### **SEEC FORM 20**

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

RECEIVED SEEC 2014 JUL 10 P New Yark in This Space For Official Use Only Page 1 of 17

,	COVE	R PAGE /	41000
1. NAME OF COMMITTEE		法挪用的 化二氯甲基	
New	Friends PAC		
2. TREASURER NAME			
First Chaistophe	MI	Last Fryxe)	Suffix
3. TREASURER ADDRESS			
Street Address / Sugomor	e Fellace E City	Westbrook	State 7 State 06498
4. ELECTION/REFERENDUM DATE	Programme and the second secon	if Candidate Committee)	6. DISTRICT NUMBER
(mm/dd/yyyy)			(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)		an many to be the
First	MI	Last	Suffix
8. TYPE OF REPORT (Check One Box)			
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contribution or Disbursement (PACs ONLY)
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendment to
July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Report:
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination	
☐ Independent Expenditure O Primary O Election	☐ 45 days following election not held in November		
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	4/01/2014	thru $\frac{6/36}{6}$	2614
10. CERTIFICATION			
I hereby certify and state, under p	penalties of false statement, that riod covered is true, accurate and	all of the information set forth on the complete.	his Itemized Campaign Finance
TREASURER OR DEPUTY THEASUR	ER (SIGNATURE) PRIN	Juistopher Fry	(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**

11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand at the beginning of Reporting Period 12. Balance on hand at the beginning of Reporting Period 13. Contributions Received from Individuals (Sections A and B) 14. Receipts from Other Committees (Sections C1 and C2) 15. Other Monetary Receipts (Sections D through K) 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) 16b. Perbutha Act 11-48. Effective Immuno 1 2012 Section 1.2 Temored 16c. Total Purchases of Advertising—Program Book or Sign (Section 1.3) Municipal and Town Committees (ONLY 17. Total Monetary Receipts (add totals for Lines 13 through 16c) 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) 19. Expenses Pald by Committee (Section P) 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) 21. In-Kind Domaitons not Considered Contributions Received (Section IA) 22. In-Kind Contributions Received (Section N) 23. Refundable Deposit to Telephone Company (Section N) 24. Receipts of Organization Expenditures (Section D) 25b. + Innerest and Penaltics on Loan 25c Payments on Loan 25c Payments on Loan 25c Payments on Loan 25d. Total Outstanding Loan Amount 26. Campaign Expenses Paid by Candidate (Section R)	NAME OF COMMITTEE  NEW FIRENDS PAC	Type of report	10 <sup>44</sup>
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand at the beginning of Reporting Period  12. Balance on hand at the beginning of Reporting Period  13. Contributions Received Irom Individuals (Sections A and B)  14. Receipts from Other Committees (Sections CI and C2)  15. Other Monetary Receipts (Sections D through K)  16a. Total Proceeds from Small Purchases (Section L1 Subpart 1+ Subpart 3)  16b. Per Public Act U.S.R. effective January 1-2012 Section L2 Tempored  16c. Total Proceeds from Small Purchases (Section L3 Subpart 1+ Subpart 3)  16b. Per Public Act U.S.R. effective January 1-2012 Section L2 Tempored  16c. Total Proceeds from Committees ONLY  17. Total Monetary Receipts (add totals for Lines 13 through 16c)  18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)  19. Expenses Paid by Committee (Section P)  20. Balance on hand at close of Reporting Period (Subract Line 19 from Line 18 in both Columns)  21. In-Kind Donations not Considered Contributions Received (Section L4)  22. In-Kind Donations Received (Section M)  23. Refundable Deposit to Telephone Company (Section N)  24. Receipts of Organization Expenditures (Section D)  25b. + Interest and Penalties on Loun  25c Payments on Loan  25d. Total Outstanding Loan Amount  26c. Campaign Expenses Paid by Candidate (Section R)  27. Expenses Incurred on Committee Credit Card (Section R)	WWW TIGHTS THE	COLUMN A 9	COLUMN B
12. Balance on hand at the beginning of Reporting Period  13. Contributions Received from Individuals (Sections A and B)  14. Receipts from Other Committees (Sections C1 and C2)  15. Other Monetary Receipts (Sections D through K)  16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)  16b. Pol Public Sci 12-48. Afterior January 1, 2012 Section L3, Proposed  16c. Total Purchases of Advertising—Program Book or Sign (Section L3)  17. Total Monetary Receipts (add totals for Lines 13 through 16c)  18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)  19. Expenses Paid by Committee (Section P)  20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)  21. In-Kind Donations not Considered Contributions Received (Section 1.4)  22. In-Kind Contributions Received (Section M)  23. Refundable Deposit to Telephone Company (Section N)  24. Receipts of Organization Expenditures (Section D)  25b. + Interest and Penaltics on Loan  25c Payments on Loan  25d. Total Outstanding Loan Amount  26. Campaign Expenses Paid by Candidate (Section R)	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.	This reliod	\$7011.08
13. Contributions Received from Individuals (Sections A and B)  14. Receipts from Other Committees (Sections C1 and C2)  15. Other Monetary Receipts (Sections D through K)  16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)  16b. Be Public det 11-48, offective January 1, 2012 Section L2 Tomoved  16c. Total Purchases of Advertising—Program Book or Sign (Section I.3)  16b. Be Public det 11-48, offective January 1, 2012 Section L2 Tomoved  16c. Total Purchases of Advertising—Program Book or Sign (Section I.3)  17c. Total Monetary Receipts (add totals for Lines 13 through 16c)  18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)  19. Expenses Paid by Committee (Section P)  20. Balance on hund at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)  21. In-Kind Donations not Considered Contributions Received (Section I.4)  22. In-Kind Contributions Received (Section M)  23. Refundable Deposit to Telephone Company (Section N)  24. Receipts of Organization Expenditures (Section O) OPTIONAL  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 R)		\$ 7.354.08	m = # # # . + ; ! ! !
15. Other Monetary Receipts (Sections D through K)  16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)  16b. Per Public Act 11 - 18. effective January 1. 2012 Section 1.2; removed  16c. Total Purchases of Advertising—Program Book or Sign (Section 1.3)  Municipal and Town Committees ONLY  17. Total Monetary Receipts (add totals for Lines 13 through 16c)  18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)  19. Expenses Paid by Committee (Section P)  20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)  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) OPTIONAL  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)	13. Contributions Received from Individuals (Sections A and B)	\$4 100	\$4100
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)  16b. Per Publia Act IL-48, effective Ianuary 1, 2012 Section L2 removed  16c. Total Purchases of Advertising—Program Book or Sign (Section 1.3)  Municipal and Town Committees ONLY  17. Total Monetary Receipts (add totals for Lines 13 through 16c)  18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)  19. Expenses Paid by Committee (Section P)  20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)  21. In-Kind Donations not Considered Contributions Received (Section 1.4)  22. In-Kind Contributions Received (Section M)  23. Refundable Deposit to Telephone Company (Section N)  24. Receipts of Organization Expenditures (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)	14. Receipts from Other Committees (Sections C1 and C2)	\$ 4.650	\$ 6,400
16b. Per Public 3ct 11-88. efficience January 1: 2012 Section L2 removed   16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	15. Other Monetary Receipts (Sections D through K)	B	Ø
16c. Total Purchases of Advertising—Program Book or Sign (Section I.3)  Municipal and Town Committees ONLY  17. Total Monetary Receipts (add totals for Lines 13 through 16c)  18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)  19. Expenses Paid by Committee (Section P)  20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)  21. In-Kind Donations not Considered Contributions Received (Section I.4)  22. In-Kind Contributions Received (Section M)  23. Refundable Deposit to Telephone Company (Section N)  24. Receipts of Organization Expenditures (Section O) OPTIONAL  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)	16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	B	Q
Municipal and Town Committees ONLY  17. Total Monetary Receipts (add totals for Lines 13 through 16c)  18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)  19. Expenses Paid by Committee (Section P)  19. Expenses Paid by Committee (Section P)  20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)  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)  25b. + 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)	16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed	<b>推</b> 7年 概 7	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)  19. Expenses Paid by Committee (Section P)  20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)  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) OPTIONAL  25. Beginning Loan Balance  25a. + Loans Received (Section D)  25b. + Interest and Penalties on Loan  25d. Total Outstanding Loan Amount  26. Campaign Expenses Paid by Candidate (Section Q)  27. Expenses Incurred on Committee Credit Card (Section R)		\$ 3,050	\$3,050
19. Expenses Paid by Committee (Section P)  20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)  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) OPTIONAL  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)	17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$ 11,800	\$ 13,550
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)  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) OPTIONAL  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)	18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$ 19,154,08	\$,20,561.08
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) OPTIONAL  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)	19. Expenses Paid by Committee (Section P)	\$5,616.42	\$7023,42
22. In-Kind Contributions Received (Section M)  23. Refundable Deposit to Telephone Company (Section N)  24. Receipts of Organization Expenditures (Section O) OPTIONAL  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)	20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$13,537.66	\$ 13,537.66
23. Refundable Deposit to Telephone Company (Section N)  24. Receipts of Organization Expenditures (Section O) OPTIONAL  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)	21. In-Kind Donations not Considered Contributions Received (Section L4)	Ó	Q.
24. Receipts of Organization Expenditures (Section O) OPTIONAL  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)	22. In-Kind Contributions Received (Section M)	9	Q
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)	23. Refundable Deposit to Telephone Company (Section N)	$\varphi$	0
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)	24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>	8	
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)	25. Beginning Loan Balance	8	
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)	25a. + Loans Received (Section D)	79.	Q
25d. Total Outstanding Loan Amount  26. Campaign Expenses Paid by Candidate (Section Q)  27. Expenses Incurred on Committee Credit Card (Section R)	25b. + Interest and Penalties on Loan	9	9
26. Campaign Expenses Paid by Candidate (Section Q)  27. Expenses Incurred on Committee Credit Card (Section R)	25c Payments on Loan	9	Ð
27. Expenses Incurred on Committee Credit Card (Section R)	25d. Total Outstanding Loan Amount	<u>A</u>	
	26. Campaign Expenses Paid by Candidate (Section Q)	9	$\mathcal{Q}$
20 F I	27. Expenses Incurred on Committee Credit Card (Section R)	. 0	0
28. Expenses incurred by Committee During this Period but Not Paid (Section S)	28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$2,119	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$ 2 119	

NAME OF COMMITTEE NAME OF COMMITTEE	W Firends	PAC	TYPE OF REPORT	ا نه ا	04
A. Total Contributions from Small	Contributors-Receive	ed this Period ONLY	\$	<del>/</del>	
(See instructions for definition of Small Contri	butor) S	UBTOTAL SECTION A		···-	
	B. Itemized Con	ntributions from Indivi	duals		
Last Name	_	First			MI
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer	<b>!</b>		
	7100		000 0 11111	Τ.	
or dependent child of a lobbyist?   No does		to a caindidate for a chief executive is associated with have a contract		, Amou	nt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No  If yes, list Event #	Is contributor a principal of a If yes, indicate which bran of government the contract		te contractor?		
Method of Contribution:		Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction  Money	Order			
Last Name		First	^		MI
Residential Street Address	1 1	City		State	Zip Code
Principal Occupation	100	Name of Corp over	Q		
or dependent child of a lobbyist?		o a candidate for a chief executive s associated with have a contract		Amour	nt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No  If yes, list Event #		state contractor or prospective state ch or branches	e contractor? Yes No	_	
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction  Money	Order			
Last Name		First			MI
Residential Street Address	(0	City		State	Zip Code
Principal Occupation		Name of Employer			
or dependent child of a lobbyist?   No does		o a candidate for a chief executive s associated with have a contract $\Box$ Yes $\Box$ No		Amour	nt of Contribution
Is this contribution associated with a	Is contributor a principal of a s If yes, indicate which bran of government the contract		te contractor?		
Method of Contribution:		Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction  Money	Order			
		SUBTOTAL Section B	- This Page		
	To the T	OTAL of additional Secti	on B Pages		
TOTAL OF		FROM INDIVIDUALS (Se Enter total on Line 13 of Summa			

NAME OF COMMITTEE NEW NEW		ds		<b>1</b>	TYPE OF REPORT	100%
	C1, Co	ntributio	ns from Ot	her Commi	make did dent and second and an amount with the second second second second second second second second second	
Name of Committee				Traine of Treasure		
Address		<u></u>	Is this contrib	vent listed in Sec		Amount of Contribution
City	State	Zip Code	Date Receiv	If yes, list	Aggregate Contributions	
Name of Committee				Name of Treasure	er	
Address	·	) (	Is this contrib	vent listed in Sec	with a Pes No	Amount of Contribution
City	State	Zip Code	Date Receiv	If yes, list	Aggregate Contributions	_
Name of Committee				Name of Treasur	er	
Address			Is this contril	oution associated vent listed in Sec	with a Yes No	Amount of Contribution
City	State	Zip Code	Date Rece	If yes, list	Aggregate Contributions	_
Name of Committee				Name of Treasur	er	
Address	· · · · · · · · · · · · · · · · · · ·		Is this contril	vent listed in Sec	with a ☐ Yes ☐ No tion L1?	Amount of Contribution
City	State	Zip Code	Date Recei		Aggregate Contributions	_
	ients, Pay	ments, oi	r Surplus D	istributions	from other Committ	ees
Name of Committee				Name of 1	easurei	
Address					Date Received	Amount of Receipt
City	Sta	te Zip	Code	☐ Reimburse ☐ Payment fo ☐ Surplus Di	ment for shared expense or goods and services stribution	
Name of Committee	la_	. <b></b>		Name of T	reasurer	
Address					Date Received	Amount of Receipt
City	Sta	ate Zip	) Code	☐ Reimburse ☐ Payment fo ☐ Surplus Di	ment for shared expense or goods and services stribution	
	275)		SUBTOTA	AL Section C	This Page	
		11	TOTAL of	additional Se	ction C Pages	
TOTAL	OF ALL C	OMMITT	EE CONTRI	BUTIONS A	ND RECEIPTS mary Page Totals)	

NAME OF COMMITTEE			TYPE OF	REPORT	
	. Loans Rece	eived this Period			
Name of Lender		Source of Loan:  Bank Candid	late   Individua	l Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)			<u> </u>		Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:  Bank Candida	ate 🗍 Individua	l Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)	<u> </u>				Amount Received
Street Address	City		State	Zip Code	
Name of Lender	<u>.l</u>	Source of Loan:  Bank Candida	ate □ Individua	Committee	Date of Receipt
Street Address	City	1	State	Zip Code	Is there a Cosigner or Guarantor of this loan?  ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
	T to	ТОТА	A SECTION	D	
E. Receipts from Entities other than	ı Individuals	or Other Committ	tees (Referend	um Committees	ONLY)
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contrib	outions	
Name of Entity			<u>                                     </u>		
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contrib	outions	
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contril	enoituc	
		TOT	AL SECTIO	NE	

NAME OF COMMITTEE	i de de discontrata de la contrata d	<b>.</b>			TYPE OF REPO	RT D	
F. Ame	ount Transferred I	rom Affiliated	d Business T	reasury <i>(Busin</i>	ess Entity Commit	ttees ONLY)	
Date of Receipt	Is this transaction associa fundraising event listed in	ted with a n Section L1?	Yes <i>If yes</i> , lis No	t Event #		Amount	
Date of Receipt	Is this transaction associa fundraising event listed in		Yes <i>If yes</i> , lis	t Event #		Amount	
Date of Receipt	Is this transaction associa fundraising event listed in		Yes If yes, lis	t Event #		Amount	
Date of Receipt	Is this transaction associa fundraising event listed in	—	Yes If yes, list	Event#		Amount	
	<b>(1</b> )	salah L	上外推	TOTAL S	ECTION F		
G. Amount Transfe	erred from Affiliat	ed Labor Uni	on or Other	Organization	Treasury (Orgo	anization Committees ONLY)	
Date of Receipt		Date of Receipt			Date of Receipt		
Amount	:		Amount			Amount	
in the second				TOTAL S	ECTION G		
H. I	Personal Funds of	he Candidate	Received th	is Period <i>(Can</i>	ididate Committee	s ONLY)	
Date of Receipt	Method of payment:					Amount	
Date of Receipt	Method of payment:	☐ Pe	rsonal Check	☐ Credit/De	bit Card	A	
Date of Receipt	Cash	☐ Pe	rsonal Check	☐ Credit/De	bit Card	Amount	
Date of Receipt	Method of payment:	$\overline{}$	·····	<del></del>		Amount	
	☐ Cash	☐ Pe	rsonal Check	☐ Credit/De	bit Card		
Date of Receipt	Method of payment:	<b>□</b> n-	or and Charles	□ C4i4/D-	Lis Cond	Amount	
	☐ Cash	□ Pe	rsonal Check	☐ Credit/De			
				YOTALS	ECTION H		
				*		NVI DISLIGHT	
r + Senguette.		I. Anony	mous Contr	ibutions			
Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.							

Res. 1/12 1	I. MONETART RECEIT	LD (Sections A—)	(1)	
NAME OF COMMITTEE		TYP	E OF REPORT	
	J. Interest from Deposits in Autl	orized Accounts		
Name of Institution		Date	Received	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date	Received	Amount
Street Address	City	State	Zip Code	
	1 4 14 1 19 11 19 14	TOTAL SECT	TION J	
K. Miso	cellaneous Monetary Receipts not	Considered Contri	Christian Carlos and Carrow and Carlos and Carrow and C	il di di
Name			Date of Transaction	Amount Received
Street Address	City	Sta	te Zip Code	
Description			<b>_</b>	
Name			Date of Transaction	Amount Received
Street Address	City	Sta	te Žip Code	
Description				
2000 pto				
Name			Date of Transaction	Amount Received
Street Address	City	Sta	te Zip Code	
Description			<u> </u>	
Name			Date of Transaction	Amount Received
Street Address	City	Sta	te Zip Code	
Description				
		n en		
	The state of the s	TOTAL SECT		-
SUMMAR Total Loans Received this Period (Section	Y OF OTHER MONETARY REC	EIPTS (Sections D	through K)	
<u></u>	ndividuals or Other Committees (Section	E)	+	
Total Amount Transferred from Affiliate		·	+	
Total Amount Transferred from Affiliate	ed Labor Union or Other Organization T	reasury (Section G)	+	
Total Amount of Personal Funds of the C	Candidate Received this Period (Section I	1)	+	
Total Amount of Interest from Deposits			+	
	not Considered Contributions (Section K)	in the second second	+	
Total of Other Monetary Receipt	s (Add Sections D through K) (Enter t	otal on Line 15 of Summary i	Page Totals)	

### II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE NEW Firends	PAC TYPE OF REPORT  Sw4 10th
	PAC Swy 10th or Event Information
Fundraising Event # Description Date of Fundraiser Letter	JEDONE LIGHT
06/05/4A Ligor and Wilte	1) rundraiser at Arch Street lavern
Date of Fundraiser Letter O6/05/HA Cigor and Cockta  Location: Street Address  85 Arch Street	Street Tavern  City Hortford CT 0603
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?	☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food,
	beverage and invitations.)
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.)  S  No
Subpart 2: (Town Committees and Municipal Candidate Committees Of Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	NLY)  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)  No
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.)  ☐ No
Fundraising Event # Description	
Date of Fundraiser Letter	
Location: Street Address	City State Zip Code
Subpart 1: (All Committees)	
Was this fundraising event hosted at a personal residence?	<ul> <li>Yes (<i>If yes</i>, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)</li> <li>No</li> </ul>
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) ☐ No
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.) ☐ No  \$\$\$ \$\$
Subpart 2: (Town Committees and Municipal Candidate Committees Of Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	<ul> <li>NLY)</li> <li>Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</li> <li>No</li> </ul>
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receip	ots from Sale of Donated Items — This Page
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total	Receipts from Food Purchases — This Page
i land i de person delle va delle Senti	TOTAL of additional Section Li Pages
TOTAL OF ALL DECEIPTS FROM SMALL PURCHASES	(Fatter (stall as Line 16 of Standard Busin Table)

### II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed* 

		Translate in the same of the s			ener dimitalisa		
NAME OF COMMITTEE	- No. 1	C 0 - 0	1.0	TYPE OF REPO		109	
		CONTRACTOR AND ADDRESS OF A CONTRACTOR AND A CONTRACTOR A	AC .		ne Maranesuchman Comm	10 et	
L3. Purchas	ses of Advertising in a	Program Boo	k or on a Sign	(Municipal Candidate and To	MATERIAL CHAMBELL	desking on militarious season of militarious	LY)
Name of Purchaser						se Made By:	
					l	isiness Entity	☐ Individual
			T			le Proprietorsh	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise	Amount of Sig	gn Purchase
							5
Name of Purchaser					Purchas	se Made By:	
					☐ Bu	siness Entity	☐ Individual
		\ /			☐ So	le Proprietorsh	ip
Street Address			City			State	Zip Code
	$\sim$						
Date Received	Event #	Aggragata Burahaga	for All Events	A		1	Durch and
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise	Amount of Sig	gn Purcnase
				_	-		
Name of Purchaser					Purchas	se Made By:	
	/ \	. 7	A		☐ Bu	siness Entity	☐ Individual
	$I \setminus I$	$ \perp$		00/	☐ So	le Proprietorsh	ip
Street Address	NT			<del>( )</del>		State	Zip Code
	/ (						
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise .	Amount of Sig	gn Purchase
			j				
Name of Purchaser	<u> </u>				Purchas	e Made By:	
						siness Entity	☐ Individual
						le Proprietorsh	ip
Street Address			City			State	Zip Code
	T··· "	,					
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise .	Amount of Sig	gn Purchase
Name of Purchaser	·		-		Purchas	e Made By:	
						siness Entity	☐ Individual
						e Proprietorshi	_
Street Address			City			State	Zip Code
, , , , , , , , , , , , , , , , , , ,						J. M. C	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se .	Amount of Sig	ın Purchase
					81		
	SUBTOTAL			and Town Committees ONLY) Program Book — This Page			
H W ka		SUI	STOTAL Section	L3 (Town Committees ONLY)			
		Total P	urchases of Adve	rtising on a Sign — This Page			
			TOTAL o	f additional Section L3 Pages			
ТОТ	TAL OF ALL PURCHASES			RAM BOOK or ON A SIGN 16c of Summary Page Totals)			

### II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE		T. PATHOLIS		TYP	E OF REPORT		
	L4. J	n-Kind Donations	Not Consider	ed Contribution	is I		*
Name of Donor	Bo.,						
			City		· <del></del>	State	Zip Code
Street Address			City				
Donation Given By:	Description of Donation				Fair	r Market Val	ue of Donation
☐ Business Entity							
☐ Individual	Date Received	Event #		Aggregate Value for this	Event		
☐ Sole Proprietorship							
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fai	r Market Va	lue of Donation
☐ Business Entity		\					
☐ Individual	Date Received	Event #	$\overline{}$	Aggregate Value for this	Event		
☐ Sole Proprietorship							
Name of Donor	<u> </u>						
						<del>-  </del>	Ta: o i
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation		1		Fai	ir Market Va	lue of Donation
☐ Business Entity							
☐ Individual	Date Received	Event #		Aggregate Value for this	Event		
☐ Sole Proprietorship							
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fai	ir Market Va	lue of Donation
☐ Business Entity							
☐ Individual	Date Received	Event #		Aggregate value for the	Event		
☐ Sole Proprietorship							
			SUBTOTAL S	ection L4— This P	age		
			TOTAL of add	itional Section L4 P	ages		
	TOTAL OF ALL IN-	KIND DONATIONS N (Enter	OT CONSIDER	-	ONS otals)		
	<u> </u>				999 999 999 999 999 999 999 999 999 99		

#### III. NONMONETARY RECEIPTS (Sections M—O)

(ev. 1/12 •	1110111101	TEXTERN TO				
NAME OF COMMITTEE				TYPE OF REPORT		
		M. In-Kind Con	tributions			political programmes and the second
Name						<u> </u>
· · · · · ·		··································	0.4		State	Zip Code
Street Address	\		City		State	Zip Code
Type of contributor.	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		
☐ Individual / Sole Proprietorship ☐ Other					<u></u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		excess of \$400 to a candid business he/she is associate a \$5,000?				Market Value Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	$\square$ No <b>V</b> yes,	tor a principal of a state co indicate which branch or b rnment the contract is with	ranches	tate contractor? Yes No Legislative		
Name		\				
Street Address			City		State	Zip Code
					<u> </u>	<u> </u>
Type of contributor: □Committee □ Individual / Sole Proprietorship □Other	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes		excess of \$400 to a candid business he/she is associate \$5,000?			1	Market Value Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	□ No If yes,	tor a principal of a state co indicate which branch or b rnment the contract is with	ranches	tate contractor?		
Name					<del></del>	
Street Address		ļ.	City		State	Zip Code
Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		
Is contributor a lobbyist, spouse, Yes	If contribution is in	excess of \$400 to a candid	date for a chief executive	officer of a municipality,	Fair I	Market Value
or dependent child of a lobbyist?	does contributor or valued at more thar	business he/she is associate	ted with have a contract v	with said municipality	1	Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	☐ No   If yes,	tor a principal of a state co indicate which branch or b rnment the contract is with	ranches	tate contractor?		
		<b>SU</b> I	BTOTAL Section M	<b>▲This Page</b>		
	ngaga Tanggala	ТОТ	FAL of additional Se	ction M Pages		-
TOTAL OF ALL II	N-KIND CONTR	IBUTIONS (Enter tot	al on Line 22 of Summa	ry Page Cotals)		
II. THE MENT OF THE STATE OF TH	N. Refund	lable Deposit to To	elephone Compai	ny \		
Last Name of Individual		First		MI	Date Deposi	t Made
						. <u> </u>
Residential Street Address		City		State Zip Cod	1	Amount of Deposit
Name of Telephone Company					<u></u>	
Street Address		City	<u></u>	State Zip Code		
	TOTALS	ECTION N (Enter tot	al on Line 23 of Summa	ry Page Totals)		<del></del> -
CONTROL OF THE PROPERTY OF THE		CONTRACTOR OF THE PROPERTY OF		MONTHUM FORDMENSON ANNUAL BEFORE MANAGEMENT AND AN AND AN AND AND AND AND AND AND A		

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE		ĺ.		TYPE OF REPORT	
O. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus an					or 11-48
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON.	LY)	Name of Treasure	er		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation	.1		l -	se of Expenditure (see instructions)	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON.	LY)	Name of Treasure	ir F		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation			1 .	se of Expenditure (see instructions)	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees VN.	LY)	Name of Treasure	<u> </u>		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation				se of Expenditure (see instructions)	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	r F		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation	1		1 1	se of Expenditure (see instructions)	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON.	LY)	Name of Treasure	er		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Agglegate Donations	
Description of Donation	. !	1	1 ^	se of Expenditure (see instructions)	
	SUBT	OTAL Sectio	n O —	- This Page	
	TOTAL	of additional	Section	n O Pages	
TOTAL RECEIPTS OF ALL O		LATION EX			

NAME OF COMMITTEE  TYPE OF REPORT	1045
NEW FIRMS PAC  P. Expenses Paid by Committee	
Name of Payee  Molly Griffin  Date of Payment 4/15/14	Method of Payment:  Check #/3 02  Debit Card
Street Address 25 Willow Lone City Madrson	State Zip Code  CT 96 443
Purpose of Expenditure (by code) RCW Parking Reimbursement Event#	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum P Required   Coordinated with reimbursement sought   Coordinated without reimbursement sought   Independent   Organization: O A O B O C O D O E	\$30
Name of Payee  Ed Schauffer  Date of Payment  4/15/14	Method of Payment:  Check #
Street Address 19 McAther Rd. City North Haven	State Zip Code  CT OS 473
Purpose of Expenditure (by code) RCW Description Parking Reimbursement Event #	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable)  Itemization in Addendum P Required	\$22
Name of Payee Julia Sovensen Payment 4/15/14	Method of Payment: Check #
Street Address 82 Horvest Words City Higgorium	State Zip Code  Oby41
Purpose of Expenditure (by code) RCW Parking Reimbersement Event#	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable)  Type of Expenditure (if applicable)  Itemization in Addendum P Required	\$ 45
Name of Payee  Bree Bernel  Date of Payment  4/15/14	□ Debit Card
3 YO Spring Street Ext. City Glastonbury	State Zip Code O6033
Purpose of Expenditure (by code) RCW Parking Reimbursener Event #	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable)  Type of Expenditure (if applicable)  Type of Expenditure (if applicable)  I Coordinated without reimbursement sought I Independent I Organization: O A O B O C O D O E	\$30
SUBTOTAL Section P — This Page	\$ 127
TOTAL of additional Section P Pages	5482.42
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	5616.42

NAME OF COMMITT	BE CARRY AND THE	<b>*#4</b> ***	TYPE OF REPORT	2	
		penses Paid by Candid			
Name of Payee (Name of V	endor who candidate paid directly)		Date of Payment		ursement claimed?
	<u> </u>	· <b>T</b>			
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	E	vent #		Amount
Name of Payee (Name of V	rendor who candidate paid directly)		Date of Payment	Is reimb	ursement claimed?
				·	Yes □ No
Street Address		City		State	Zip Code
Purpose of Expenditure	Description	E	vent #		l Amount
(by code)					
Name of Payee (Name of V	endor who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?
				`	Yes □ No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	E	vent#		Amount
(by code)					
Name of Payee (Name of V	endor who candidate paid directly)		Date of Payment	Is reimb	ursement claimed?
				'	Yes 🗌 No
Street Address		City		State	Zip Code
Purpose of Expenditure	Description	E	event #		L
(by code)					
Name of Payee (Name of V	 'endor who candidate paid directly)		Date of Payment	Is reimb	ursement claimed?
Street Address		City		State	Zip Code
Purpose of Expenditure	Description	E	vent #		Amount
(by code)					
Name of Payee (Name of V	l /endor who candidate paid directly)	1	Date of Payment	Is reimb	ursement claimed?
		`		י ם	Yes 🗌 No
Street Address		City	1	State	Zip Code
Purpose of Expenditure (by code)	Description	E	event#		Amount
		SUBTOTAL Section (	Q — This Page		
		TOTAL of additional Se	ction Q Pages		
de <b>l</b> e de la des		10 APR			
TOTAL OF	TALL EXPENSES PAID BY CANDIDATE	(Enter total on Line 26 of Sumr	nary Page Totals)		

NAME OF COMMIT	FEB 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		TYPE OF REPORT		
	R. Expenses Inc	urred on Committee	Credit Card		
Name of Issuing Insti	itution	Type of Credit Card:  ☐ Visa ☐ Master C	Card ☐ Discover ☐ America	an Express	Other:
Name of Vendor		<u> </u>		Date of Tra	insaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  Coordinated without reimbursement sought Independent		o B O C O D O E		
Name of Vendor				Date of Tra	nsaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  ☐ Coordinated without reimbursement sought ☐ Indepen	\	o B O C O D O E		
Name of Vendor			-	Date of Tra	nsaction
Street Address		City	\	State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  ☐ Coordinated without reimbursement sought ☐ Indepen	-	nated with reimbursement sought  O B O C O D O E		
Name of Vendor				Date of Tra	nsaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  ☐ Coordinated without reimbursement sought ☐ Indepen		o B O C O D O E		
		SUBTOTAL Section	n R — This Page		1
	Aprille	TOTAL of additional	Section R Pages		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	TOTAL OF ALL EXPENSES INCURRE	D ON COMMITTEE ( (Enter total on Line 27 of St.			

NAME OF COMMET		95 PAC	TYPE OF REPORT	-10 <sup>M</sup>
	S. Expenses Incurred by Com	<b>,</b>	ہر کن کے ng this Period	
Name of Creditor	Shipman and G	oduin LL	ρ	Date Incurred May
Street Address	Constitution Plaza	Hest for	l	State Zip Code  CT 06/03
Purpose of Expenditure (by code)	Legal Services	rendered May	(	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure ( applicable) Itemization in Addendum  ☐ Coordinated without reimbursement sought ☐ Independent	. –	th reimbursement sought	\$1,746
Name of Creditor	Shipman and G	onduin LLP	)	Date Incurred June
Street Address	Constitution Plaza	City Host For	J	CT Zip Code 06/03
Purpose of Expenditure (by code)	Leyal Services	rendered June Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditule (if applicable) Itemization in Addendum  ☐ Coordinated without reimbursement sought ☐ Indepen		th reimbursement sought	\$ 373
Name of Creditor				Date Incurred
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Event #	#	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  ☐ Coordinated without reimbursement sought ☐ Indepen		th reimbursement sought  O C O D O E	
Name of Creditor				Date Incurred
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Event #	#	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  ☐ Coordinated without reimbursement sought ☐ Indepen	_	th reimbursement sought  CODOE	
		SUBTOTAL, Section S-	This Page	2,119
14 14 15 14 15 14		TOTAL of additional Section	on S Pages	Q
TOTAL OF A	LL EXPENSES INCURRED BY COMMUTEE D	URING THIS PERIOD BUT N Enter total on Line 28 of Summary		2,119
	Previously reported	Expenses Unpaid and still Out	standing	B
	TOTAL OF ALL EXPENSES INCUR	RED BY COMMITTEE BUT I		2,119

NAME OF COMMITTEE TYPE OF REPORT	<u>्</u>
New Firends PAC July 1.  T. Itemization of Reimbursements to Committee Workers and Consultants	0
Last Name of Worker/Consultant  First  Molly  Date of Payment  4/15/14	Method of Payment:  ☑ Check # 1302 ☐ Debit Card
Secondary Payee Propork America	•
Prot Street Lot City Hartford	State Zip Code  CT 06.106
Purpose of Expenditure (by code) Misc Description Reimbussement for parking Event #	Amount
Expenditure # (if applicable)   Type of Expenditure (if applicable)   Itemization in Addendum T Required	\$30
Last Name of Worker/Consultant Schoeffer First Ed MI Date of Payment 4/15/14	Method of Payment:    South Check # 13 03
Properk America	
Street Address Prat Street Lot Routford	State Zip Code O6 A66
Purpose of Expenditure (by code) MiSC Reimbusement for Porting Event#	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum T Required  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization: O A O B O C O D O E	\$ 22
Last Name of Worker/Consultant Solensen First Julia MI Date of Payment 4/15/14	Method of Payment:  ☐ Check # /304 ☐ Debit Card
Propork America	
Street Address Prot Street Lot City Hartford	State   Zip Code   O6 106
Purpose of Expenditure (by code)  Misc Reimbussement for Paking Event #	Amount
Expenditure # (if applicable)   Type of Expenditure (if applicable)   Itemization in Addendum T Required	\$45
	<del>/</del>
SUBTOTAL Section T — This Page	891
TOTAL of additional Section T Pages	1165,42
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	1262,42

### Section P. ADDITIONAL PAGE 18 of 26

NAME OF COMMI	TIBE	TYPE OF REPORT	
•	New Firends PAC	July	104
	P. Expenses Paid by Committee	0	
Name of Payee	Monika Burgel	Date of Payment 4/15/14	Method of Payment: 1306 Check # Debit Card
Street Address	15 Heritage Dr. Donbury		State Zip Code O681)
Purpose of Expenditure (by code)	Description Reimbursement for parking Event		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required	ith reimbursement sought  O C O D	\$20
Name of Payee	Catherine Morrow	Date of Payment 4//5/14	Method of Payment:  Check # 1307  Debit Card
Street Address	32 Brace Rd City Somers		State Zip Code 06071
Purpose of Expenditure (by code)	Description Reimbursement for parking Events		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated will Coordinated without reimbursement sought Independent Independent Organization: O A O B	th reimbursement sought  O C O D	\$ 10
Name of Payee	Casey Larkins	9/15/14	Method of Payment:  □ Check # _ /305 □ Debit Card
Street Address	32 Fairview St Apt C2 West Horth	ord	State Zip Code  CT Ob)19
Purpose of Expenditure (by code)	Description Resimbusement for Posking Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated without reimbursement sought Independent Organization: O A O B	th reimbursement sought  C  D	#20
Name of Payee	Dave Kovacs	Date of Payment 4//15//14	Method of Payment:  Del-Check # 1309  Debit Card
Street Address	40 Simpson live Wallingtord	)	State   Zip Code
Purpose of Expenditure (by code)	Reimbussement for Parking Event#		Amount ∬
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required  ☐ Coordinated with ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: O A O B O	th reimbursement sought	\$ 10
	SUBTOTAL Section P — T	his Page	\$ 60
			•

## Section P. ADDITIONAL PAGE 19 of 26

NAME OF COMMIT	TEE	TYPE OF REPORT	and the second
	New Firends PAC	July 1	<i>'0</i> 4
447	P. Expenses Paid by Committee		
Name of Payee	Keri Mallog	Date of Payment 4/15/14	Method of Payment:
Street Address	96 Silo Dr. Ucthersfield	( )	State Zip Code  CT 06/09
Purpose of Expenditure (by code)	Reinbussement to parking Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required ☐ Coordinated will ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ A ○ B	ith reimbursement sought  C  D	\$ 10
Name of Payee	Mike Weiner	Date of Payment	Method of Payment:  □ ★ Check # _ / 3   )  □ Debit Card
Street Address	Clark Gates Rd Moodus		State Zip Code  Ci Of 469
Purpose of Expenditure (by code)	Reimbursement for polking Events	#	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required ☐ Coordinated will Coordinated without reimbursement sought ☐ Independent ☐ Organization: o A o B	ith reimbursement sought  O C O D	\$10
Name of Payee	Kathy Shea	Date of Payment 4/15/14	Method of Payment:  Check #_13/8  Debit Card
Street Address	32 Old Doniels Ln City Amstor	$\cap$	State Zip Code  CT 06231
Purpose of Expenditure (by code)	Description Reimbussement for parking Event #	#	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required ☐ Coordinated with ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: O A O B	th reimbursement sought  O C O D	\$ 10
Name of Payee	Dave Williams	Date of Payment 4/15/14	Method of Payment:  A Check # 13 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
	2312 Harbor View Dr. Rocky Hil		State Zip Code  CT 96067
Purpose of Expenditure (by code)	Description Reimburgament for parking Event#	+	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required ☐ Coordinated with ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: O A O B O	th reimbursement sought  C O D	\$ 40
	SUBTOTAL Section P — T	his Page	\$ 70

## Section P. ADDITIONAL PAGE 20 of 26

NAME OF COMMI	TTEE IN COMMERCE OF THE COMMER	TYPE OF REPORT	
	New Friends PAC	JW4 1	out
	P. Expenses Paid by Committee	0	
Name of Payee	Shipman and Goodwin LLP	Date of Payment 5/14/14	Method of Payment:  Check #_/321  Debit Card
Street Address  One	Constitution Plaza Hostford		State Zip Code  CT OGIO3
Purpose of Expenditure (by code)	Legal Services mendered for March	#	Amount .
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required	ith reimbursement sought  O C O D	\$3,208
Name of Payee	Jackie Effren	6/20/14	Method of Payment: 1315 Check #
Street Address /8	2 Rowayton Vools Dr. Norwalk		State Zip Code  CT 06854
Purpose of Expenditure (by code)	Reimbussement & Cost of Fundavisor	# 060514A	Amount
Expenditure # (if applicable)		ith reimbursement sought  O C O D	\$804.63
Name of Payee Street Address	hipmon and Goodwin LLP	Date of Payment 6/22/14	Method of Payment:
On	e Constitution Plaza Hattford	<b>,</b>	State   Zip Code
Purpose of Expenditure (by code)  M/SC	Legal Services rewered for April Event	# 	Amount
Expenditure # (if applicable)		th reimbursement sought  O C O D	\$ 1,146
Name of Payee	-hristopher fryxel	Date of Payment 6/23/14	Method of Payment:  ☐ Check # ☐ Debit Card
Street Address  1 50	gamore Terrace East Westbrace	sk ,	State         Zip Code           LT         06448
Purpose of Expenditure (by code)	Reimbussement for Crows for fundasser De	605/9 A	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required ☐ Coordinated with ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: O A O B O	th reimbursement sought  C  D	\$ 156.95
	SUBTOTAL Section P — T	his Page	5,315,58

## Section P. ADDITIONAL PAGE 21 of 26

NAME OF COMMIT	TEE		TYPE OF REPORT	y se
NAME OF COMMIT	New Friends PAC		Fully	10 %
		Paid by Committee	Say	10-1
Name of Payee	O	<u> </u>	Date of Payment	Method of Payment:
Ctrost Address	histopher tryxell		6/23/14	Check # / 5/8 Debit Card
Street Address	Sagamore Terroce E	city WeSHb100	K	State Zip Code
Purpose of Expenditure	Description	Event		
(by code) RCW	Reimbursement for copying	and office suppli	es –	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum/P	•	ith reimbursement sought	# 42 04
	☐ Coordinated without reimbursement sought ☐ Independe	nt 🗆 Organization: O A O B	oc o D	\$ 75,84
Name of Payee			Date of Payment	Method of Payment:  ☐ Check # ☐ Debit Card
Street Address		City	<u></u>	State Zip Code
Purpose of Expenditure (by code)	Description	Event	#	Amount
Funanditura #				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P  ☐ Coordinated without reimbursement sought ☐ Independe	•	ith reimbursement sought	
Name of Payee	Coordinated without remindusement sought in muchende			M 41 1 CD
Name of Payee		·	Date of Payment	Method of Payment:  Check #  Debit Card
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P  ☐ Coordinated without reimbursement sought ☐ Independent		th reimbursement sought  O C O D	
Name of Payee		· · · · · · · · · · · · · · · · · · ·	Date of Payment	Method of Payment:
				☐ Check # ☐ Debit Card
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Event #	¥ .	Amount
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P	Required	th reimbursement sought	
(if applicable)	☐ Coordinated without reimbursement sought ☐ Independer	•		
	SUE	BTOTAL Section P — T	his Page	43,84
			Ψ,	

## Section T. ADDITIONAL PAGE 22 of 26

VAME OF COMMIT	TEE			Ity	PE OF REPORT	
	New	Firends	PAC		Fuly 1	000
100 miles	T. Itemization of Re		to Committee Wo	rkers and	Consultants	
Last Name of Worker/C	ensultant Un U	First Bre	e	MI	Date of Payment 4/15/14	Method of Payment:
Secondary Payee	Propork Am	erica			, , , .	
Street Address Pro-	tr Street Lot	į	City Hart	fod		State Zip Code  Cr Ob 196
Purpose of Expenditure by code) M/3C	Description Parking	Reinl	bursement	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiza  Coordinated without reimbursement	tion in Addendum T	Required Coordin	nated with rei	mbursement sought  O D	#30
Last Name of Worker/Co	Buger	First Mg/	nîka	MI	Date of Payment 4/15/14	Method of Payment:  Check # 13 C/6  □ Debit Card
Secondary Payee	Propark Am	crica			···	
Street Address	out St. Lot.		City How to	For d Event #		State Zip Code CT 06/96
Purpose of Expenditure (by code)	Description	reimbu	rsement	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemizal  Coordinated without reimbursement		-		nbursement sought	\$20
Last Name of Worker/Co	onsultant Morro iv	First Cw	Lerino	МІ	Date of Payment 4/15/14	Method of Payment: 1307  Debit Card
Secondary Payee	Propork Ame	isca				
Street Address	Proot St. Lot.		City Halt	ford		State Zip Code  CT 06106
Purpose of Expenditure (by code)	Description	reimbu	rsement	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Hemizat</b> Coordinated without reimbursement s		<del>-</del>		o D	# 10
		SUB	TOTAL Section T	Ր — This	Page \$	66
					**	

## Section T. ADDITIONAL PAGE 23 of 26

JAME OF COMMITTEE		Ту	PE OF REPORT	
New	Firends PAC			<u> स्ट</u>
T. Itemization of l	Reimbursements to Comn	iittee Workers and	Consultants	
Last Name of Worker/Consultant	First Cosey	MI	Date of Payment  4/15/14	Method of Payment: Check # 1308 Debit Card
Secondary Payee Proport	America		<del>' '//                                 </del>	
Prot St. Lo	† City	Hartford		State   Zip Code
Purpose of Expenditure by code) Misc. Parking	Reimbussen	vert Event#		Amount
Expenditure #  (if applicable)  Type of Expenditure (if applicable) Item  Coordinated without reimbursem	ization in Addendum T Required ent sought ☐ Independent ☐ Organ	☐ Coordinated with rein	ě l	\$20
Last Name of Worker/Consultant	First David	MI	Date of Payment 4/15/14	Method of Payment:    Method of Payment:
Secondary Payee  Propost	America			
Street Address  Pratt St. Lot	City	Houtford	S	CT O6106
Purpose of Expenditure (by code) M/SC. Description	g Reimbuse	epert Event#		Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Item Coordinated without reimbursem	nzation in Addendum T Required ent sought ☐ Independent ☐ Organ	☐ Coordinated with reinization: ○ A ○ B ○ C	ا ت	\$10
Last Name of Worker/Consultant  Maloy	First	MI	Date of Payment  4/15/14	Method of Payment:  Check # 1310  Debit Card
Secondary Payee Properk A	merica		<i>/ l</i>	
Street Address Prott. St. 4	City A	lastford	s	tate
Purpose of Expenditure (by code)  MISC  Description	ng Reimbur	Sement Event#		Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Item  Coordinated without reimbursement	itation in Addendum T Required ent sought □ Independent □ Organi	☐ Coordinated with rein	_	\$ 10
	SUBTOTAL	Section T — This	Page	70
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# Section T. ADDITIONAL PAGE 27 of 26

VAME OF COMMITTEE			TTV	PE OF REPORT	
New	Firends 1	PAC	1.1	0) بالوزك	<del>r4</del>
T. Itemization of Re		to Committee Wo	rkers and	Consultants	
Last Name of Worker/Consultant Welner	First M	Ke	MI	Date of Payment 4//5//4	Method of Payment:  Check #_1311  Debit Card
Propark A	merica			, , , , , , , , , , , , , , , , , , , ,	
Pratt Street Lot	•	City	ford		State   Zip Code   CT   06/06
Ourpose of Expenditure by code)  Misc Description  Parking	Reimb	wsoment	Event #	_	Amount
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemiza    Coordinated without reimbursement	ition in Addendum	T Required □ Coordin		mbursement sought  O D	\$10
Last Name of Worker/Consultant Shea	First K	why	МІ	Date of Payment 4/15/14	Method of Payment:  At Check #_13 \( \)  Debit Card
Secondary Payee Propark	Ameri	ca		'/'	
Street Address Prot Street	Lot	City Host fo	id		State   Zip Code   CT   06106
Purpose of Expenditure (by code) M 15c Description	Reim	busement	Event #		Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemiza  Coordinated without reimbursement		-		mbursement sought  O D	\$ 10
Last Name of Worker/Consultant	First	ave	МІ	Date of Payment 4/15-/14	Method of Payment:  ☐ Check # 15   4  ☐ Debit Card
Secondary Pavee	resico				
Pratt Street 1	Lot.	City Host;	ford		State Zip Code O6/06
Purpose of Expenditure (by code) Misc. Description Parking	Reim	bursement	Event #	_	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemiza  Coordinated without reimbursement				mbursement sought  O D	\$ 40
	SU.	BTOTAL Section 7	Г — This	Page	\$60

## Section T. ADDITIONAL PAGE 25 of 26

TANGE OF COMME	7777		2.5.2		Con a ser a constant		
NAME OF COMMIT	New Fire	ماد ۱۸	C	IYI	TILL K	<del>)+^</del>	
	T. Itemization of Rei			orkers and			
Last Name of Worker/C		First	ickie	MI	Date of Payment		Payment: Check #_1315 Debit Card
Secondary Payee	Arch Street	Toeve			· /		
Street Address	Arch Street		City Ha	tford		State CT	Zip Code  OG 103
Purpose of Expenditure by code)	Description of food	and bev	erages for find	Event #	060514A		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemizat	ion in Addendum	Required □ Coordi	inated with rein	nbursement sought  D	180	14.63
Last Name of Worker/Co	Fryxell	First Ch (13	stopher	MI	6/23/14		Payment: 13/7 Check #_13/7 Debit Card
Secondary Payee	The Cigar	Shop	0				
Street Address	9 Prat St.		City Hast	Ford	s	State 2T	2ip Code
Purpose of Expenditure (by code)	Cigas for A	rh Street	Fundraiser	Event #	0605141	A	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemizat  Coordinated without reimbursement s		-		nbursement sought  O D	\$ 13	56,95
Last Name of Worker/Co	Fryxell	First Chi	Stopher	MI	Date of Payment 6/23/14		Payment: Check #13/6 Debit Card
Secondary Payee	Staples		•		, ,		
Street Address	521 Connection	+ Blud	East A	lastos	Λ Ι	CT	Zip Code
Purpose of Expenditure (by code)  OFFICE	Description Office Sup	plies		Event #		A	mount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemizate  Coordinated without reimbursement s	on in Addendum T	·="		o D	\$39	5,54
		SUI	BTOTAL Section	T — This	Page #	99	7,12
					,,		
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# Section T. ADDITIONAL PAGE 26 of 26

VAME OF COMMIT				T	PE OF REPORT		*
	New	Firends	PAC		ر کردان در در د	+ 10°	<u> </u>
Last Name of Worker/Co	T. Itemization of Re	First	s to Committee W	orkers an	Date of Payment	Method	of Payment:
F	ryxell	Ch/13	stopher		6/23/19	. 5	Check #_1318 Debit Card
Secondary Payee	Fedex Off	ice	·		,		
Street Address	196 Trumbul	57,	City	Hord		State	Zip Code JE   Q3
OFFICE	Description Copying	COSTS	leimbusema	F Event #		,,	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) I emiza  Coordinated without reimbursement	tion in Addendum	T Required □ Coor	rdinated with re	eimbursement sought	]#\$ 8	3,30
Last Name of Worker/Co	nsultant	First		MI	Date of Payment		of Payment:  Check #  Debit Card
Secondary Payee							
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #	······································		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiza  Coordinated without reimbursement				eimbursement sought		
Last Name of Worker/Con	nsultant	First		МІ	Date of Payment		of Payment:  Check #  Debit Card
Secondary Payee		<b>I</b>		<del>-</del>	<del></del>		
Street Address	<u> </u>		City	·····		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiza  Coordinated without reimbursement		-		imbursement sought		
		st	JBTOTAL Section	n T — Thi	s Page	8,3	0
					/(		
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•	0	C							-		•
B. Con	tributions	B. Contributions from Individuals									
First	Last	Address	City		ZIP	Emoplover	Occupation	Aggregate DATEBECV	^		1
WILLIAM	AMAN	878 STRONG ROAD	South Windsor	Ω	06074	STATE OF CT	LEGISLATOR	\$25.06/06/2014	לשה הפחבוווא	4	1400
SAM	BELSITO	55 LEE LN	TOLLAND	J	06084	State of Ct	Legislator	\$25 05/28/2014	\$25.0		check
BOBBIE	Bergeron	22 WOODING ROAD	WALLINGFORD	J	06492	HRO	Σ,	\$25 06/03/2014	\$25.0		choc c
BREE	BERNER	240 Spring Street Ext	GLASTONBURY	J	06033	STATE OF CT	Outreach	\$50.06/06/2014	\$50 O		ליים לי
MELISSA	BIGGS	153 RIVERSIDE DR	THOMPSON	J	06277	DEPINO ASSOCIATES	LOBBYIST	\$100 06/19/2014	\$100 060514A		check
Michael	Brault	74 Barberry Dr.	Burlington	J	06013	Ultimate Wineforms Inc.	VP of Operations	\$50.6/06/2014	\$50.0		chack
MONIKA	BURGER	15 HERITAGE DR	DANBURY	- 1	06811	CT HOUSE REPUBLICANS	ATTORNEY	\$25 06/04/2014	525 00		check
BROOKS	CAMPION	42 MACINTOSH LANE	Glastonbury	Э	06033	ROBINSON & COLE, LLP	LOBBYIST	\$100 06/06/2014	\$100 060514A		check
Christine	Cappiello	10 VARIAN DRIVE	DANBURY	J	06811	Anthem	LOBBYIST	\$200 06/06/2014	\$100 0605144		chack
MICHAEL	CHRIST	23 BRIARWOOD ROAD	West Hartford	Э	06107	UHG	Govn't Relations	\$100:06/06/2014	\$100 060514A		check
PETER	CIMINI	71 HUNTERS RIDGE	ROCKY HILL	Э	06067	LOBBYIST	CSG LTC	\$200 06/19/2014	\$100 060514A		check
Thomas	DORSEY	45 BEVERLY ROAD	West Hartford	Ω	06119	NO	Govn't Relations	\$300 06/06/2014	\$100 060514A		check
DAVID	EMMEL	28 HENDERSON DRIVE	AVON	J	06001	SELF-EMPLOYED	PHYSICIAN	\$250 06/06/2014	\$250 060514A		check
ERIC	GEORGE	52 GREGORY HILL DR	Glastonbury	Ω	06033	ERIC GEORGE GROUP, LLC	LOBBYIST	\$200 06/06/2014	\$100 060514A		check
Mitchell	GILBERT	396 Old Mountain Rd	Farmington	J	06032	Consulting Opthamologists	PHYSICIAN	\$200 06/06/2014	\$200 060514A		cash
ERIC	GJEDE	5 CROCUS LANE	AVON	J	06001	CBIA	LOBBYIST	\$200 06/19/2014	\$100 060514A		check
MOLLY	GRIFFIN	25 WILLOW LN	MADISON	$\Box$	06443	HRO	Aide	\$25 06/04/2014	\$25 06		cash
NICOLE	GRIFFIN	110 YALE AVENUE	Middlebury	J	06762	Levin, Powers, Brennan, Shea	LOBBYIST	\$300 06/06/2014	\$100 060514A		check
SUSAN	HALPIN	249 FOREST LANE	Glastonbury	J	06033	ROBINSON & COLE	LOBBYIST	\$200 06/06/2014	\$100 060514A		check
ROBERT	HEAGNEY	8 FAWNBROOK LANE	SIMSBURY	٦	06070	HASSETT & GEORGE ATTYS	ATTORNEY	\$100 06/06/2014	\$100 060514A		check
LAURA	HOYDICK	55 CASTLE DRIVE	STRATFORD		06614	State of Ct	Legislator	\$100 06/06/2014	\$100 060514A		check
JEAN	HUGHES	88 SHEFFIELD ST	Old Saybrook	7	06475	HUGHES & CRONIN	LOBBYIST	\$200 06/06/2014	\$100 060514A		check
Deborah	HUTTON	20 HILLTOP DRIVE	West Hartford	7	06107	STATE OF CT	ATTORNEY	\$45 06/04/2014	\$25 060514A	-	cash
Michael	JOHNSON	11 SHADY LANE	West Hartford	Ω	06117	SULLIVAN & LESHANE	LOBBYIST	\$200 06/06/2014	\$100 060514A		check
Stephen	KINNEY	20 CROMWELL PLACE	Old Saybrook		06475	Gaffney Bennett	LOBBYIST	\$100 06/06/2014	\$100 060514A		check
Noreen	Kokoruda	85 LIBERTY ST	MADISON	1	06443	State of Ct	Legislator	\$100 06/06/2014	\$100 060514A		check
DAVID	LABRIOLA	185 RIGGS STREET	OXFORD	J	06478	State of Ct	Legislator	\$45 06/06/2014	\$25 060514A		check
DHN	LARKIN	18 GRIST MILL ROAD	Glastonbury	ĺ	06033	JOHN C. LARKIN	LOBBYIST	\$200 06/06/2014	\$100 060514A		check
Craig	LEROY	82 WHETTON RD.	West Hartford	2	06117	ROY & LEROY LLC	LOBBYIST	\$200 06/06/2014	\$100 060514A		check
AY	LEVIN	23 WORTHINGTON RD	New London	Ω	06320	Levin, Powers, Brennan, Shea	LOBBYIST	\$300 06/06/2014	\$100 060514A		check
Αγ	Malcynsky	25 PARKERS DOINT IN	CHESTER	٦	06412	Gaffney Bennett	LOBBYIST	\$200 06/04/2014	\$100 060514A		check
KEKKI			Wetherefield	Ω	06109	STATE OF CT	ASSISTANT	\$25 06/06/2014	\$25 060514A	-	2

				-					
C1. Contributions from Other Committees	nittees								
Organization Name Address		City	State	Zip	Treasurer Name	Aggregate	Aggregate Date Received	Amount Fundraiser	Fundraiser
CT Education Assoc. PAC 21 OAk	21 OAK STREET	HARTFORD	J	06106	Howard Dashefsky	\$2,000	\$2,000 06/06/2014	\$1,000	\$1,000 060514A
CT Assoc. of Optometrists 35 Colo	35 Cold Spring Rd, Suite 211 ROCKY HILL	ROCKY HILL	J	06067	David Palozej	\$1,250	\$1,250 06/19/2014	\$250	\$250 060514A
CT Opthalmologists Medical Eyecare Comm 26 SALLY BURR ROAD		LITCHFIELD	J	06759	William Ehlers	\$1,500	\$1,500 06/06/2014	\$1,500	\$1,500 060514A
CT DERM PAC PO BOX 1079	x 1079	LITCHFIELD	J	06759	James Whalen	\$1,500	\$1,500 06/06/2014	\$1,500	\$1,500 060514A
Realtors Political Action Committee 111 FO	111 FOUNDERS PLAZA	East Hartford CT	J	06108 Scott	Scott Cooney	\$1,150	\$1,150 06/06/2014	\$400	\$400 060514A
						Total Bassivad	Ó.	C/1 CEO	

New Friends PAC- July 10th Filing									
L3. Purchases of Advertising in a Program Book	Program Book								
Organization	Address	City	State	Zip	Aggregate	Date Rec'd Amount	Amount Fundraiser	r Made Bv:	Type
ALAN S. GOODMAN, INC.	180 GOODWIN STREET	East Hartford	C		\$250	6/13/14			check
CBIA	350 CHURCH STREET	HARTFORD	Q	06103	\$250	6/6/14	\$250 060514A	Business	check
CT Trial Lawyers Association	150 Trumbull St, 2nd Fl	HARTFORD	C	06103	\$250	6/6/14	\$250 060514A	Business	check
CT CENTER FOR HEALTH PC	87 Bernie O'Rourke Dr	Middletown	J	06457	\$250	6/10/14	\$250 060514A	Business	check
EDER BROS, INC.	PO BOX 26012	West Haven	디	06516	\$250	6/13/14	\$250 060514A	Business	check
Gaffney, Bennet & Associates	1 Liberty Square, Suite 201	New Britain	Ω	06051	\$250	6/6/14	\$250 060514A	Business	check
HARTLEY & PARKER LIMITED, INC.	100 BROWNING ST		J	06615	\$250	6/13/14	\$250 060514A	Business	check
MANUFACTURING ALLIANCE OF CT, INC.	173 INTERSTATE LANE	Waterbury	J	06705	\$250	6/6/14	\$250 060514A	Business	check
Wine & Spirits Wholesalers of CT	132 TEMPLE ST	New Haven	7	06510	\$50	6/13/14	\$50 060514A	Business	check
Connecticut Distributors Inc.	333 Lordship Blvd	Stratford	9	06615	\$250	6/19/14	\$250 060514A	Business	check
Opici Wine Company of CT	210 Old Gate Ln	Milford	4	06460	\$250	6/19/14	\$250 060514A	Business	check
CT Marine Trades Association	20 Plains Rd	Essex	C	06426	\$250	6/10/14	\$250 060514A	Business	check
Affiliated Foot and Ankle Surgeons	508 Blake St.	New Haven	C	06515	\$250	6/10/14	\$250 060514A	Business	check
					Total	Total Received	\$3,050		