day Preceeding Ele	ction
	J. Interest from Deposits in Author	orized Accounts		
Name of Institution		Date Rec		Amount
First Niagara Bank		02	2/28/2014	
Street Address	City	State	Zip Code	\$0.42
133 E. Main Street	Plainville	СТ	06062-1956	
Name of Institution		Date Rec	eived	Amount
First Niagara Bank		0-	1/29/2014	
Street Address	City	State	Zip Code	\$0.42
133 E. Main Street	Plainville	ст	06062-1956	

Total Section J

\$0.84

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D	hrough	К)
Total Loans Received this Period (Section D)		
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+_	
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	·
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0.84
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	
Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Po	age Totals)	0.84

		II. FUNDR	RAISING EVEN	T ACTIVITY	Pa	ge 1 c	of 1	
NAME OF COMMITTEE					TYPE OF REPO	RT		
Connecticut Repu	blican scc	,			12th Day P	recee	ding Electi	on
L3. P	urchases of Advertising	in a Program Bo	ok or on a Si	n (Municipal C	ndidate and T	own C	Committees	ONLY
Name of Donor						_	ase Made By:	
Barker Specialty C	o Inc					⊞ Bi	usiness Entity	■ Individual
Darker opecially c	50. IIIC.						ole Proprietorshi	p
Street Address			City				State	Zip Code
27 Realty Dr			Cheshire				СТ	06410-1656
Date Received	Event #	Aggregate purchases for a	ll events	Amount of Program A	d Purchase	Am	ount of Sign Purc	hase
03/21/2014	05162014A	\$250.00		\$250.00				
Name of Donor		·				Purch	ase Made By:	
Penny For CT							usiness Entity	■ Individual
T CHINY T OF CT						□ Sc	ole Proprietorshi	p ##Committee
Street Address			City				State	Zip Code
71 W. Stafford Ro	ad		Stafford Sprii	ngs			СТ	06076-1069
Date Received	Event #	Aggregate purchases for a	ll events	Amount of Program A	d Purchase	Am	ount of Sign Purc	hase
03/19/2014	05162014A	\$50.00		\$50.00				

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

		IV. EXPENDITURES		Page 1 of 3			
IAME OF COMMITT	TEE		REPOR	T TYPE			
Connecticut Rep	ublican scc		12th	Day Preceeding El	ection	l	
	The second secon	Expenses Paid by Committee				Runn	ingTota
lame of Payee				Date of Payment		Method of	Payment
Chatham Light M	ledia LLC			03/10/2014		ICCK #	1246
Street Address		City	State	Zip Code		ebit Card	
P.O. Box 1330		Stowe	VT	05672-1330	Ц,		
urpose of Expenditure by code)	Description Web Video			Event #		Ar	nount
-WEB xpenditure #	Type of Expenditure (if applicable) Itemization in A	ddandum P Paquirad	Coordinated	with Reimbursement sought	-	\$	4,012.50
spenditure #	Coordinated without reimbursement sought		B C C	· ·			
ame of Payee				Date of Payment	\top	Method of	Payment
lavon				03/03/2014	⊞ CI	neck#	EFT
treet Address		City	State	Zip Code	│ □ ▷	ebit Card	
300 Chapman I	Hwy	Knoxville	TN	37920-6612			
urpose of Expenditure by code)	Description			Event #		Ar	nount
iisc	Service Fee						\$40.00
xpenditure #	Type of Expenditure (if applicaple) Itemization in A			with Reimbursement sought	t		
CD	Coordinated without reimbursement sought	☐ Independent ☐ Organization ☐ A ☐	в 🗆 С 🗀	_	<u>, l</u>		
ame of Payce Llavon				Date of Payment 02/03/2014	BH Ch	Method of	Payment EFT
treet Address		City	State	Zip Code		bit Card	
300 Chapman F	Hwy	Knoxville	TN	37920-6612			
urpose of Expenditure	Description	_ _		Event #	1	A	nount
y code) ISC	Service Fee			*	l	Au	
spenditure #	Type of Expenditure (if applicaple) Itemization in Ad	ddendum P Required	Coordinated v	vith Reimbursement sought			\$40.00
	☐ Coordinated without reimbursement sought	☐ Independent ☐ Organization ☐ A ☐	восо	D 🗖 E			
ame of Payee				Date of Payment	1	Method of	
lavon		City	State	01/02/2014 Zip Code	EM Ch	eck# bit Card	EFT
treet Address 300 Chapman H	-two	Knoxville	TN	37920-6612			
urpose of Expenditure	Description	TOTOXVIIIE	1114	Event #	\perp		····
y code) ISC	Service Fee			Event #		An	nount
spenditure #	Type of Expenditure (if applicaple) Itemization in Ac	Idendum P Required	Coordinated v	vith Reimbursement sought	-		\$40.00
	☐ Coordinated without reimbursement sought	☐ Independent ☐ Organization ☐ A ☐		*			
ame of Payee				Date of Payment] . 1	Method of	Payment
tonald E. Wilcox				03/21/2014	⊞ Ch	CCK #	1248
treet Address		City	State	Zip Code	□ De	bit Card	
2 Cedarhurst Tr	<u> </u>	Sandy Hook	СТ	06482-1437			
rpose of Expenditure y code)	Description			Event #		An	ount
ROW	Mileage Reimbursement						\$455.84
spenditure #	Type of Expenditure (if applicable) Itemization in Ac Coordinated without reimbursement sought		Coordinated v	vith Reimbursement sought			
ame of Payee	Coordinated without reimbursement sought	☐ Independent ☐ Organization ☐ A ☐ 1	8000	Date of Payment	, 	Method of	Dayment
IPrinting				03/12/2014	☐ Ch		EFT
treet Address		City	State	Zip Code		bit Card	
00 Riverside Ind	dustrial Pkwy	Portland	ME	04103-1414			
rpose of Expenditure	Description		!	Event #	<u> </u>	An	lount
y code) ISC	Banking Supplies			ļ			\$46.45
penditure #	Type of Expenditure (if applicaple) Itemization in Ac	-		vith Reimbursement sought	\Box		ψ τ υ.40
	☐ Coordinated without reimbursement sought	☐ Independent ☐ Organization ☐ A ☐ 1	восо	D D E			

SUBTOTAL Section P-This Page	\$4,634.79
TOTAL of additional Section P Pages	\$28,608.57
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)	\$33,243.36

-		IV. EXPENDITURES		Page 2 of 3			
NAME OF COMMITTE	E		REPOI	RT TYPE			
Connecticut Repu	ublican scc		12th	Day Preceeding Ele	ectio	า	
		Expenses Paid by Committee				Run	ningTota
Name of Payce Postmaster				Date of Payment 02/06/2014	la c		f Payment 1244
Sircet Address		City	State	Zip Code		Debit Card	
6103 State Hous	e Sq 6103	Hartford	СТ	06103-0000			
Purpose of Expenditure by code) POST	Description Business Reply Postage		<u> </u>	Event #	<u> </u>		mount
Expenditure #	Type of Expenditure (if applicable) Itemization in A	ddendum P Required	Coordinated	with Reimbursement sought			\$100.00
	☐ Coordinated without reimbursement sought	☐ Independent ☐ Organization ☐ A ☐ B		-	Ì		
Name of Payce				Date of Payment		Method o	f Payment
Campaign Solutio	ons	V	1	01/08/2014		heck#	EFT
Street Address	L C4	City	State	Zip Code	"	ebit Card	
117 N Saint Asap		Alexandria	VA	22314-3109	Ц,		
by code) DVHD	Description Service Fee			Event #	<i>A</i>		mount ¢40.25
Expenditure #	Type of Expenditure (if applicaple) Itemization in Ad	dendum P Required	Coordinated	with Reimbursement sought			\$40.35
	☐ Coordinated without reimbursement sought	☐ Independent ☐ Organization ☐ A ☐ B		D D E			
Name of Payee		•		Date of Payment			f Payment
Campaign Solutio	ons	City	State	01/17/2014 Zip Code		heck # ebit Card	EFT
Street Address 117 N Saint Asap	h St	Alexandria	VA	22314-3109	- "	von cara	
turpose of Expenditure	Description	Alexandria	147	Event #	┷┪		
by code) MISC	Service Fee			Event #		A	mount
Expenditure #	Type of Expenditure (if applicaple) Itemization in Ac	Idendum P Required	`oordinated	with Reimbursement sought			\$2.20
	☐ Coordinated without reimbursement sought	☐ Independent ☐ Organization ☐ A ☐ B		-			
Name of Payee				Date of Payment	Т	Method o	f Payment
Campaign Solutio	ns		1 ~	02/14/2014		heck # ebit Card	EFT
Street Address	h C4	City	State	Zip Code	۳۳	eon Card	
17 N Saint Asap		Alexandria	IVA	22314-3109	Щ,		
by code)	Description Service Fee			Event #		A	mount
AISC expenditure #	Type of Expenditure (if applicable) Itemization in Ac	Idendum P Required	Coordinated	with Reimbursement sought			\$18.71
	Coordinated without reimbursement sought	☐ Independent ☐ Organization ☐ A ☐ B					
lame of Payce				Date of Payment		Method o	f Payment
Campaign Solutio	ns			01/31/2014		heck #	EFT
Street Address		City	State	Zip Code		ebit Card	
17 N Saint Asapl		Alexandria	VA	22314-3109	L_,		
urpose of Expenditure by code)	Description			Event #		A	mount
IISC	Service Fee						\$10.86
xpenditure #	Type of Expenditure (if applicable) Itemization in Ad	Independent Organization A B		with Reimbursement sought			
Jame of Payce	Coordinated without reinfoursement sought	- independent - Organization - A - B		Date of Payment	1	Method o	Payment
Campaign Solutio	ns			03/07/2014	B C	heck#	EFT
Street Address		City	State	Zip Code	│ □▷	ebit Card	
17 N Saint Asapl	h St	Alexandria	VA	22314-3109			
urpose of Expenditure by code)	Description			Event #		A	mount
IISC	Service Fee						\$10.38
xpenditure #	Type of Expenditure (if applicaple) Itemization in Ad			with Reimbursement sought			
	Coordinated without reimbursement sought	☐ Independent ☐ Organization ☐ A ☐ B	⊔с□	D LE			

SUBTOTAL Section P-This Page	\$182.50
TOTAL of additional Section P Pages	\$33,060.86
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)	\$33,243.36

	IV. EXPENDITURES		Page 3 of 3		
TE		REPOR	RT TYPE		
ublican scc		12th	Day Preceeding El	ection	
	P. Expenses Paid by Committe	e		RunningTota	
			Date of Payment	Method of Payment	
ublican SCC	la:	St-1-		Check # 1245	
Ith Floor	· ·		*	Deon card	
· · · · · · · · · · · · · · · · · ·	Tiartioru			<u> </u>	
Transfer to Federal			Event #	Amount \$13,553.22	
1			_		
Coordinated without reimbursement sought	☐ Independent ☐ Organization ☐ A	<u> В С С</u>	D D E		
ublican SCC			Date of Paymont 01/02/2014	Method of Payment Check # EFT	
	City	State	Zip Code	☐ Debit Card	
th Floor	Hartford	СТ	06103-1630		
Description			Event #	Amount	
Transfer to Federal					
Type of Expenditure (if applicaple) Itemization in	Addendum P Required	☐ Coordinated	with Reimbursement sought	\$595.00	
☐ Coordinated without reimbursement sought	☐ Independent ☐ Organization ☐ A	\square B \square C \square	D D E		
			Date of Payment	Method of Payment	
ublican SCC	01/24/2014	Check # EFT			
	City	l.		☐ Debit Card	
th Floor	Hartford	СТ	06103-1630		
Description			Event #	Amount	
				\$9,894.70	
i _			_		
Coordinated without reimbursement sought	☐ Independent ☐ Organization ☐ A	□ в □ c □			
			Date of Payment	Method of Payment 1242	
asino	les	Stata		☐ Check # 1242 ☐ Debit Card	
Davatrand		}		_ Book care	
	Officasville	<u> </u>		<u> </u>	
i '			Event #	Amount	
· ·				\$2,000.00	
12		_	-		
Coordinated without reimbursement sought	Independent D Organization D A	овос о		Method of Payment	
· · · · · · · · · · · · · · · · · · ·					
	City	State	Zip Code	☐ Debit Card	
e Blvd	Clearwater	FL	33762-4428		
Description	•	<u> </u>	Event #	Amount	
Direct Mail-PARTY Fundraising					
Type of Expenditure (if applicaple) Itemization in	Addendum P Required	☐ Coordinated v	with Reimbursement sought	\$2,383.15	
☐ Coordinated without reimbursement sought	☐ Independent ☐ Organization ☐ A	п в п с п	D D E		
	ublican SCC th Floor Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Coordinated without reimbursement sought ublican SCC th Floor Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Coordinated without reimbursement sought ublican SCC th Floor Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Coordinated without reimbursement sought ublican SCC th Floor Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Coordinated without reimbursement sought asino Bouelvard Description 2014 Convention Venue-Deposit Type of Expenditure (if applicaple) Itemization in Coordinated without reimbursement sought ms e Blvd Description Direct Mail-PARTY Fundraising Type of Expenditure (if applicaple) Itemization in Coordinated Without Particular In Co	Ublican SCC City	P. Expenses Paid by Committee ublican SCC City Hartford CT Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Addendum P Required CT CT Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Addendum P Required CT CT Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Addendum P Required CT CT Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Addendum P Required CT CT Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Addendum P Required CT CT Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Addendum P Required CT CT Description Transfer to Federal Type of Expenditure (if applicaple) Itemization in Addendum P Required CT CT Description Transfer (if applicaple) Itemization in Addendum P Required CT CT Description CT	P. Expenses Paid by Committee P. Expenses Paid by Committee	

SUBTOTAL Section P-This Page	\$28,426.07
TOTAL of additional Section P Pages	\$4,817.29
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)	\$33,243.36

		IV. EXPENDITURES	Page 1 of 1				
NAME OF COMMITT	TEE TEE		REPORT TYPE				
Connecticut Rep	ublican scc		12th Day Preceeding E	Election			
	S. Expenses Inc	urred by Committee but Not Paid	During this Period	335 HE 15 50			
Name of Payee				Date Incurred			
Airnet (formerlys	martech)			03/20/2014			
Street Address	<u> </u>	City	State	Zip Code			
PO Box 11181		Chattanooga	TN	37401-2181			
Purpose of Expenditure	Description	-	Event #	Amount			
by code) EFV	Equipment Rental			(actual or estimate)			
Expenditure #	Type of Expenditure (if applicaple) Itemization	☐ Coordinated with Reimbursement sough	nt \$387.66				
00001	□ Coordinated without reimbursement sought □ Independent □ Organization □ Independent □ Organization □ Independent □ Organization □ Independent □ Organization □ Organizat						
Name of Payee				Date Incurred			
Airnet (formerlysi	martech)			03/24/2014			
Street Address		City	State	Zip Code			
PO Box 11181		Chattanooga	TN	37401-2181			
Purpose of Expenditure	Description .	· · · · · · · · · · · · · · · · · · ·	Event #	Amount			
by code) A-PH-BNK	GOTV Calls			(actual or estimate)			
Expenditure #	Type of Expenditure (if applicaple) Itemization in Addendum P Required Coordinated with Reimbursement sought						
00002	☐ Coordinated without reimbursement sough	at 🗖 Independent 🖾 Organization 🖼 A	В С С D С E				

Section S. ADDENDUM PAGE _1_ of _2_

NAME OF COMMITTEE	TYPE OF REPORT				
Connecticut Republican SCC	12th Day Preceding Election				
S. Expenses Incurred by Com	mittee but	Not Pa	id During this		
Expenditure # 00001	□ Suppor	ted	□ Opposed	\$387.66	ount Incurred
Name of Candidate	Oi	ffice Sought			Cost Allocated to Candidate
Tami Zawistowski		State	Representative	2	\$387.66
Name of Candidate	Of	ffice Sought			Cost Allocated to Candidate
Name of Candidate	Of	ffice Sought			Cost Allocated to Candidate
Name of Candidate	Of	fice Sought			Cost Allocated to Candidate
	ĺ				
Name of Candidate	Of	fice Sought		 	Cost Allocated to Candidate
				4.	i
Name of Candidate	Off	fice Sought			Cost Allocated to Candidate
Name of Candidate	Off	fice Sought			Cost Allocated to Candidate
Name of Candidate	Off	fice Sought			Cost Allocated to Candidate
		4		·	
Name of Candidate	Off	fice Sought		,	Cost Allocated to Candidate
Name of Candidate	Off	ice Sought			Cost Allocated to Candidate
Name of Candidate	Off	ice Sought			Cost Allocated to Candidate
Name of Candidate	Off	ice Sought			Cost Allocated to Candidate
Name of Candidate	Off	ice Sought			Cost Allocated to Candidate
Name of Candidate	Offi	ice Sought			Cost Allocated to Candidate
				1	

Section S. ADDENDUM PAGE 2 of 2

NAME OF COMMITTEE	TYPE OF REPORT				
Connecticut Republican SCC	12th Day Preceding Election				
S. Expenses Incurred by Com	mittee bu	t Not Paid	During this I	Period — Adden	lum
Expenditure #	penditure # ⊠ Supported □ Opposed		Onnogad	Amo	unt Incurred
00002	a Suppo	oorted 🗆 Opposed	\$107 . 75 I	lst.	
Name of Candidate	[Office Sought		. <u>.</u>	Cost Allocated to Candidate
Tami Zawistowski		State	Representati	ive	\$107 .7 5
	i		•		
Name of Candidate	1	Office Sought			Cost Allocated to Candidate
N. CO. III.		0.000 0 1:			0
Name of Candidate	ľ	Office Sought			Cost Allocated to Candidate
Name of Candidate		Office Sought			Cost Allocated to Candidate
Name of Candidate	1	Office Sought			Cost Allocated to Candidate
				·	
Name of Candidate		Office Sought			Cost Allocated to Candidate
Name of Candidate	-	Office Sought			Cost Allocated to Candidate
Name of Candidate	· · · · · · · · · · · · · · · · · · ·	Office Sought			Cost Allocated to Candidate
					•
		,			
Name of Candidate		Office Sought		•	Cost Allocated to Candidate
Name of Candidate		Office Sought			Cost Allocated to Candidate
Name of Candidate	•	Office Sought			Cost Allocated to Candidate
N. CO. P.L.		0.00 0 1.			0 . 11 . 1. 0 . 11.
Name of Candidate	ľ	Office Sought			Cost Allocated to Candidate
Name of Candidate		Office Sought			Cost Allocated to Candidate
Name of Candidate	(Office Sought	-,,		Cost Allocated to Candidate
					· · · · · · · · · · · · · · · · · · ·