

# SEEC FORM 20

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



140329

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Page 1 of 2

## SUMMARY PAGE

### 1. NAME OF COMMITTEE

Connecticut Republican scc

FILED SEEC

### 3. TREASURER NAME

Title	First	MI	Last	Suffix
	Gary	N	Schaffrick	

### 4. TREASURER ADDRESS

Street Address	City	State	Zip Code
515 Emmett St Apt 14	Bristol	CT	06010

### 5. ELECTION DATE

(mm/dd/yyyy)

04/11/2014

### 6. OFFICE SOUGHT (if applicable)

### 7. DISTRICT NUMBER (if applicable)

### 8. CANDIDATE NAME

Title	First	MI	Last	Suffix

### 9. TYPE OF REPORT

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> January 10 filing                         | <input type="checkbox"/> 7th day preceding primary  | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="checkbox"/> April 10 filing                           | <input type="checkbox"/> 30 days following primary  | <input type="checkbox"/> 45 days following referendum | <input type="checkbox"/> Amendment to Type of Report:                     |
| <input type="checkbox"/> July 10 filing                            | <input type="checkbox"/> 7th day preceding election   | <input type="checkbox"/> Deficit                      |   |
| <input type="checkbox"/> October 10 filing                         | <input checked="" type="checkbox"/> 12th day preceding election (State Central Committees Only) | <input type="checkbox"/> Termination                  |   |
| <input type="checkbox"/> Independent Expenditure                   | <input type="checkbox"/> 45 days following election not held in November                        |   |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> Election |   |   |   |

### 10. PERIOD COVERED

Beginning Date

Ending Date

01/01/2014

thru

03/24/2014

### 11. CERTIFICATION

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)

PRINTED NAME OF SIGNER

3/27/14  
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**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Revised January 2012

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Connecticut Republican SCC	12th Day Preceding Election	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		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	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2, removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i>	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	

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

Page 1 of 6

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						12th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)						Subtotal Section A	
						\$1,581.00	
B. Itemized Contributions from Individuals							
Last Name LaPlaca		First Peter		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 # DA4E8DC3-C9C5-4CA2-BA38-673ADA8D4C90
Residential Street Address 24 Quarry Dr		City Vernon Rockville		State CT	Zip Code 06066-4917		Date Received 03/07/2014
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 Mayer		First George		MI L.	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 # 5A4F75A2-3C88-4BCF-A994-C684A7D529AA
Residential Street Address 2 Andrews Rd		City Essex		State CT	Zip Code 06426-1311		Date Received 02/19/2014
Principal Occupation Real Estate/investment		Name of Employer Manhattan Realty Group		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 \$500.00	
Last Name Simanski		First William		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 # 26C52EF0-B408-4BFF-B267-DCFCFC3356B6
Residential Street Address 12 Kilmer Ln		City Granby		State CT	Zip Code 06035-2524		Date Received 02/14/2014
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 Kallan		First Beatriz		MI S	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 # 837049C3-FEAD-4F3F-8526-C1CF98F10F25
Residential Street Address 311 Los Pinos Place		City Coral Gables		State FL	Zip Code 33143-6426		Date Received 02/26/2014
Principal Occupation Housewife		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 \$2,000.00	
Last Name Johnson		First Nancy		MI L.	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 # 7BFA315C-B9F3-4241-AFB5-769F34DB30FA
Residential Street Address 310 Seabury Drive		City Bloomfield		State CT	Zip Code 06002-2657		Date Received 01/23/2014
Principal Occupation Senior Analyst		Name of Employer Baker Donelson		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 \$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 &amp; B) (Enter total on Line 14 of Summary Page) \$69,831.00

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

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NAME OF COMMITTEE					REPORT TYPE				
Connecticut Republican scc					12th Day Preceding Election				
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)					<b>\$1,581.00</b>				
<b>Subtotal Section A</b>									
<b>B. Itemized Contributions from Individuals</b>									
Last Name <b>Hubbard</b>		First <b>Kathryn</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>7D7EE11C-C929-4343-B4 AA-FFR97FR29A81</b>		Amount of Contribution  <b>\$10,000.00</b>
Residential Street Address <b>5600 Sunset Lane</b>		City <b>Indianapolis</b>		State <b>IN</b>	Zip Code <b>46228-1446</b>		Date Received <b>02/26/2014</b>		
Principal Occupation <b>Marketing</b>		Name of Employer <b>E+A Industries Inc.</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 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>\$10,000.00</b>			
Last Name <b>Hubbard</b>		First <b>Allan</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>0DBE74E8-9240-4790-9E 32-D1D2AF67FE3D</b>		Amount of Contribution  <b>\$10,000.00</b>
Residential Street Address <b>5600 Sunset Lane</b>		City <b>Indianapolis</b>		State <b>IN</b>	Zip Code <b>46228-1446</b>		Date Received <b>02/26/2014</b>		
Principal Occupation <b>Chairman</b>		Name of Employer <b>E+A Industries Inc.</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 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>\$10,000.00</b>			
Last Name <b>McMahon</b>		First <b>Linda</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>ECAE98EA-6973-4762-A 0FA-B2FC4A33B73D</b>		Amount of Contribution  <b>\$10,000.00</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>01/17/2014</b>		
Principal Occupation <b>Executive</b>		Name of Employer <b>Self Employed</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 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>\$10,000.00</b>			
Last Name <b>Joyce</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 type="checkbox"/> Credit/Debit Card		Contribution ID # <b>F391F577-44AF-4D8C-AE 30-0117514C5C59</b>		Amount of Contribution  <b>\$5,000.00</b>
Residential Street Address <b>142 Goodwives River Rd</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820-5807</b>		Date Received <b>03/19/2014</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 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 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>\$5,000.00</b>			
Last Name <b>Miyashiro</b>		First <b>Gary</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>C0EFE074-DE71-474A-A 1DC-5D020E2A43F9</b>		Amount of Contribution  <b>\$250.00</b>
Residential Street Address <b>41 Sullivan Dr</b>		City <b>Redding</b>		State <b>CT</b>	Zip Code <b>06896-2509</b>		Date Received <b>01/06/2014</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 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 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 \$35,250.00

TOTAL of additional Section B Pages \$33,000.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page) \$69,831.00

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

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NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						12th Day Preceding Election	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>						<b>\$1,581.00</b> <b>Subtotal Section A</b>	
<b>B. Itemized Contributions from Individuals</b>							
Last Name		First		MI	Method of contribution:		Contribution ID #
Hanzalek		Astrid		T.	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		4FD81C98-2A9C-4EEC-B FBE-D2DFAF31F76A
Residential Street Address		City		State	Zip Code		Date Received
31 Abraham Ter		Suffield		CT	06078-2167		01/15/2014
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Retired		None		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		\$1,500.00	
Last Name		First		MI	Method of contribution:		Contribution ID #
Pendleton		Arthur		R.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		FE28829F-96DA-42A8-81 4A-F10A007AB67C
Residential Street Address		City		State	Zip Code		Date Received
PO Box 657		Manchester		CT	06045-0657		01/06/2014
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Manufacturing Agent		Pendleton Associates, Inc.		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		\$100.00	
Last Name		First		MI	Method of contribution:		Contribution ID #
McNiff		Audrey			<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		B1020C56-2D53-4515-8C 43-CB45DD0F1562
Residential Street Address		City		State	Zip Code		Date Received
102 Zaccheus Mead Ln		Greenwich		CT	06831-3751		02/28/2014
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Retired		None		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		\$5,000.00	
Last Name		First		MI	Method of contribution:		Contribution ID #
Seabourne		George		P.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		98EACC73-3501-4ED5-A F8F-138830A1A806
Residential Street Address		City		State	Zip Code		Date Received
12 Valley View Road		Thomaston		CT	06787-1056		01/02/2014
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Attorney		Seabourne & Malloy		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		\$100.00	
Last Name		First		MI	Method of contribution:		Contribution ID #
Munger		Linda Zwack			<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		CD40FFC0-2264-44A1-92 DE-D2DC50436FB6
Residential Street Address		City		State	Zip Code		Date Received
16 Knollwood Dr		Greenwich		CT	06830-4733		02/12/2014
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Retired		None		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		\$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 &amp; B) (Enter total on Line 14 of Summary Page) \$69,831.00

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

Page 4 of 6

NAME OF COMMITTEE						REPORT TYPE	
Connecticut Republican scc						12th Day Preceding Election	
<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> \$1,581.00	
<b>B. Itemized Contributions from Individuals</b>							
Last Name		First		MI	Method of contribution:		Contribution ID #
Macy		J.		Ti	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		E560144B-6ADD-49D9-B7CA-429A3F08CD75
Residential Street Address		City		State	Zip Code		Date Received
136 Quonnapaug Ln		Guilford		CT	06437-1103		01/02/2014
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
Retired		None		<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?				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
If yes, indicate which branch or branches of government the contract is with: <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 #
Buckley		Eileen		S.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		0B1B6EF6-AC13-4328-A0AD-71BC3F97FEBB
Residential Street Address		City		State	Zip Code		Date Received
248 Lyons Plain Rd		Weston		CT	06883-2452		01/28/2014
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
Retired		None		<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?				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
If yes, indicate which branch or branches of government the contract is with: <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 #
Jahncke		Redington			<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		9F4FB577-2D1E-4C7A-99FD-B98KF5A66D98
Residential Street Address		City		State	Zip Code		Date Received
PO Box 953		Greenwich		CT	06836-0953		01/13/2014
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
Consulting		The Townsend Group Intl Llc		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # 10213A			
Is contributor a principal of a state contractor or prospective state contractor?				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
If yes, indicate which branch or branches of government the contract is with: <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		Vincent		K.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		9173808C-5BC7-4238-8385-0CFC05D1C80F
Residential Street Address		City		State	Zip Code		Date Received
14 Hurlingham Dr		Greenwich		CT	06831-2739		01/17/2014
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
Chairman & CEO		Wwe Inc.		<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?				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10,000.00	
Last Name		First		MI	Method of contribution:		Contribution ID #
Levy		Peter		B.	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		71B7FD11-16C5-4A83-91ACCEA0B8A259DF
Residential Street Address		City		State	Zip Code		Date Received
18 Mayfair Ln		Greenwich		CT	06831-3640		02/14/2014
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1?			
Real Estate		Kamber Management Co.		<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?				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	

SUBTOTAL Section B-This Page \$10,400.00

TOTAL of additional Section B Pages \$57,850.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page) \$69,831.00

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

Page 5 of 6

NAME OF COMMITTEE					REPORT TYPE	
Connecticut Republican scc					12th Day Preceding Election	
<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> \$1,581.00	
<b>B. Itemized Contributions from Individuals</b>						
Last Name <b>Hess</b>		First <b>Karen</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	
Residential Street Address <b>11 Charcoal Hill Rd</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880-1633</b>	Contribution ID # C5B9F533-41D8-4813-B6 5E-F54FDA1B6D29 Date Received <b>01/30/2014</b>
Principal Occupation <b>N/a</b>		Name of Employer <b>None</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 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		\$5,000.00
Last Name <b>Fields</b>		First <b>Douglas</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	
Residential Street Address <b>100 Midwood Rd</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830-3837</b>	Contribution ID # 93AEC76B-F6D4-402B-9 8872-61445DB8DDE9 Date Received <b>01/30/2014</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 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 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		\$500.00
Last Name <b>Gibbons</b>		First <b>Lile</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	
Residential Street Address <b>27 Sunset Rd</b>		City <b>Old Greenwich</b>		State <b>CT</b>	Zip Code <b>06870-2109</b>	Contribution ID # 28BF3288-E0A5-40DB-A C46-195DE654B8DD Date Received <b>01/27/2014</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 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 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		\$500.00
Last Name <b>Gressel</b>		First <b>Daniel</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	
Residential Street Address <b>88 Cedar Cliff Rd</b>		City <b>Riverside</b>		State <b>CT</b>	Zip Code <b>06878-2604</b>	Contribution ID # BFB3AAAD-F26C-4F7F- AB84-5C0FFD5A69FC Date Received <b>03/18/2014</b>
Principal Occupation <b>Investment Manager</b>		Name of Employer <b>Teleos Asset Management</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 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		\$1,000.00
Last Name <b>Standish</b>		First <b>Peter</b>		MI <b>G</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	
Residential Street Address <b>35 Point Beach Dr</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460-7642</b>	Contribution ID # B0402F53-21B2-403B-B0 ED-C5DFFEF9127B Date Received <b>01/07/2014</b>
Principal Occupation <b>CEO/owner</b>		Name of Employer <b>Coastal Pallet Corp.</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 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		\$100.00

SUBTOTAL Section B-This Page \$7,100.00

TOTAL of additional Section B Pages \$61,150.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page) \$69,831.00

NAME OF COMMITTEE					REPORT TYPE	
Connecticut Republican scc					12th Day Preceeding Election	
<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> \$1,581.00	
<b>B. Itemized Contributions from Individuals</b>						
Last Name Madonna		First Paul		MI K.	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 # 4ACF2512-69E3-41F7-87 64-951C 3F384087
Residential Street Address 63 Osga Ln		City Jewett City		State CT	Zip Code 06351-8831	Date Received 01/31/2014
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 <i>If yes, list Event #</i>		<b>Amount of Contribution</b>  \$100.00
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Aggregate contributions						\$100.00

SUBTOTAL Section B-This Page		\$100.00
TOTAL of additional Section B Pages		\$68,150.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)		\$69,831.00



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

Page 1 of 1

NAME OF COMMITTEE

REPORT TYPE

Connecticut Republican scc

12th Day Preceeding Election

## C1. Contributions from Other Committees

Name of Committee

Name of Treasurer

Griswold RTC

Enna Imperato

Address

19 Slater Avenue

Is this contribution associated with a  
fundraising event listed in Section L1?☐ Yes If yes, list  
☒ No Event # \_\_\_\_\_

Amount of Contribution

City

Jewett City

State

CT

Zip Code

06351-2426

Date Received

03/04/2014

Aggregate Contributions

\$250.00

\$250.00

Name of Committee

Republican Women of Westport

Name of Treasurer

Joan G. Lasprogato

Address

28 Drumlin Road

Is this contribution associated with a  
fundraising event listed in Section L1?☐ Yes If yes, list  
☒ No Event # \_\_\_\_\_

Amount of Contribution

City

Westport

State

CT

Zip Code

06880-6137

Date Received

01/28/2014

Aggregate Contributions

\$200.00

\$200.00

Name of Committee

Harkins For Mayor 2014

Name of Treasurer

William O. Cabral

Address

1034 East Main Street

Is this contribution associated with a  
fundraising event listed in Section L1?☐ Yes If yes, list  
☒ No Event # \_\_\_\_\_

Amount of Contribution

City

Stratford

State

CT

Zip Code

06614-3606

Date Received

02/26/2014

Aggregate Contributions

\$500.00

\$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

I. MONETARY RECEIPTS (Sections A-I)					Page 1 of 1
NAME OF COMMITTEE				REPORT TYPE	
Connecticut Republican scc				12th Day Preceeding Election	
<b>C2. Reimbursements or Payments from other Committees</b>					
Name of Committee New Britain RTC			Name of Treasurer Tony Cane		
Address 100 Brook Street			Date Received 01/07/2014		Amount of Receipt  \$410.16
City New Britain	State CT	Zip Code 06051-3430	<input checked="" type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Payment for goods and services		
Name of Committee Lumaj 2014			Name of Treasurer Steven P. Blackburn		
Address 745 Mill Plain Road			Date Received 03/18/2014		Amount of Receipt  \$500.00
City Fairfield	State CT	Zip Code 06824-3806	<input checked="" type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services		
Name of Committee Lumaj 2014			Name of Treasurer Steven P. Blackburn		
Address 745 Mill Plain Road			Date Received 03/18/2014		Amount of Receipt  \$3,500.00
City Fairfield	State CT	Zip Code 06824-3806	<input checked="" type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services		

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				REPORT TYPE	
Connecticut Republican scc				12th Day Preceeding Election	
<b>J. Interest from Deposits in Authorized Accounts</b>					
Name of Institution			Date Received		Amount
First Niagara Bank			02/28/2014		
Street Address		City	State	Zip Code	\$0.42
133 E. Main Street		Plainville	CT	06062-1956	
Name of Institution			Date Received		Amount
First Niagara Bank			01/29/2014		
Street Address		City	State	Zip Code	\$0.42
133 E. Main Street		Plainville	CT	06062-1956	
<b>Total Section J</b>					<b>\$0.84</b>

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)		
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)	+	
<b>Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Page Totals)</b>		<b>0.84</b>

## II. FUNDRAISING EVENT ACTIVITY

Page 1 of 1

NAME OF COMMITTEE				TYPE OF REPORT	
Connecticut Republican scc				12th Day Preceeding Election	
<b>L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)</b>					
Name of Donor Barker Specialty Co. Inc.				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 27 Realty Dr		City Cheshire		State CT	Zip Code 06410-1656
Date Received 03/21/2014	Event # 05162014A	Aggregate purchases for all events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	
Name of Donor Penny For CT				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Committee	
Street Address 71 W. Stafford Road		City Stafford Springs		State CT	Zip Code 06076-1069
Date Received 03/19/2014	Event # 05162014A	Aggregate purchases for all events \$50.00	Amount of Program Ad Purchase \$50.00	Amount of Sign Purchase	

SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY)	\$300.00
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)	\$300.00

## IV. EXPENDITURES

Page 1 of 3

NAME OF COMMITTEE				REPORT TYPE	
Connecticut Republican scc				12th Day Preceeding Election	
P. Expenses Paid by Committee					Running Total
Name of Payee			Date of Payment	Method of Payment	
Chatham Light Media LLC			03/10/2014	<input checked="" type="checkbox"/> Check # 1246 <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	
P.O. Box 1330		Stowe	VT	05672-1330	
Purpose of Expenditure (by code)	Description			Event #	Amount
A-WEB	Web Video				\$4,012.50
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	
Elavon			03/03/2014	<input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	
7300 Chapman Hwy		Knoxville	TN	37920-6612	
Purpose of Expenditure (by code)	Description			Event #	Amount
MISC	Service Fee				\$40.00
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			Date of Payment	Method of Payment	
Elavon			02/03/2014	<input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	
7300 Chapman Hwy		Knoxville	TN	37920-6612	
Purpose of Expenditure (by code)	Description			Event #	Amount
MISC	Service Fee				\$40.00
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			Date of Payment	Method of Payment	
Elavon			01/02/2014	<input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	
7300 Chapman Hwy		Knoxville	TN	37920-6612	
Purpose of Expenditure (by code)	Description			Event #	Amount
MISC	Service Fee				\$40.00
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			Date of Payment	Method of Payment	
Ronald E. Wilcox			03/21/2014	<input checked="" type="checkbox"/> Check # 1248 <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	
12 Cedarhurst Trl		Sandy Hook	CT	06482-1437	
Purpose of Expenditure (by code)	Description			Event #	Amount
ROW	Mileage Reimbursement				\$455.84
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	
EIPrinting			03/12/2014	<input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	
200 Riverside Industrial Pkwy		Portland	ME	04103-1414	
Purpose of Expenditure (by code)	Description			Event #	Amount
MISC	Banking Supplies				\$46.45
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 \$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 COMMITTEE				REPORT TYPE	
Connecticut Republican scc				12th Day Preceeding Election	
<b>P. Expenses Paid by Committee</b>					
Name of Payee					Running Total
Postmaster				Date of Payment	Method of Payment
				02/06/2014	<input checked="" type="checkbox"/> Check # 1244
Street Address		City	State	Zip Code	<input type="checkbox"/> Debit Card
6103 State House Sq 6103		Hartford	CT	06103-0000	
Purpose of Expenditure (by code)	Description			Event #	Amount
POST	Business Reply Postage				\$100.00
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				
Name of Payee					Method of Payment
Campaign Solutions					<input checked="" type="checkbox"/> Check # EFT
Street Address		City	State	Zip Code	<input type="checkbox"/> Debit Card
117 N Saint Asaph St		Alexandria	VA	22314-3109	
Purpose of Expenditure (by code)	Description			Event #	Amount
DVHD	Service Fee				\$40.35
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				
Name of Payee					Method of Payment
Campaign Solutions					<input checked="" type="checkbox"/> Check # EFT
Street Address		City	State	Zip Code	<input type="checkbox"/> Debit Card
117 N Saint Asaph St		Alexandria	VA	22314-3109	
Purpose of Expenditure (by code)	Description			Event #	Amount
MISC	Service Fee				\$2.20
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				
Name of Payee					Method of Payment
Campaign Solutions					<input checked="" type="checkbox"/> Check # EFT
Street Address		City	State	Zip Code	<input type="checkbox"/> Debit Card
117 N Saint Asaph St		Alexandria	VA	22314-3109	
Purpose of Expenditure (by code)	Description			Event #	Amount
MISC	Service Fee				\$18.71
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				
Name of Payee					Method of Payment
Campaign Solutions					<input checked="" type="checkbox"/> Check # EFT
Street Address		City	State	Zip Code	<input type="checkbox"/> Debit Card
117 N Saint Asaph St		Alexandria	VA	22314-3109	
Purpose of Expenditure (by code)	Description			Event #	Amount
MISC	Service Fee				\$10.86
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				
Name of Payee					Method of Payment
Campaign Solutions					<input checked="" type="checkbox"/> Check # EFT
Street Address		City	State	Zip Code	<input type="checkbox"/> Debit Card
117 N Saint Asaph St		Alexandria	VA	22314-3109	
Purpose of Expenditure (by code)	Description			Event #	Amount
MISC	Service Fee				\$10.38
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				

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

NAME OF COMMITTEE				REPORT TYPE	
Connecticut Republican scc				12th Day Preceeding Election	
<b>P. Expenses Paid by Committee</b>					
Name of Payee					Running Total
Connecticut Republican SCC					
Date of Payment				Method of Payment	
03/04/2014				<input checked="" type="checkbox"/> Check # 1245	
<input type="checkbox"/> Debit Card					
Street Address		City	State	Zip Code	
31 Pratt Street 4th Floor		Hartford	CT	06103-1630	
Purpose of Expenditure (by code)	Description			Event #	Amount
DVHD	Transfer to Federal				\$13,553.22
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				
Name of Payee					
Connecticut Republican SCC					
Date of Payment				Method of Payment	
01/02/2014				<input checked="" type="checkbox"/> Check # EFT	
<input type="checkbox"/> Debit Card					
Street Address		City	State	Zip Code	
31 Pratt Street 4th Floor		Hartford	CT	06103-1630	
Purpose of Expenditure (by code)	Description			Event #	Amount
DVHD	Transfer to Federal				\$595.00
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				
Name of Payee					
Connecticut Republican SCC					
Date of Payment				Method of Payment	
01/24/2014				<input checked="" type="checkbox"/> Check # EFT	
<input type="checkbox"/> Debit Card					
Street Address		City	State	Zip Code	
31 Pratt Street 4th Floor		Hartford	CT	06103-1630	
Purpose of Expenditure (by code)	Description			Event #	Amount
DVHD	Transfer to Federal				\$9,894.70
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				
Name of Payee					
Mohegan Sun Casino					
Date of Payment				Method of Payment	
01/22/2014				<input checked="" type="checkbox"/> Check # 1242	
<input type="checkbox"/> Debit Card					
Street Address		City	State	Zip Code	
1 Mohegan Sun Bouelvard		Uncasville	CT	06382-1355	
Purpose of Expenditure (by code)	Description			Event #	Amount
MISC	2014 Convention Venue-Deposit				\$2,000.00
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				
Name of Payee					
Direct Mail Systems					
Date of Payment				Method of Payment	
01/22/2014				<input checked="" type="checkbox"/> Check # 1241	
<input type="checkbox"/> Debit Card					
Street Address		City	State	Zip Code	
12485 Automobile Blvd		Clearwater	FL	33762-4428	
Purpose of Expenditure (by code)	Description			Event #	Amount
A-DM	Direct Mail-PARTY Fundraising				\$2,383.15
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				

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 COMMITTEE		REPORT TYPE	
Connecticut Republican scc		12th Day Preceeding Election	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>			
Name of Payee			Date Incurred
Airnet (formerlysmartech)			03/20/2014
Street Address		City	State
PO Box 11181		Chattanooga	TN
Zip Code			
37401-2181			
Purpose of Expenditure (by code) EFV	Description	Event #	Amount (actual or estimate)
	Equipment Rental		
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b>		
00001	<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		\$387.66
Name of Payee			Date Incurred
Airnet (formerlysmartech)			03/24/2014
Street Address		City	State
PO Box 11181		Chattanooga	TN
Zip Code			
37401-2181			
Purpose of Expenditure (by code) A-PH-BNK	Description	Event #	Amount (actual or estimate)
	GOTV Calls		
Expenditure #	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b>		
00002	<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		\$107.75

<b>SUBTOTAL Section S-This Page</b>	<b>\$495.41</b>
<b>TOTAL of additional Section S Pages</b>	<b>\$0.00</b>
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE (Enter total on Line 19 of Summary Page)</b>	<b>\$495.41</b>



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