# **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT
ROWS 2012



# Electronic Filing

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Page 1 of 64

# **COVER PAGE**

1. NAME OF COMMITTEE								
House Republican Campaign Commit	tee							
2. TREASURER NAME								
First	MI Last						Suffix	
Michael				Vieira				
3. TREASURER ADDRESS			l					
Street Address		City			State	7	ip Code	
116 Black Birch Rd			ersfield		СТ		6109	
					<u> </u>			
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	GHT (Co.	mplete only if C	andidate Committee)		6. DISTRIC	CT NUMBER (if applicable)	
7. CANDIDATE NAME (Complete only if Cand	lidate or Exploratory Co	mmittee	e)					
First			MI	Last			Suffix	
8. TYPE OF REPORT			•					
o. TILD of Iddi offi								
July 10 Filing - Original								
9. PERIOD COVERED								
	Beginning Date			Ending Date				
	5 5							
	04/01/2014		thru	06/30/2014				
	., .,		diid					
10 CERTIFICATION								
W.C.KIII KATKA								
I hereby certify and state, unde	er nenalties of false s	stateme	ent, that all	of the information set forth	on this			
Itemized Campaign Finance								
complete.								
_	Michael Vieira		_	•	0/2014 2			
SIGNATURE	PRINT NAME OF THE	ESIGNE	ER	DATE	CERTIFIED			
PENALTY F				BLE BY FINE NOT TO EXCI		, OR		
	IMPKISONMENT	FUK I	NOI MORE	THAN ONE YEAR, OR BOT	п.			

## **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	TYPE OF REPORT					
House Republican Campaign Committee	July 10 Filing - Original						
	COLUMN A This Period	COLUMN B					
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		\$19,487.93					
12. Balance on hand at the beginning of Reporting Period	\$32,020.44						
13. Contributions received from Individuals (Section A and B)	\$15,749.00	\$30,636.00					
14. Receipts from Other Committees (Sections C1 and C2)	\$250.00	\$9,550.00					
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00					
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00					
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed							
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$3,300.00	\$4,700.00					
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$19,299.00	\$44,886.00					
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$51,319.44	\$64,373.93					
19. Expenses Paid by Committee (Section P)	\$25,497.41	\$38,551.90					
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	\$25,822.03	\$25,822.03					
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$177.55	\$177.55					
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00					
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00					
24. Receipts of Organization Expenditures (Section O) OPTIONAL	\$0.00	\$0.00					
25. Beginning Loan Balance	\$0.00						
25a. + Loans Received (Section D)	\$0.00	\$0.00					
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
25c Payments on Loan	\$0.00	\$0.00					
25d. Total Outstanding Loan Amount	\$0.00						
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00					
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00					
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$5,401.51						
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$5,401.51						

	I. MONETARY RECEIPT	S (Sec	tion A	A-K)			
NAME OF COMMITTEE		,		ĺ	YPE OF REPORT		
House Republican Campaign Committee					uly 10 Filing - Original		
		1.01	T <b>X</b> 7				
A. Total Contributions from Small Contributors-Received this Period ONLY \$10.00							
(See instructions for definition of Small Contributor)				Section A			
	B. Itemized Contributions from I	Individ	uals				
Last Name			First Na				MI
MOLGANO  Residential Street Address		City	MI	CHAEL		State	Zip Code
10 Hazelwood Ln		1	tamfor	rd		CT	06905
Principal Occupation			_	me of Employer		C.	1 00303
LEGISLATOR				STATE OF CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she	associate		Yes No	Am	ount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pro	spective st	ate contr	ractor?			
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of government the contract is with:		Execu		Yes X No		
Method of Contribution				Date Received	Aggregate Contributions		
Cash Personal Check X Credit/De			. 1				
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money C	rder	04/01/2014	\$75.00		\$25.00
Last Name			First Na	me	-	-	MI
SMULDERS				ELODIE			
Residential Street Address		City		-		State	Zip Code
35 Tryon St .		S	outh G	Glastonbury		СТ	06073
Principal Occupation		•	Na	me of Employer			
TEACHER				WALLINGFORD B	D OF ED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin				Yes No	Am	ount of Contribution
x No	a contract with said municipality valued at more th			ed with have			
	Is contributor a principal of state contractor or pro-	ama ativia a	ata aante	rootow?			
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of	spective s	ate contr	ractor?	Yes X No		
If yes, list Event # X No	government the contract is with:	L	Execu	ıtive Legislative			
Method of Contribution	•			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Do	ebit Card Payroll Deduction	Money C	udan				
Casii Fersonai Check Crediv De	rayion Deduction	Wioney C	ruei	04/01/2014	\$25.00		\$25.00
Last Name			First Na	me			MI
ANGER			RC	DBERT			L
Residential Street Address		City				State	Zip Code
LIMEKILN ROAD, PO Box 651		٧	est Re	edding		СТ	06896
Principal Occupation			Na	me of Employer			
RETIRED				RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she	associate		Yes No	Am	ount of Contribution
Is this contribution associated with a fundamental fun	Is contributor a principal of state contractor or pro	spective st	ate contr	actor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event #  X  No	If yes, indicate which branch or branches of		Execu				
	government the contract is with:						
Method of Contribution	_			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/De	ebit Card Payroll Deduction	Money C	rder	04/04/2014	\$54.00		\$54.00

					Page 4 01 64
	I. MONETARY RECEIPT	S (Section A-K)			
NAME OF COMMITTEE		,	TYPE OF REPORT		
House Republican Campaign Committee			July 10 Filing - Original		
Troube Tropuerroun Cumpuign Committee	B. Itemized Contributions from I	ndividuals			
Last Name		First Name			MI
CONRAD		JOHN			F
Residential Street Address		City		State	Zip Code
31 Patton Rd		Wallingford		СТ	06492
Principal Occupation		Name of Employer			
RETIRED		RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busing		Yes No	Amo	ount of Contribution
X No	a contract with said municipality valued at more th	nan \$5000?			
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state contractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event #  No	If yes, indicate which branch or branches of government the contract is with:	Executive Legi			
Method of Contribution		Date Received	Aggregate Contributions	_	
			riggiogate contributions		
Cash X Personal Check Credit/Do	ebit Card Payroll Deduction	Money Order 04/07/2014	\$54.00		\$54.00
Last Name		First Name			MI
SANTAVENERE		OLIVE			
Residential Street Address		City		State	Zip Code
8 Oxford Ln		Cromwell		СТ	06416
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of	committee for a chief executive	Yes No	Amo	ount of Contribution
of dependent clind of a lobbyist?	officer of a municipality does contributor or busine a contract with said municipality valued at more th		L res L No		
X No	a contract with said municipanty valued at more th	ian \$3000:			
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros	spective state contractor?	Yes X No		
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:	Executive Legi	slative		
Method of Contribution	go volument die contidet is with	Date Received	Aggregate Contributions	_	
l <u> </u>		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Do	ebit Card Payroll Deduction	Money Order 04/07/2014	\$54.00		\$54.00
Last Name		First Name			MI
HALL		HELEN			W
Residential Street Address		City		State	Zip Code
344 North St		Greenwich		СТ	06836
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of	committee for a chief executive	Yes No	Amo	ount of Contribution
of dependent child of a lobbyist?	officer of a municipality does contributor or busine		Yes No		
x <sub>No</sub>	a contract with said municipality valued at more th	าลก จัว000?			
Is this contribution associated with a fundacional vest listed in Section I.12 Yes	Is contributor a principal of state contractor or pros	spective state contractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event #  No	If yes, indicate which branch or branches of	Executive Legi			
	government the contract is with:			_	
Method of Contribution		Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/De	ebit Card Payroll Deduction	Money Order	<b>#</b> 54.00		<b>#</b> F4.00

\$54.00

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	I, MONETARY RECEIPTS	(Section A-K)			
NAME OF COMMITTEE		,	TYPE OF REPORT		
House Republican Campaign Committee			July 10 Filing - Original		
Troube respuessed cumpaign committee	B. Itemized Contributions from Inc	dividuals			
Last Name		First Name			MI
HARTCH		THOMAS			
Residential Street Address		City		State	Zip Code
19 Greenbriar Ln		Greenwich		СТ	06831
Principal Occupation		Name of Employer			
ATTY		WBAM			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate cor- officer of a municipality does contributor or business		Yes No	Amo	ount of Contribution
x No	a contract with said municipality valued at more than				
Is this contribution associated with a Ves	Is contributor a principal of state contractor or prospe	ective state contractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of government the contract is with:	Executive Le			
Method of Contribution	8	Date Received	Aggregate Contributions	$\dashv$	
		Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	oit Card Payroll Deduction M	10ney Order 04/07/2014	\$10.00		\$10.00
Last Name		First Name			MI
PIERSON		PHYLLIS			R
Residential Street Address		City		State	Zip Code
20 Loeffler Rd		Bloomfield		СТ	06002
Principal Occupation		Name of Employer			
RETIRED		RETIRED			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate cor		Yes No	Amo	ount of Contribution
of dependent child of a lobbyist:	officer of a municipality does contributor or business a contract with said municipality valued at more than				
X No				_	
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or prospe	ective state contractor?	Yes X No		
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:	Executive Leg	gislative		
Method of Contribution		Date Received	Aggregate Contributions	$\overline{}$	
Cash X Personal Check Credit/De	oit Card Payroll Deduction M	Money Order 04/07/2014	\$500.00		\$500.00
Last Name		First Name			MI
CHRISTENSEN		SANDRA			Т
Residential Street Address		City		State	Zip Code
45 Shelley Dr		Granby		СТ	06035
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate cor	mmittee for a chief executive		Amo	ount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or business		Yes No		
X <sub>No</sub>	a contract with said municipality valued at more than	1 \$5000?			
Is this contribution associated with a Section 1.12 Yes	Is contributor a principal of state contractor or prospe	ective state contractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event #  No	If yes, indicate which branch or branches of	Executive Leg			
	government the contract is with:			_	
Method of Contribution	_	Date Received	Aggregate Contributions		
Cash	oit Card Payroll Deduction M	foney Order	454.00		<b>#</b> F4.00

\$54.00

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	I. MONETARY RECEIPT	S (Sec	ction .	A-K)					
NAME OF COMMITTEE		,		, i	YPE OF REPORT				
House Republican Campaign Committee					uly 10 Filing - Original				
Troube republican campaign committee	B. Itemized Contributions from I	ndivid	nals						
	b. Itemzeu Contributions irom i	marria	uais						
Last Name			First Na	ame			MI		
BELSITO, JR.			SA	AMUEL			Р		
Residential Street Address		City				State	Zip Code		
55 Lee Ln		Т	olland			СТ	06084		
Principal Occupation			Na	me of Employer			•		
RETAILER/WHOLESALE				SAMUEL LTD					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	associat		Yes No	Am	nount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	_	Exec		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions				
Cash X Personal Check Credit/E	ebit Card Payroll Deduction	Money C	Order	04/07/2014	\$79.00		\$54.00		
Last Name			First Na	ame			MI		
NISSLEY			EN	MILY					
Residential Street Address		City				State	Zip Code		
30 Oenoke Rd		N	lew Ca	naan		СТ	06840		
Principal Occupation			Na	me of Employer					
HOMEMAKER				HOMEMAKER					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	associat		Yes No	Am	nount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective st	Exec		Yes X No				
Method of Contribution	•			Date Received	Aggregate Contributions				
Cash Personal Check Credit/E	ebit Card Payroll Deduction	Money C	Order	04/07/2014	\$250.00		\$250.00		
Last Name			First Na	ame			MI		
LEGEYT			TI	MOTHY			В		
Residential Street Address		City				State	Zip Code		
135 W Rd PO BOX 11		С	Canton			СТ	06020		
Principal Occupation			Na	me of Employer					
LEGISLATOR				STATE OF CONNE	CTICUT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/she	associat		Yes No	Am	nount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective st	Exec		Yes X No				
Method of Contribution	•			Date Received	Aggregate Contributions	$\neg$			
Cash Personal Check Credit/I	ebit Card Payroll Deduction	Money C	Order	04/07/2014	470.00		<b>#</b> F4.00		

\$79.00

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I. MONETARY	RECEIPTS (Section A-K)		
		DE OF DEDODT	
NAME OF COMMITTEE  House Republican Campaign Committee		PE OF REPORT  10 Filing - Original	
B. Itemized Contribut			
B. Hemizeu Contribut	tions it our individuals		
Last Name	First Name		MI
MCCREADY	AL		
Residential Street Address	City	State	Zip Code
3 Kernan Pl	Old Greenwich	СТ	06870
Principal Occupation	Name of Employer		
PROFESSOR	NORTHEASTERN UN	IVERSITY	
Vac	nulbutor of business ne/sne associated with have	Yes No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No  Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:		Yes X No	
Method of Contribution	Date Received Ag	ggregate Contributions	
Cash X Personal Check Credit/Debit Card Payroll Deduc	oction	\$100.00	\$100.00
Last Name	First Name		MI
ACKERT	TIM		
Residential Street Address	City	State	Zip Code
67 Deer Hill Ln	Coventry	СТ	06238
Principal Occupation	Name of Employer		
CONTRACTOR	ACKERT ELECTRIC		
Vac	nulbutor of business ne/sne associated with have	Yes No	Amount of Contribution
	contractor or prospective state contractor?	Yes X No	
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No  If yes, indicate which branch or b government the contract is with:		res 🗀 No	
Method of Contribution	Date Received Ag	ggregate Contributions	
Cash Rersonal Check Credit/Debit Card Payroll Deduc	ction Money Order 04/07/2014	\$104.00	\$54.00
Last Name	First Name		MI
GRANDONE	FRANK		F
Residential Street Address	City	State	Zip Code
43 Carriage Dr	Tolland	СТ	06084
Principal Occupation	Name of Employer		
RETIRED	RETIRED		
Vac	numbulor of business ne/sne associated with have	Yes No	Amount of Contribution
Voc	contractor or prospective state contractor?	Yes X No	
fundraising event listed in Section L1?  If yes, list Event #  If yes, indicate which branch or b government the contract is with:		100	
Method of Contribution	Date Received Ag	ggregate Contributions	
Cash X Personal Check Credit/Debit Card Payroll Deduc	ction Money Order	±75.00	<b>#75.00</b>

\$75.00

\$75.00

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	I. MONETARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE	N. 1. 2 C. 1 D. 1 C. 1 C. 1 C. 1 C. 1 C. 1 C. 1	TYPE OF REPORT					
House Republican Campaign Committee		July 10 Filing - Original					
Trouse Republican Campaign Committee	B. Itemized Contributions from Individuals						
	B. Itemized Contributions from Individuals						
Last Name	First Name			MI			
DEEPHOUSE	JAMES			R			
Residential Street Address	City		State	Zip Code			
11 Linden Ln	Madison		CT	06443			
Principal Occupation	Name of Employer			<u> </u>			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate committee for a chief executive	Yes No	Amo	ount of Contribution			
or dependent child of a lobbyist?	officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?						
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or prospective state contractor?	Yes X No					
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:	ive					
Method of Contribution	Date Received	Aggregate Contributions	$\dashv$				
		- 588 - 584 - 5 - 1 - 1 - 1					
Cash Personal Check Credit/De	bit Card Payroll Deduction Money Order 04/08/2014	\$54.00		\$54.00			
	I me and		<b>-</b>	1,6			
Last Name	First Name WILLIAM			MI H			
JENNINGS, II  Residential Street Address	City		State	Zip Code			
6 Homewood Ln	Darien		CT	06820			
Principal Occupation	Name of Employer						
N/A	N/A						
N/A	N/A						
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate committee for a chief executive	Yes No	Amo	ount of Contribution			
of dependent child of a loobyist:	officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?						
X No							
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or prospective state contractor?	Yes X No					
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:  Executive Legislat	ive					
Method of Contribution	Date Received	Aggregate Contributions	$\dashv$				
		Aggregate Contributions					
Cash Personal Check Credit/Do	bit Card Payroll Deduction Money Order 04/08/2014	\$2,000.00		\$2,000.00			
	ļ · · · ·			· · ·			
Last Name	First Name			MI			
WAWER  Residential Street Address	DAVID City		State	Zip Code			
240 Abbe Rd	Enfield		CT	06082			
Principal Occupation	Name of Employer			00002			
CONSULTANT	SELF						
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate committee for a chief executive	Yes No	Amo	ount of Contribution			
of dependent child of a lobbyist:	officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	L res L No					
X No	a contact wan said municipanty valued at more man \$5000?						
Is this contribution associated with a fundraising event listed in Section I 12	Is contributor a principal of state contractor or prospective state contractor?	Yes X No					
fundraising event listed in Section L1?  If yes, list Event #  No	If yes, indicate which branch or branches of government the contract is with:  Executive Legislat						
•	government the contract is with.		_				
Method of Contribution	Date Received	Aggregate Contributions					
Cash X Personal Check Credit/De	bit Card Payroll Deduction Money Order	454.00		<b>#</b> F4.00			

\$54.00

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	I. MONETARY RECEIPTS	S (Section	on A-K)			
NAME OF COMMITTEE		Ì		TYPE OF REPORT		
House Republican Campaign Committee				July 10 Filing - Original		
Troub republican cumparga committee	B. Itemized Contributions from In	ndividua	ls	L		
Last Name		Fir	st Name			MI
REED			WILLIAM			С
Residential Street Address		City			State	Zip Code
141 Putnam Park		Gre	enwich		СТ	06830
Principal Occupation			Name of Employer			
RETIRED			RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate or officer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she ass		Yes No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X No	Is contributor a principal of state contractor or prosp If yes, indicate which branch or branches of government the contract is with:	_	contractor?  Executive Legislat	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Do	bit Card Payroll Deduction	Money Orde	o4/08/2014	\$25.00		\$25.00
Last Name		Fir	st Name			MI
TOOHEY			EMILY			
Residential Street Address		City			State	Zip Code
567 Lake Ave		Gre	enwich		СТ	06830
Principal Occupation  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes	If contribution is in excess of \$400 to a candidate confficer of a municipality does contributor or business			Yes No	Am	ount of Contribution
X No	a contract with said municipality valued at more that	an \$5000?				
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or prost If yes, indicate which branch or branches of government the contract is with:		contractor?  Executive  Legislat	Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash Personal Check Credit/Do	ebit Card Payroll Deduction	Money Orde	04/08/2014	\$54.00		\$54.00
Last Name		Fir	st Name			MI
TOWERS			RICHARD			Н
Residential Street Address		City			State	Zip Code
12 Greens Farms Holw		Wes	stport		СТ	06880
Principal Occupation			Name of Employer			
RETIRED			RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate or officer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she ass		Yes No	Ame	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X No	Is contributor a principal of state contractor or prosp If yes, indicate which branch or branches of		contractor?  Executive  Legislat	Yes X No		
n yes, not Event #	government the contract is with:					
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money Orde	r 04/00/2014	<b>#50.00</b>		<b>#</b> F0.00

\$50.00

\$50.00

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I. MONE	TARY RECEIPTS	S (Sectio	n A-K)			
NAME OF COMMITTEE	<u>-</u>	`		TYPE OF REPORT		
House Republican Campaign Committee				July 10 Filing - Original		
	Contributions from In	dividual	s			
Last Name		Firs	t Name			MI
JONES		G:	RONALD		G	7: 0.1
Residential Street Address  15 Hollow Rd		City	ertown		State CT	Zip Code 06795
Principal Occupation		Wate	Name of Employer		Ci	1 00/33
RETIRED			RETIRED			
or dependent child of a lobbyist?	contribution is in excess of \$400 to a candidate committee for a chief executive Ticer of a municipality does contributor or business he/she associated with have contract with said municipality valued at more than \$5000?					
fundraising avant listed in Section I 12 Yes	cipal of state contractor or prosp th branch or branches of tract is with:		xecutive Legislat	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card I	Payroll Deduction N	Money Order	04/08/2014	\$100.00		\$100.00
Last Name		Firs	t Name			MI
FOERSTER			LOUISE			
Residential Street Address		City			State	Zip Code
24 Swifts Ln Principal Occupation		Darie	Name of Employer		СТ	06820
типера Оссаранов			N/A			
or dependent child of a lobbyist?	excess of \$400 to a candidate co ality does contributor or busines municipality valued at more than	s he/she asso		Yes No	Am	ount of Contribution
fundacione event listed in Section I 12 Yes	cipal of state contractor or prosp th branch or branches of tract is with:		contractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card I	Payroll Deduction N	Money Order	04/08/2014	\$25.00		\$25.00
Last Name		Firs	t Name			MI
CLARKE			EDWARD			Р
Residential Street Address		City			State	Zip Code
50 Ledge Rd # 127		Darie	Name of Employer		СТ	06820
Principal Occupation  RETIRED			N/A			
or dependent child of a lobbyist?	excess of \$400 to a candidate co ality does contributor or busines municipality valued at more than	s he/she asso		Yes No	Am	ount of Contribution
fundacione event listed in Section I 12 Yes	cipal of state contractor or prosp th branch or branches of tract is with:		contractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card I	Payroll Deduction N	Money Order	0.4/00/2014	4154.00		+454.00

\$154.00

\$154.00

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	I. MONETARY RECEIPT	S (Sectio	n A-K)			
NAME OF COMMITTEE		·	,	TYPE OF REPORT		
House Republican Campaign Committee	2			July 10 Filing - Original		
	B. Itemized Contributions from I	ndividual	s			
Last Name		First	Name			MI
LENHART		,	AUGUST			
Residential Street Address		City			State	Zip Code
205 Willowbrook Ave Principal Occupation		Stam	Name of Employer		СТ	06902
тпера Оссаратон			SELF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she asso		Yes No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		ontractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/I	Debit Card Payroll Deduction	Money Order	04/08/2014	\$54.00		\$54.00
Last Name		First	Name			MI
JOHNSON			NANCY			L
Residential Street Address		City			State	Zip Code
310 Seabury Dr			nfield		СТ	06002
Principal Occupation			Name of Employer			
POL ADVISOR			BAKER DONELS	SON, WASHINGTON, D	С	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No	If contribution is in excess of \$400 to a candidate conflicer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she asso		Yes No	Am	ount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state c	ontractor?	Yes X No	$\neg$	
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of government the contract is with:	☐ E	xecutive Legislat			
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/I	Debit Card Payroll Deduction	Money Order	04/08/2014	\$54.00		\$54.00
Last Name		First	Name			MI
GUSTAFSSON			MAGNUS			
Residential Street Address		City			State	Zip Code
253 Putnam Rd			Canaan		СТ	06840
Principal Occupation  CEO			Name of Employer  ATLANTIKA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she asso		Yes No	Am	ount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	snective state o	ontractor?		—	
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of government the contract is with:		xecutive Legislat	Yes X No		
Method of Contribution	!		Date Received	Aggregate Contributions	$\dashv$	
Cash Personal Check Credit/l	Debit Card Payroll Deduction	Money Order	04/00/2014	4154.00		±154.00

\$154.00

\$154.00

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	I. MONETARY RECEIPTS	S (Sec	ction 2	A-K)						
NAME OF COMMITTEE					TYPE OF REPORT					
House Republican Campaign Committee					July 10 Filing - Original					
	B. Itemized Contributions from I	ndivid	luals							
Last Name DEPAOLA			First Na	ame ANCY					MI A	
Residential Street Address		City	107			State		Zip Coo		
45 Jennifer Dr		N	North H	aven		СТ		06473	3-2039	
Principal Occupation			Na	me of Employer						
RN				GLADEVIEW H.C	CARE					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	officer of a municipality does contributor or busine	contribution is in excess of \$400 to a candidate committee for a chief executive icer of a municipality does contributor or business he/she associated with have ontract with said municipality valued at more than \$5000?						Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu	'	Yes X No					
Method of Contribution				Date Received	Aggregate Contributions					
Cash X Personal Check Credit/Det	oit Card Payroll Deduction	Money (	Order	04/08/2014	\$25.00			\$25.0	0	
Last Name			First Na	ıme					MI	
ALVINE			RC	DBERT						
Residential Street Address		City				State	,	Zip Coc		
55 N Racebrook Rd  Principal Occupation		V	Voodbr	me of Employer		СТ		06525	·	
CHAIR & CEO, PRESIDENT			Iva	SELF EMP. I-TE	N MGMT CORP					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	associat		Yes No		Amor	unt of Cor	ntribution	
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective s	tate conti	ractor?		-				
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of government the contract is with:		Execu	'	Yes X No					
Method of Contribution				Date Received	Aggregate Contributions					
Cash X Personal Check Credit/Del	oit Card Payroll Deduction	Money (	Order	04/08/2014	\$54.00			\$54.0	0	
Last Name			First Na	ıme					MI	
JOHNSON			BF	RUCE					Е	
Residential Street Address  28 Avebury Birwick		City	edyard	I		State	,	Zip Cod 06339		
Principal Occupation			_	me of Employer		<u> </u>		00333		
RETIRED				RETIRED						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	e associat		Yes No		Amor	unt of Cor	ntribution	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu	'	Yes X No					
Method of Contribution				Date Received	Aggregate Contributions	$\dashv$				
Cash X Personal Check Credit/Del	oit Card Payroll Deduction	Money (	Order	04/00/2044	<b>*54.00</b>					

\$54.00

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	I. MONETARY RECEIPT	S (Sectio	on A-K)			
NAME OF COMMITTEE			, , , , , , , , , , , , , , , , , , ,	TYPE OF REPORT		
House Republican Campaign Committee				July 10 Filing - Original		
	B. Itemized Contributions from I	ndividual	ls			
Last Name		Firs	t Name			MI
OSBORN  Residential Street Address		City	CHARLES		State	Zip Code
71 Anderson Rd		Hart	land		CT	06027
Principal Occupation			Name of Employer		1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/she asso		Yes No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		executive Legisla	Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash Personal Check Credit/E	ebit Card Payroll Deduction	Money Order	04/09/2014	\$10.00		\$10.00
Last Name		Eiro	t Name	<b>!</b>		MI
MINK		This	TOWNSEND			Т
Residential Street Address		City			State	Zip Code
20 Madison Ln Principal Occupation		Avor	Name of Employer		СТ	06001
RETIRED			RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she asso		Yes No	Am	nount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state	contractor?	Yes X No	$\dashv$	
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of government the contract is with:		executive			
Method of Contribution	.!		Date Received	Aggregate Contributions	$\neg$	
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money Order	04/09/2014	\$50.00		\$50.00
Last Name		Firs	t Name			MI
VALUCKAS			RICHARD			F
Residential Street Address		City			State	Zip Code
37 Steele Brook Rd Principal Occupation		wate	Name of Employer		СТ	06795
RETIRED			RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she asso		Yes No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		contractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions	$\dashv$	
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money Order	04/00/2014	±15.00		<b>415.00</b>

\$15.00

\$15.00

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	I. MONETARY RECEIPT	S (Se	ction	A-K)					
NAME OF COMMITTEE				,	TYPE OF REPORT				
House Republican Campaign Committee					July 10 Filing - Original				
1 1	B. Itemized Contributions from I	ndivi	duals	<u>'</u>					
Last Name			First Na						MI
KNIGHT		G:	DO	ORIS		G	<del></del>	7: 0	F
Residential Street Address 414 Old Tavern Rd		City	Orange			State CT		Zip Coo	
Principal Occupation		<u> </u>		me of Employer		Ci		00477	
OFFICE CLERK				KNIGHT'S, INC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No		Amou	int of Cor	ntribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective	Exect	'	Yes X No				
Method of Contribution	•			Date Received	Aggregate Contributions				
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money	Order	04/09/2014	\$50.00			\$50.0	0
Last Name			First Na	me					MI
GREENBURG			RU	JSSELL					
Residential Street Address		City				State		Zip Cod	le
15 Michaels Way		\	Weston			СТ	$\perp$	06883	3
Principal Occupation			Na	me of Employer					
MANAGING PARTNER				ALTUS CAPITAL	PARTNERS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No		Amou	int of Cor	ntribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective	state contr	ractor?	Yes X No				
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of government the contract is with:		Exec						
Method of Contribution				Date Received	Aggregate Contributions				
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money	Order	04/09/2014	\$154.00			\$154.0	)0
Last Name			First Na	me					MI
HENRY			BF	RIAN					
Residential Street Address		City				State		Zip Coc	le
500 Old Academy Rd		I	airfield			СТ	$\perp$	06824	1
Principal Occupation  EXECUTIVE/MANUFACTURING			Na	me of Employer  TEREX CORPORA	ATION				
	1				411014				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No		Amou	int of Cor	ntribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective	state contr	ractor?	Yes X No	$\neg$			
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of government the contract is with:		Exec						
Method of Contribution				Date Received	Aggregate Contributions				
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money	Order	04/00/2014	<b>#54.00</b>			+54.0	•

\$54.00

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	I. MONETARY RECEIPTS	S (Sectio	on A-K)				
NAME OF COMMITTEE		Ì	,	TYPE OF REPORT			
House Republican Campaign Committee				July 10 Filing - Original			
	B. Itemized Contributions from In	ndividual	ls				
Last Name VIGILANTE		Firs	st Name JOHN				MI
Residential Street Address		City	301114		State	Zip Cod	le
15 Weed Ave		Norw	valk		СТ	06850	)
Principal Occupation			Name of Employer				
LAWYER/COLLEGE PROF			RETIRED				
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate confficer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she asso		Yes No	Am	ount of Con	ıtribution
fundraising event listed in Section L1?  Yes  If you list Event #	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		contractor?	Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debit	t Card Payroll Deduction	Money Order	04/09/2014	\$154.00		\$154.0	)0
Last Name		Firs	st Name				MI
BROWN		Git	JAMES		G	7: 0 1	T
Residential Street Address 135 Middlebrook Farm Rd		City Wilto	on		State CT	Zip Cod 06897	
Principal Occupation		<u> </u>	Name of Employer				
RETIRED			RETIRED				
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate confficer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she asso		Yes No	Ame	ount of Con	ıtribution
fundraising event listed in Section L1?  Yes  If you list Event #	Is contributor a principal of state contractor or prosp If yes, indicate which branch or branches of government the contract is with:		contractor?	Yes X No			
Method of Contribution	-		Date Received	Aggregate Contributions	$\dashv$		
Cash X Personal Check Credit/Debit	t Card Payroll Deduction	Money Order	04/09/2014	\$254.00		\$254.0	)0
Last Name		Firs	st Name				MI
KOKORUDA		Ci	NOREEN		G	7: 0 1	S
Residential Street Address  85 Liberty St		City Madi	son		State CT	Zip Cod 06443	
Principal Occupation		1.00	Name of Employer		<u> </u>	1 00	
LEGISLATOR			STATE OF CT				
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate confficer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she asso		Yes No	Am	ount of Con	ıtribution
fundraising event listed in Section L1?  Yes  X	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		contractor?	Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit	t Card Payroll Deduction	Money Order		#254.00		+254.0	

\$254.00

\$254.00

								1 42	50 10 01 0
	I, MONETARY RECEIPT	S (Sec	ction 2	A-K)					
NAME OF COMMITTEE				ĺ	TYPE OF REPORT				
House Republican Campaign Committee					July 10 Filing - Original				
	B. Itemized Contributions from I	ndivid	luals						
Last Name			First Na						MI
BIELAWA  Residential Street Address		City	HE	NRY		State	1	Zip Coo	W de
18 Rockledge Rd		1	Redding	I		CT		06896	
Principal Occupation			Na	me of Employer					
RETIRED				RETIRED					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	e associat		Yes No		Amo	unt of Cor	ıtribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions				
Cash X Personal Check Credit/D	Pebit Card Payroll Deduction	Money (	Order	04/09/2014	\$54.00			\$54.0	0
Last Name			First Na	me					MI
OBLAK			JO	HN					М
Residential Street Address		City				State		Zip Coo	
60 Farms Village Rd Principal Occupation		Į V	Vethers	me of Employer		СТ		06109	<del></del>
типера оссиранов			114	ine of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	e associat		Yes No		Amo	unt of Coi	ıtribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu	'	Yes X No				
Method of Contribution	•			Date Received	Aggregate Contributions				
Cash X Personal Check Credit/D	bebit Card Payroll Deduction	Money (	Order	04/09/2014	\$25.00			\$25.0	0
Last Name			First Na	me					MI
FLINN			MI	CHAEL					
Residential Street Address		City				State		Zip Coo	
295 Round Hill Rd		(	Greenw			СТ		06831	Ĺ
Principal Occupation PORTFOLIO MANAGER			Na	me of Employer  TOCQUEVILLE A	SSET MANAGEMENT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	e associat		Yes No		Amo	unt of Co	ntribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	enective o	state contr	actor?		_			
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of government the contract is with:		Execu	'	Yes X No				
Method of Contribution	!			Date Received	Aggregate Contributions	$\dashv$			
Cash X Personal Check Credit/D	pebit Card Payroll Deduction	Money (	Order	04/00/2014	454.00			+54.0	•

\$54.00

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	I. MONETARY RECEIPT	S (Section	on A-K)			
NAME OF COMMITTEE			,	TYPE OF REPORT		
House Republican Campaign Committee	;			July 10 Filing - Original		
	B. Itemized Contributions from I	ndividua	ıls	•		
Last Name O'MARA		Fir	rst Name JOHN			MI
Residential Street Address		City	JOHN		State	Zip Code
12 Sherwood Farm Ln		Gree	enwich		СТ	06831
Principal Occupation			Name of Employer			
ATTORNEY			IVEY, BARNUM	1, AND O'MARA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she ass		Yes No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		contractor?  Executive Legisla	Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash Personal Check Credit/I	Debit Card Payroll Deduction	Money Orde	o4/09/2014	\$100.00		\$100.00
Last Name		Fir	rst Name			MI
LUBIN  Residential Street Address		City	BENJAMIN		State	Zip Code
42 Winding Ln		1 '	enwich		CT	06831
Principal Occupation			Name of Employer			
FINANCIAL ADVISOR			SECURITIES IN	NDUSTRY MGMT CO		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she ass		Yes No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		contractor?  Executive Legisla	Yes X No		
Method of Contribution	1 -		Date Received	Aggregate Contributions		
Cash Personal Check Credit/I	Debit Card Payroll Deduction	Money Orde	o4/14/2014	\$54.00		\$54.00
Last Name KOUTOUVIDES		Fir	rst Name ALEX			MI
Residential Street Address		City	ALLA		State	Zip Code
68 Mark St		Bris	tol		СТ	06010
Principal Occupation			Name of Employer			
СООК			MAX PIZZA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she ass		Yes No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		contractor?  Executive Legisla	Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/I	Debit Card Payroll Deduction	Money Orde	er 0.4/22/2014	±20.00		+20.00

04/23/2014

\$20.00

\$20.00

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	I. MONETARY RECEIPTS	S (Section	A-K)			
NAME OF COMMITTEE		`	,	TYPE OF REPORT		
House Republican Campaign Committee				July 10 Filing - Original		
	B. Itemized Contributions from I	ndividuals				
Last Name PORTER			Name ERFORD			MI
Residential Street Address		City			State	Zip Code
200 River Rd # 19		Cos C	ob		СТ	06807
Principal Occupation		1	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associ		Yes No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		ntractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions	$\dashv$	
Cash Personal Check Credit/Del	oit Card Payroll Deduction	Money Order				
Cledit/Det	n caid	Wolley Order	04/23/2014	\$25.00		\$25.00
Last Name		First	Name			MI
KELLOGG		-	ГОММҮ			N
Residential Street Address		City			State	Zip Code
875 Tryon St  Principal Occupation		<del></del>	Glastonbury Name of Employer		СТ	06073
		'				
RETIRED			RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she associ		Yes No	Ame	nount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state co	ntractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of government the contract is with:	Exc	ecutive Legislat			
Method of Contribution			Date Received	Aggregate Contributions	$\neg$	
Cash X Personal Check Credit/Del	oit Card Payroll Deduction	Money Order	04/23/2014	\$254.00		\$254.00
Last Name		First	Name			MI
MCMAHON		1	INDA			
Residential Street Address		City			State	Zip Code
14 Hurlingham Dr		Green			СТ	06831
Principal Occupation  EXECUTIVE		1	Name of Employer  SELF EMPLOYE	D		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate c	committee for a	chief executive		Am	nount of Contribution
or dependent child of a lobbyist?  Yes  X No	officer of a municipality does contributor or busine a contract with said municipality valued at more th		ated with have	Yes No		
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state co	ntractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event #  No	If yes, indicate which branch or branches of government the contract is with:	Exe	ecutive Legislat			
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Del	oit Card Payroll Deduction	Money Order	0.4/22/2014	±2,000,00		+2 000 00

04/23/2014

\$2,000.00

\$2,000.00

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	I. MONETARY RECEIPT	S (Section A-K)			
NAME OF COMMITTEE		,	TYPE OF REPOR	т	
House Republican Campaign Commit	ttee		July 10 Filing - Origina		
	B. Itemized Contributions from I	ndividuals	<u>'</u>		
Last Name		First Name			MI
REYNOLDS		RUSSELL			
Residential Street Address		City		State	Zip Code
246 Taconic Rd		Greenwich		СТ	06831
Principal Occupation		Name of En	ployer		
CHAIRMAN EMERITUS		RSR F	PARTNERS		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate		Voc	No A	mount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busing a contract with said municipality valued at more the		ave		
Is this contribution associated with a	Is contributor a principal of state contractor or pro-	spective state contractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	Executive	Legislative Yes No		
Method of Contribution		Date Ro	eceived Aggregate Contribution	ons	
			riggiogate Commount	,113	
Cash X Personal Check Cre	dit/Debit Card Payroll Deduction	Money Order 04/23	\$/2014 \$100.00		\$100.00
Last Name		First Name			MI
AUBEL		RONALD			
Residential Street Address		City		State	Zip Code
596 Colebrook Rd		Colebrook		СТ	06021
Principal Occupation		Name of En	ployer		
RETIRED		RETIF	RED		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate		Vac	No.	mount of Contribution
or dependent child of a lobbyist:	officer of a municipality does contributor or busing a contract with said municipality valued at more th		ave		
X No					
I fundraising event fisted in Section L1?	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of	spective state contractor?	Yes X No		
If yes, list Event #		Executive	Legislative		
Method of Contribution	·	Date Ro	eceived Aggregate Contribution	ons	
Cash X Personal Check Cre	dit/Debit Card Payroll Deduction	м ол			
Cash Personal Check Cre	dit/Debit Card Payroll Deduction	Money Order 05/14	\$54.00		\$54.00
Last Name		First Name			MI
MARVELL		JOHN			L
Residential Street Address		City		State	Zip Code
40 Washington St  Principal Occupation		Milford Name of Em	mlovor.	СТ	06460
rinicipai Occupation		Name of En	ipioyei		
CLERK		STAT	E OF CT		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committee for a chief execu	tive Yes	A:	mount of Contribution
of dependent child of a foodylst?	officer of a municipality does contributor or busing a contract with said municipality valued at more th		ave Lies L	NO	
X No					
I fundraising event fisted in Section L1?	Is contributor a principal of state contractor or pro-	spective state contractor?	Yes X No		
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	Executive	Legislative		
Method of Contribution		Date Ro	eceived Aggregate Contribution	ons	
			30-50		
Cash X Personal Check Cre	dit/Debit Card Payroll Deduction	Money Order	1/2014 tar 00		<b>#35.00</b>

05/14/2014

\$25.00

\$25.00

						1 46	50 20 01 0
	I, MONETARY RECEIPTS	S (Section	A-K)				
NAME OF COMMITTEE		,	ĺ	TYPE OF REPORT			
House Republican Campaign Committee				July 10 Filing - Original			
	B. Itemized Contributions from In	ndividuals					
Last Name		First !					MI
BOOTH  Residential Street Address		City	OHN		State	Zip Cod	T de
182 Whites Woods Rd Box 25		Litchfi	eld		СТ	06759	
Principal Occupation		N	Name of Employer				
RETIRED			RETIRED				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more that	ss he/she associ		Yes No	Am	ount of Cor	ıtribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	_	ecutive Legislativ	Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debi	it Card Payroll Deduction	Money Order	05/14/2014	\$54.00		\$54.0	0
Last Name		First 1	Name				MI
SHAYS			CHRISTOPHER			igspace	Н
Residential Street Address  9241 Deep Water Point Rd		City St Mic	haols		State MD	Zip Cod 21663	
Principal Occupation			Name of Employer		MD	21003	
NONE			UNH				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more than	ss he/she associ		Yes No	Amo	ount of Cor	ntribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	pective state cor	ntractor?	Yes X No	_		
fundraising event listed in Section L1?  If yes, list Event #  X  No	If yes, indicate which branch or branches of government the contract is with:	Exe	ecutive Legislativ				
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debi	it Card Payroll Deduction	Money Order	05/14/2014	\$100.00		\$100.0	)0
Last Name		First 1	Name				MI
O'CONNOR		E	BARBARA				
Residential Street Address  36 Little Brook Ln		City			State	Zip Cod 06470	
Principal Occupation		Newto	Vame of Employer		СТ	00470	
SEMI-RETIRED/NURSERY			PLANTER'S CHO	ICE, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more that	ss he/she associ		Yes No	Am	ount of Cor	ntribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		ecutive Legislativ	Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debi	it Card Payroll Deduction	Money Order	05/44/2044	151.00		+540	

05/14/2014

\$54.00

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	I. MONETARY RECEIPT	S (Section	A-K)			
NAME OF COMMITTEE			ŕ	TYPE OF REPORT		
House Republican Campaign Committee				July 10 Filing - Original		
	B. Itemized Contributions from I	ndividuals				
Last Name		First N	ame			MI
BARKER		3/	AMES			
Residential Street Address		City			State	Zip Code
180 Long Neck Point Rd		Darien			СТ	06820
Principal Occupation		N	ame of Employer			
VICE CHAIRMAN			MORMAC MARIN	E GROUP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of	. –		Yes X No		
If yes, list Event # No	government the contract is with:	Exec	cutive Legislativ	e		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	05/14/2014	\$254.00	$\bot$	\$254.00
Last Name		First N	ame			MI
BARNES		Т	HOMAS			0
Residential Street Address		City			State	Zip Code
1900 Perkins St .		Bristol	CF 1		СТ	06010
Principal Occupation		N	ame of Employer			
CHAIR OF TH BOARD			BARNES GROUP	, INC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes No	Am	ount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state con	tractor?	Yes X No	_	
fundraising event listed in Section L1?  If yes, list Event # 05222014A Yes No	If yes, indicate which branch or branches of government the contract is with:	Exec	cutive  Legislativ			
Method of Contribution			Date Received	Aggregate Contributions	$\dashv$	
Cash Personal Check X Credit/De	ebit Card Payroll Deduction	Money Order	05/15/2014	\$1,000.00		\$1,000.00
Last Name		First N	ame			MI
ZAWISTOWSKI		T.	AMI			
Residential Street Address		City			State	Zip Code
11 Seymour Rd .		East G			СТ	06026
Principal Occupation  BOOKSELLER		N	ame of Employer  RESOURCE BOO	KS, LLC		
	Lac di	:u 6		<u> </u>	<del></del>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes No	Am	nount of Contribution
* 41	Is contributor a principal of state contractor or pro-	enective state con	tractor?		—	
fundraising event listed in Section L1?  If yes, list Event # 05222014A  X Yes No	If yes, indicate which branch or branches of government the contract is with:		cutive Legislativ	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions	$\dashv$	
Credit/De	ebit Card Payroll Deduction	Money Order	05/20/2014	<b>#50.00</b>		<b>#F0.00</b>

05/20/2014

\$50.00

\$50.00

							1 42	50 22 01 0
	I. MONETARY RECEIPTS	S (Secti	ion A-k	<b>(</b> )				
NAME OF COMMITTEE				·	ΓΥΡΕ OF REPORT			
House Republican Campaign Committee					July 10 Filing - Original			
	B. Itemized Contributions from I	ndividu	als					
Last Name		F	irst Name					MI
KRAWIECKI  Residential Street Address		City	SHAR	ON		State	Zip Coc	do.
203 Pinehurst Rd .		_	stol			CT	06010	
Principal Occupation				Employer				
REGISTRAR OF VOTERS			CI	TY OF BRISTO	L			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she as			Yes No	A	amount of Cor	ıtribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective stat	e contractor Executive	? Legislative	Yes X No			
Method of Contribution			Dat	e Received	Aggregate Contributions			
Cash Personal Check X Credit/De	bit Card Payroll Deduction	Money Ord	ler 05,	/21/2014	\$150.00		\$150.0	)0
Last Name		F	irst Name					MI
PAJESKI			JOHN					С
Residential Street Address		City				State	Zip Coc	
81 Hillside Ave .		Ply	mouth	Employer		СТ	06782	<u>·</u>
Principal Occupation			Name of	Employer				
RETIRED			RE	TIRED				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she as			Yes No	A	amount of Cor	ntribution
T 41: 14: 14:	Is contributor a principal of state contractor or pros	spective stat	e contractor	? г		-		
is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A  No	If yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Yes X No			
Method of Contribution			Dat	e Received	Aggregate Contributions			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Ord	ler 05,	/22/2014	\$100.00		\$100.0	)0
Last Name		F	irst Name					MI
DUPONT			ROBER	RT				D
Residential Street Address		City				State	Zip Coo	
25 Bellevue Ave .		Bri	stol Nama at	Employer		СТ	06010	
Principal Occupation  FUNERAL DIRECTOR				PONT FUNERA	AL HOME, INC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate conficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she as			Yes No	A	amount of Cor	ıtribution
* at	Is contributor a principal of state contractor or pros	enective stat	e contractor	7 -		—		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A	If yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Yes X No			
Method of Contribution			Dat	e Received	Aggregate Contributions	$\dashv$		
Cash Rersonal Check Credit/De	bit Card Payroll Deduction	Money Ord	ler	/22/2014	#100.00		+400 (	

\$100.00

								1 42	50 23 01 0
	I. MONETARY RECEIPTS	S (Se	ction	A-K)					
NAME OF COMMITTEE		Ì		,	TYPE OF REPORT				
House Republican Campaign Committee					July 10 Filing - Original				
	B. Itemized Contributions from I	ndivid	luals						
Last Name			First Na						MI
MURAWSKI Residential Street Address		City	St	JSAN		Stat	to	Zip Coo	da.
143 Schroback Rd .			Plymou	th		CT		06782	
Principal Occupation			<del></del>	me of Employer					
BOOKKEEPER				BEACON PRESC	CRIPTIONS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate conflicer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	e associat		Yes No		Amo	ount of Con	ntribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Exec		Yes X No		I		
Method of Contribution				Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money (	Order	05/22/2014	\$150.00			\$150.0	00
Last Name			First Na	ime					MI
BARNES			EL	IZABETH					М
Residential Street Address		City				Stat		Zip Coo	
400 Peacedale St  Principal Occupation		E	Bristol No	me of Employer		СТ		06010	)
RETIRED				RETIRED					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	e associat		Yes No		Amo	ount of Co	ntribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective s	state contr	ractor?	Yes X No	-			
fundraising event listed in Section L1?  If yes, list Event # 05222014A  No	If yes, indicate which branch or branches of government the contract is with:	Ε	Exec	utive  Legislat					
Method of Contribution				Date Received	Aggregate Contributions		ı		
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money (	Order	05/22/2014	\$100.00			\$100.0	00
Last Name			First Na	ime					MI
PERILLO			JA	SON					
Residential Street Address		City				Stat		Zip Coo	
454 Coram Ave Principal Occupation			Shelton	me of Employer		СТ		06484	1
LEGISLATOR			l Na	STATE OF CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	e associat		Yes No		Amo	ount of Co	ntribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Exec		Yes X No		I		
Method of Contribution				Date Received	Aggregate Contributions		ı		
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money (	Order	05/22/2011	#100.00			+400	

\$100.00

								1 42	50 24 01 0
	I. MONETARY RECEIPT	S (Sect	tion A	A-K)					
NAME OF COMMITTEE		,		ĺ	TYPE OF REPORT				
House Republican Campaign Committee					July 10 Filing - Original				
rate rate and rate production	B. Itemized Contributions from I	ndividu	uals						
Last Name		I	First Naı	ne					MI
HAMZY			WI	LLIAM					
Residential Street Address		City				State		Zip Cod	
2 Minor Rd  Principal Occupation		le	erryvill	e ne of Employer		СТ		06786	
			Ivai	ne of Employer					
ATTORNEY				THE HAMZY LAV	V FIRM, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she a	associate		Yes No		Amou	unt of Cor	ıtribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective sta	Execu		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions				
Cash Personal Check X Credit/De	bit Card Payroll Deduction	Money Or	rder	05/22/2014	\$100.00			\$100.0	00
[					1 120000			,	
Last Name CARLSON			First Naı ER						MI
Residential Street Address		City				State		Zip Coc	le
187 Morningside Dr E		Br	istol			СТ		06010	)
Principal Occupation			Nar	ne of Employer					
ELECTRICIAN				SELF-EMPLOYED	)				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she a	associate		Yes No		Amou	unt of Cor	ıtribution
X No									
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective sta	Execu	'	Yes X No				
Method of Contribution				Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Or	rder	05/22/2014	\$100.00			\$100.0	)0
Last Name		I	First Na	ne					MI
Cleary			Se	an					
Residential Street Address		City				State		Zip Coc	le
108 Mad River Rd .		W	olcott			СТ		06716	5
Principal Occupation			Nar	ne of Employer					
Political				Foley for CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she a	associate		Yes No		Amou	unt of Cor	ıtribution
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of	spective sta	1		Yes X No				
If yes, list Event # 05222014A  \(\bigcup \) No	government the contract is with:		Execu	tive Legislativ	ve				
Method of Contribution				Date Received	Aggregate Contributions				
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Or	rder	05/22/2014	#100.00			+400.0	

\$100.00

								1 4 5	50 23 01 0
	I. MONETARY RECEIPT	S (Se	ction	A-K)					
NAME OF COMMITTEE					TYPE OF REPORT				
House Republican Campaign Committee					July 10 Filing - Original				
, , , , , , , , , , , , , , , , , , ,	B. Itemized Contributions from I	ndivid	duals						
Last Name			First Na	ame					MI
Bizzarro			Ge	ennaro					
Residential Street Address  180 Ten Acre Rd		City	New Bri	itain		Stat		Zip Coo	de
Principal Occupation		<u> </u>		me of Employer		CI			
Lawyer				GB Law Group,	LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No		Amo	ount of Cor	ntribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Exec		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money (	Order	05/22/2014	\$100.00			\$100.0	00
Last Name			First Na	ame					MI
HEALEY			JC	HN					J
Residential Street Address		City				Stat	.e	Zip Coo	
8 Poplar Hill Dr		F	arming			СТ		06032	2
Principal Occupation			Na	me of Employer					
GOVERNMENT RELATIONS				CITY OF NEW E	BRITAIN				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No		Amo	ount of Cor	ntribution
T 41	Is contributor a principal of state contractor or pros	spective s	state cont	ractor?		—			
Is thus contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A  No	If yes, indicate which branch or branches of government the contract is with:		Exec		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money (	Order	05/22/2014	\$100.00			\$100.0	00
Last Name			First Na	ame					MI
MERCHANT			D/	AVID					V
Residential Street Address		City				Stat		Zip Coo	
75 North St .		F	Plymou			СТ		06782	2
Principal Occupation  MAYOR			Na	me of Employer  TOWN OF PLYM	IOUTH				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	e associat		Yes No		Amo	ount of Cor	ntribution
X No									
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Exec		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions	$\dashv$			
Cash Rersonal Check Credit/De	bit Card Payroll Deduction	Money (	Order	05/22/2014	#200.CC			+200 (	

\$200.00

\$200.00

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	I. MONETARY RECEIPT	S (Sect	tion A	\-K)					
NAME OF COMMITTEE					TYPE OF REPORT				
House Republican Campaign Committee					July 10 Filing - Original				
	B. Itemized Contributions from I	Individu	uals	•					
Last Name		1	First Nar	ne					MI
GOODWIN			DA	VID					
Residential Street Address		City				State		Zip Cod	le
149 Schroback Rd		Pl	ymoutl			СТ		06782	2
Principal Occupation			Nan	ne of Employer					
GENERAL MANAGER				PLANTERS' CHO	ICE, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she a	associate		Yes No		Amou	nt of Con	ntribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective sta	ate contra		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions				
X Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money Or	rder	05/22/2014	\$100.00			\$100.0	00
Last Name		1,	First Nar					1	MI
BARNES, JR.			TO						
Residential Street Address		City				State		Zip Cod	
1939 Perkins St Principal Occupation		Br	ristol	ne of Employer		СТ		06010	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she a	associate		Yes No		Amou	nt of Con	ntribution
X No									
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective sta	ate contra		Yes X No				
Method of Contribution	-			Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Or	rder	05/22/2014	\$200.00		:	\$200.0	)0
Last Name			First Nar	ne					MI
CARRIER			FRA	ANCINE					Н
Residential Street Address		City				State		Zip Cod	le
19 Winston Ct		Br	ristol			СТ		06010	)
Principal Occupation			Nan	ne of Employer					
ASSISTANT MGR				JFC ENDEAVORS	, INC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she a	associate		Yes No		Amou	nt of Con	ntribution
Is this contribution associated with a	Is contributor a principal of state contractor or pro-	spective sta	ate contra	actor?	Yes X No				
fundraising event listed in Section L1?  If yes, list Event # 05222014A No	If yes, indicate which branch or branches of government the contract is with:		Execut						
Method of Contribution	· <del></del>			Date Received	Aggregate Contributions				
Cash Rersonal Check Credit/De	ebit Card Payroll Deduction	Money Or	rder	05/22/2014	\$300.00			¢300 0	nn

\$300.00

\$300.00

							Page 27 of 6
	I. MONETARY RECEIP	TS (Sect	tion A-K)				
NAME OF COMMITTEE				TYPE OF	REPORT		
House Republican Campaign Committee				July 10 Filin			
1 1 5	B. Itemized Contributions from	Individu	ıals	<u> </u>			
Last Name		F	First Name				MI
WELCH			JASON				
Residential Street Address		City			St	tate	Zip Code
163 Maureen Dr .		Bri	istol		С	.Т	06010
Principal Occupation			Name of Emplo	oyer			
			BEAZLE	Y GROUP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing a contract with said municipality valued at more	iness he/she a		Voc	s No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A  No	Is contributor a principal of state contractor or principal of state contractor or principal state which branch or branches of government the contract is with:	_		Yes D	O No		
Method of Contribution			Date Rece	ived Aggregate	Contributions	1	
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Or	4				
Cash Personal Check Credit/De	Payron Deduction	■ Money Or	05/22/2	2014 \$	100.00		\$100.00
Last Name		F	First Name				MI
LUMAJ			PETER				
Residential Street Address		City			Si	tate	Zip Code
745 Mill Plain Rd .		Fa	irfield		С	.Т	06824
Principal Occupation			Name of Emple	oyer			
ATTORNEY			SELF-E	MPLOYED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidat officer of a municipality does contributor or busi a contract with said municipality valued at more	iness he/she a		Voc	s No	Amo	ount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pr	rospective sta	te contractor?	Yes 2		1	
fundraising event listed in Section L1?  If yes, list Event # 05222014A  No	If yes, indicate which branch or branches of government the contract is with:		Executive		■ No		
Method of Contribution			Date Rece	ived Aggregate	Contributions	1	
X Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money Ore	der 05/22/2	2014	\$100.00		\$100.00
Last Name		F	First Name				MI
CAGGIANO Residential Street Address		City	JEFFREY			tate	Zip Code
27 Cricket Hill Rd			istol		C		06010
Principal Occupation			Name of Emple	oyer			
			BOEHRI	NGER-INGELHEIM			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidat officer of a municipality does contributor or busi a contract with said municipality valued at more	iness he/she a		Voc	s No	Amo	ount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pr	rospective sta	te contractor?	Yes	o No	1	
fundraising event listed in Section L1?  If yes, list Event # 05222014A No	If yes, indicate which branch or branches of government the contract is with:		Executive	Legislative			
Method of Contribution	•		Date Rece	ived Aggregate	Contributions	1	
Cash Rersonal Check Credit/De	ebit Card Payroll Deduction	Money Ore	der 05/22/3	2014	100 00		¢100.00

\$100.00

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	I. MONETARY RECEIPT	S (Section	A-K)			
NAME OF COMMITTEE		•	, i	TYPE OF REPORT		
House Republican Campaign Committee				July 10 Filing - Original		
Trouse republican Campaign Committee	B. Itemized Contributions from I	Individuals				
	B. Itemized Contributions Irom I	Iluividuais				
Last Name		First N	ame			MI
ALBERT			ENISE			
Residential Street Address		City			State	Zip Code
72 Maple St # 305		Bristol			СТ	06010
Principal Occupation		Na	ame of Employer			•
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes No	Am	ount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busin a contract with said municipality valued at more the		ted with have			
					_	
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pro	spective state con	tractor?	Yes X No		
If yes, list Event # <u>05222014A</u> No	If yes, indicate which branch or branches of government the contract is with:	Exec	cutive Legislativ	ve .		
Method of Contribution			Date Received	Aggregate Contributions		
			Bute Received	riggiogate controutions		
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Order	05/22/2014	\$150.00		\$150.00
			1			
Last Name		First N				MI
CAFERO, JR.  Residential Street Address			AWRENCE		G	F
6 Weed Ave .		City Norwal	k		State CT	Zip Code
Principal Occupation			ame of Employer		Ci	<u> </u>
Timopai decapation		'"	anie of Employer			
LEGISLATOR			STATE OF CT			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committee for a cl	nief executive	Yes No	Am	ount of Contribution
or dependent child of a loobyist:	officer of a municipality does contributor or busin		ted with have	L Yes L No		
x <sub>No</sub>	a contract with said municipality valued at more th	ian \$5000?				
Is this contribution associated with a fundraising event listed in Section I 12	Is contributor a principal of state contractor or pro	spective state cont	tractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event # 05222014A  No	If yes, indicate which branch or branches of	Exec	cutive  Legislativ			
· · · · · · · · · · · · · · · · · · ·	government the contract is with:					
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	05/22/2014	\$50.00		¢50.00
			05/22/2014	\$50.00		\$50.00
Last Name		First N	ame			MI
KRANTZ			NNIFER			
Residential Street Address		City			State	Zip Code
4727 Stonepointe PI .		Tampa			FL	33634
Principal Occupation		Na	ame of Employer			
POLITICAL DIRECTOR			PETER LUMAJ FO	OR SECRETARY OF ST	ATE	
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committee for a cl	nief executive		Am	ount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busin			Yes No	1	sum or commount
x <sub>No</sub>	a contract with said municipality valued at more the	nan \$5000?				
Is this contribution associated with a	Is contributor a principal of state contractor or pro	spective state cont	tractor?	Yes X No		
fundraising event fisted in Section L1?	If yes, indicate which branch or branches of	П.,				
If yes, list Event # 05222014A  No	government the contract is with:	L Exec	cutive Legislativ	/e		
Method of Contribution			Date Received	Aggregate Contributions		
X Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Order	05/00/55	,		\ <b>F</b> 0.0-

\$50.00

\$50.00

	I. MONETARY RECEIPT	S (Section	n A-K)					
NAME OF COMMITTEE		•		TYPE OF REPORT				
House Republican Campaign Committee				July 10 Filing - Original				
1 1 5	B. Itemized Contributions from I	ndividuals	s					
Last Name		First	Name			MI		
D'AMATO			ANTHONY					
Residential Street Address  29 Patricia Dr .		City Bristo			State CT	Zip Code 06010		
Principal Occupation			Name of Employer		Ci	1 00010		
VP			POWER FUELS,	LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	officer of a municipality does contributor or busine	ntribution is in excess of \$400 to a candidate committee for a chief executive er of a municipality does contributor or business he/she associated with have ntract with said municipality valued at more than \$5000?						
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A  No	ent listed in Section L1? Yes X No							
Method of Contribution			Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Order	05/22/2014	\$100.00		\$100.00		
Last Name		First	Name			MI		
JAY			BETTY			М		
Residential Street Address		City			State	Zip Code		
1955 Perkins St		Bristo			СТ	06010		
Principal Occupation			Name of Employer					
RETIRED			RETIRED					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she assoc		Yes No	Am	nount of Contribution		
Is this contribution associated with a	Is contributor a principal of state contractor or pro-	spective state co	ontractor?	Yes X No				
fundraising event listed in Section L1?  If yes, list Event # 05222014A  No	If yes, indicate which branch or branches of government the contract is with:	Ex	xecutive Legislat					
Method of Contribution			Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Order	05/22/2014	\$150.00		\$150.00		
Last Name		First	Name			MI		
CASTLE			GEORGE					
Residential Street Address		City			State	Zip Code		
5 Cross Rd		Terry			СТ	06786		
Principal Occupation  OWNER			Name of Employer  CASTLE TECHN	OLOGIES				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she assoc		Yes No	Am	nount of Contribution		
X No								
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:		ontractor?  kecutive Legislat	Yes X No				
Method of Contribution			Date Received	Aggregate Contributions	$\dashv$			
Cash Personal Check X Credit/De	bit Card Payroll Deduction	Money Order		,				

\$150.00

\$150.00

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	I. MONETARY RECEIPTS	S (Sec	tion A	A-K)					
NAME OF COMMITTEE		·			TYPE OF REPORT				
House Republican Campaign Committee				J	luly 10 Filing - Original				
	B. Itemized Contributions from I	ndivid	uals						
Last Name BETTS			First Na	me HIT					MI
Residential Street Address		City	VVI	711		State	$\neg$	Zip Cod	de
1924 Perkins St		,	ristol			СТ		06010	
Principal Occupation			Naı	me of Employer					
LEGISLATOR				STATE OF CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she an \$5000	associate?	ed with have	Yes No		Amou	unt of Cor	ıtribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A  Is contributor a principal of state contractor or prospective state contractor?  If yes, list Event # 05222014A  Is contributor a principal of state contractor?  If yes, indicate which branch or branches of government the contract is with:  Legislative									
Method of Contribution				Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money C	rder	05/22/2014	\$1,600.00			\$1,500.	.00
Last Name			First Na	me					MI
BELDING			MA	AXWELL					М
Residential Street Address		City				State		Zip Cod	le
308 Essex Mdws		Essex CT						06426	<u> </u>
Principal Occupation  RETIRED			Nai	me of Employer  RETIRED					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more that	ess he/she	associate		Yes No		Amou	unt of Cor	ntribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective si	Execu		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money C	rder	05/27/2014	\$254.00			\$254.0	)0
Last Name			First Na	me					MI
STEPHENS			CH	IRISTOPHER					
Residential Street Address		City				State		Zip Cod	
1 Townsend Rd		F	arming	nton me of Employer		СТ		06032	<u> </u>
Principal Occupation			INai	me of Employer					
CFO				BARNES GROUP,	INC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	associate		Yes No		Amou	unt of Cor	ntribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222014A	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective st	Execu		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions				
Cash Personal Check X Credit/De	ebit Card Payroll Deduction	Money C	rder	06/03/2014	\$500.00			\$500.0	00

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	I. MONETARY RECEIPT	S (Se	ction	A-K)					
NAME OF COMMITTEE				,	TYPE OF REPORT				
House Republican Campaign Committee					July 10 Filing - Original				
	B. Itemized Contributions from I	ndivio	duals						
Last Name			First Na	me					MI
LARKINS			CA	SEY		1			Α
Residential Street Address  34 Fairview St Apt C2		City	West Ha	artford		Stat	e	Zip Coo 06110	
Principal Occupation		<u> </u>	_	me of Employer		<u> </u>		00110	
LEGISLATIVE AID				STATE OF CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No		Amo	unt of Co	ntribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06052014B	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No				
Method of Contribution	•			Date Received	Aggregate Contributions				
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money	Order	06/09/2014	\$25.00			\$25.0	0
Last Name			First Na	me					MI
PLUM			LE	0					Α
Residential Street Address		City				Stat		Zip Coo	
149 Main St .	Ridgefield CT							06877	7-4932
Principal Occupation			INA	me of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No		Amo	unt of Co	ıtribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective s	state contr	actor?	Yes X No				
fundraising event listed in Section L1?  If yes, list Event #  X  No	If yes, indicate which branch or branches of government the contract is with:		Exec	ative Legislat					
Method of Contribution				Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money	Order	06/09/2014	\$25.00			\$25.0	0
Last Name			First Na	me					MI
EHLERS			W	ILLIAM					
Residential Street Address		City				Stat		Zip Coo	
125 Secret Lake Rd		<i>P</i>	Avon	CF 1		СТ		0600:	<u> </u>
Principal Occupation  ASSOCIATE PROFESSOR/OPTHAMOLOGIS	ST		Na	me of Employer  UCONN HEALT	H CENTER				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of	committe	e for a ch	ief executive			Amo	unt of Co	ntribution
or dependent child of a lobbyist?  Yes  X No	officer of a municipality does contributor or busine a contract with said municipality valued at more th			ed with have	Yes No				
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective s	state conti	ractor?	Yes X No	$\dashv$			
fundraising event listed in Section L1?  If yes, list Event # 06052014B  No	If yes, indicate which branch or branches of government the contract is with:		Exec	utive Legislat					
Method of Contribution				Date Received	Aggregate Contributions				
Cash Personal Check X Credit/De	ebit Card Payroll Deduction	Money	Order	0.5 (0.0 (0.0 )	+100.00				

\$100.00

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	I. MONETARY RECEIPT	S (Section	1 A-K)					
NAME OF COMMITTEE			Ź	TYPE OF REPORT				
House Republican Campaign Committee				July 10 Filing - Original				
Troube Trepaenean Campaign Committee	B. Itemized Contributions from I	ndividuals	<b>_</b>					
Last Name		First	Name			MI		
MALON			CAROLYN					
Residential Street Address		City			State	Zip Code		
11 Mountain Ter		West	Hartford		СТ	06107		
Principal Occupation			Name of Employer					
DENTIST			SELF EMPLOYED	)				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she assoc		Yes No	Am	nount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06052014B	ection L1? Yes Yes If yes, indicate which branch or branches of							
Method of Contribution			Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Order	06/09/2014	\$75.00		\$75.00		
Last Name		First	Name			MI		
HWANG			TONY					
Residential Street Address		City			State	Zip Code		
80 Martingale Ln		Fairfie	eld		СТ	06824		
Principal Occupation			Name of Employer					
REAL ESTATE			WHITFIELD HO	MES, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she assoc		Yes No	Am	nount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06252014C	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		ecutive Legislati	Yes X No				
Method of Contribution			Date Received	Aggregate Contributions				
Cash Personal Check X Credit/De	ebit Card Payroll Deduction	Money Order	06/25/2014	\$25.00		\$25.00		
Last Name		First	Name			MI		
GAYDOS			MICHAEL			А		
Residential Street Address		City			State	Zip Code		
24 Ann Ave		Shelto	on		СТ	06484		
Principal Occupation			Name of Employer					
OPERATIONS MGR, MARKET RESEARCH			DIRECTIVE ANA	ALYTICS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she assoc		Yes No	Am	nount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06252014C  No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:		ecutive Legislati	Yes X No				
Method of Contribution			Date Received	Aggregate Contributions				
Cash Personal Check X Credit/De	ebit Card Payroll Deduction	Money Order	06/25/2014	+7F 00		+7F 00		

06/25/2014

\$75.00

\$75.00

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	I. MONETARY RECEIPT	S (Sectio	on A-K)			
NAME OF COMMITTEE			, , , , , , , , , , , , , , , , , , ,	TYPE OF REPORT		
House Republican Campaign Committee				July 10 Filing - Original		
Troube Trepaenean Campaign Committee	B. Itemized Contributions from I	ndividua	ls	L		
			-~			
Last Name		Firs	st Name			MI
SCHIABLE			KENNETH			
Residential Street Address		City			State	Zip Code
4665 Winged Food Ct # 104		Napl	es		FL	34112
Principal Occupation			Name of Employer			
RETIRED			RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she asso		Yes No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06252014C	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	_	contractor?	Yes X No		
Method of Contribution	_		Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	06/27/2014	\$75.00		\$75.00
Last Name		Firs	st Name			MI
GREENE, JR.			LEONARD			С
Residential Street Address		City			State	Zip Code
10 Roosevelt Dr		Seyr	mour		СТ	06483
Principal Occupation			Name of Employer			
TITLE SEARCHER			SELF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she asso		Yes No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of			Yes X No		
If yes, list Event # 06252014C  No	government the contract is with:		Executive Legislat		4	
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	06/27/2014	\$80.00	$\perp \!\!\! \perp$	\$80.00
Last Name		Firs	st Name			MI
SREDZINSKI			JOHN			Р
Residential Street Address		City			State	Zip Code
210 D Windgate Cir		Mon			СТ	06468
Principal Occupation			Name of Employer			
DISPATCH SUPERVISOR			TOWN OF STRA	ATFORD		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she asso		Yes No	Am	ount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state	contractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event # 06252014C  No	If yes, indicate which branch or branches of government the contract is with:		Executive    Legislat			
Method of Contribution			Date Received	Aggregate Contributions	$\neg$	
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	r 06/27/2011	475.00		<b>+75.00</b>

06/27/2014

\$75.00

\$75.00

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	I. MONETARY RECEIPTS	S (Sec	ction	A-K)				
NAME OF COMMITTEE		Ì			TYPE OF REPORT			
House Republican Campaign Committee					July 10 Filing - Original			
	B. Itemized Contributions from I	ndivid	luals		<u> </u>			
Last Name			First Na					MI
DEFILIPPO		67	GA	ARY		G	7: 6:	
Residential Street Address 43 Perch Rd .		City	helton			State CT	Zip Cod 06484	
Principal Occupation				me of Employer		01	1 00-10-1	
REAL ESTATE/BUILDING				SELF				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	associat		Yes No	Ar	nount of Con	itribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06252014C	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective si	Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money C	Order	06/27/2014	\$75.00		\$75.00	0
Last Name			First Na	ime				MI
WILLIAMS			DA	AVID			_	1
Residential Street Address		City				State	Zip Cod	
2312 Harbor View Dr		R	locky F	me of Employer		СТ	06067	
Principal Occupation			Na	me of Employer				
LEGISLATIVE AIDE				STATE OF CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	associat		Yes No	Ar	mount of Con	itribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective st	tate conti	ractor?	Yes X No			
fundraising event listed in Section L1?  If yes, list Event # 06252014C	If yes, indicate which branch or branches of government the contract is with:		Execu	utive Legislat				
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money C	Order	06/27/2014	\$30.00		\$30.00	0
Last Name			First Na	ime				MI
LABRIOLA			DA	AVID		_		ı
Residential Street Address		City				State	Zip Cod	
185 Riggs Rd		С	xford			СТ	06478	}
Principal Occupation  ATTORNEY			Na	me of Employer  LABRIOLA & LA	ABRIOLA, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate confficer of a municipality does contributor or business.				Yes No	Ar	nount of Con	ıtribution
X No	a contract with said municipality valued at more th	an \$5000	?					
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective st	tate conti	ractor?	Yes X No			
fundraising event listed in Section L1?  If yes, list Event # 06252014C No	If yes, indicate which branch or branches of government the contract is with:		Execu	utive    Legislat				
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money C	Order	06/27/2011	#3F 00		#2F 2:	0

06/27/2014

\$25.00

\$25.00

	I. MONETARY RECEIPTS	S (Sec	ction	A-K)					
NAME OF COMMITTEE				ŕ	ΓΥΡΕ OF REPORT				
House Republican Campaign Committee					July 10 Filing - Original				
	B. Itemized Contributions from I	ndivid	luals						
Last Name			First Na	ame					MI
VAVREK			S	TEVE					
Residential Street Address		City				State	,	Zip Coo	le
68 Longview Rd		M	1onroe			СТ		06468	3
Principal Occupation			Na	me of Employer					
FIRST SELECTMAN				TOWN OF MONR	OE				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate confficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she an \$5000	associat ?	ed with have	Yes No		Amo	unt of Co	ntribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06252014C	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	tate cont		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions				
X Cash Personal Check Credit/De	bit Card Payroll Deduction	Money (	Order	06/27/2014	\$75.00			\$75.0	0
Last Name			First Na	uma.	•				MI
HOYDICK				AURA					IVII
Residential Street Address		City				State	,	Zip Coo	de
55 Castle Dr		S	Stratfor	<sup>-</sup> d		СТ		06614	4
Principal Occupation			Na	me of Employer					
LEGISLATOR				STATE OF CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	associat		Yes No		Amor	unt of Co	ntribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective s	tate cont	ractor?	Yes X No	$\neg$			
fundraising event listed in Section L1? Yes  If yes, list Event # 06252014C No	If yes, indicate which branch or branches of government the contract is with:		Exec						
Method of Contribution				Date Received	Aggregate Contributions	$\neg$			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money (	Order	06/27/2014	\$50.00			\$50.0	0
Last Name		1	First Na		-				MI
HOVEY				EBRA LEE					IVII
Residential Street Address		City				State	,	Zip Coo	de
296 Fan Hill Rd		M	1onroe			СТ		06468	3
Principal Occupation			Na	me of Employer					
LEGISLATOR				STATE OF CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	associat		Yes No		Amo	unt of Co	ntribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective s	tate cont	ractor?	Yes X No	-			
fundraising event listed in Section L1? Yes  If yes, list Event # 06252014C No	If yes, indicate which branch or branches of government the contract is with:		Exec						
Method of Contribution				Date Received	Aggregate Contributions	$\dashv$			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money (	Order	06/27/2014	<b>#50.00</b>			+50.0	•

06/27/2014

\$50.00

\$50.00

\$250.00

**Total of Section C1** 

									Page 36 of 6
	I. MO	NETAI	RY RECEIPT	S (Secti	on A-K)				
NAME OF COMMITTEE				,	ĺ		ΓΥΡΕ OF REPORT		
House Republican Campaign Committee							July 10 Filing - Original		
	B. Itemize	ed Contr	ibutions from I	ndividu	als				
Last Name				F	irst Name				MI
DECILIO					LOUIS				
Residential Street Address				City				State	Zip Code
160 Timber Ridge Rd				Str	atford			СТ	06614
Principal Occupation					Name of E	nployer		•	
REGISTRAR OF VOTERS					TOW	N OF STRAT	FORD		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	officer of a mu	inicipality do	of \$400 to a candidate of es contributor or busine pality valued at more th	ess he/she as			Yes No	Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 06252014C  No  Is contributor a principal of state contractor or prospective state contractor?  Yes  X No  If yes, indicate which branch or branches of government the contract is with:									
Method of Contribution					Date F	eceived	Aggregate Contributions		
Cash X Personal Check Credit/De	bit Card	Payroll	Deduction	Money Ord	er 06/2	7/2014	\$75.00		\$75.00
						·	Total of Sectio	n B	\$15,739.00
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVID	UALS	(Section	ns A & B)	(Tot	al on Line 14	of Summary Page)		\$15,749.00
TOTAL OF THE CONTINUE TO THE		0.1225	(Beetlon	15 71 & B)	, , , , ,		-y		. ,
	I. MO	NETAR	Y RECEIPTS	S (Section	on A-K)		_		
NAME OF COMMITTEE							TYPE OF REPORT		
House Republican Campaign Committee							July 10 Filing - Original		
	C1. Contril	butions f	rom Other Con	nmittees					
Name of Committee					Nan	ne of Treasurer			
Old Lyme Republican Town Committee					Tin	nothy C. Gris	swold		
Address			Is this contribution as			Yes	x <sub>No</sub>		
O Box 42			fundraising event list		1 L1?	res		Amount of	Contribution
City		State	Zip Code	Date Rec	eived	Aggregate	Contributions	1	
Old Lyme		СТ	06271	04/00/	2014		\$250.00		\$250.00

Total of Section D

						Page 37 of 6
I. MONETA	ARY RECE	IPTS (Section A	A-K)			
NAME OF COMMITTEE				TY	PE OF REPORT	
House Republican Campaign Committee				July	10 Filing - Original	
C2. Reimbursemen	ts. Payments	s. or Surplus Dis	tributions from ot	her Comm	ittees	
Name of Committee			Name of Treasurer			
Address			Date Received			Amount of Receipt
City State Zip Code Reimbursement for shared expense Payment for goods and services Surplus Distribution						
				To	otal of Section C	2
I. MON	ETARY RI	ECEIPTS (Sect	ion A-K)			
NAME OF COMMITTEE				TYPE OF	FREPORT	
House Republican Campaign Committee				July 10 Fili	ng - Original	
D. Loa	ns Received	this Period				
Name of Lender		Source of L	oan:			Date of Receipt
		Bank	Candidate	Individual	Other	
Street Address		City		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		Stata	Zin Codo	

		I. M	ONETAF	RY RECEIPTS (Section	A-K)			
NAME OF COMMITTE	EE					TYPE OF REPORT		
House Republican Ca	ampaign Commit	tee				July 10 Filing - Original		
E. R	Receipts from En	tities other t	than Indivi	iduals or Other Committee	es (Referendur	n Committees ON	LY)	
Name of Entity								
Street Address					Date Rec	eived		Amount Received
City			State	Zin Code				
City	State Zip Code Aggregate Contributions							
Total of Section							ection E	
		I. M	ONETAI	RY RECEIPTS (Section	A-I)			
NAME OF COMMITTI	EE					TYPE OF RI	EPORT	
House Republican Ca	ampaign Commit	tee				July 10 Filing - O	riginal	
	F. Amount	Γransferred	from Affil	liated Business Treasury (E	3usiness Entit	y Committees ON	LY)	
Date of Receipt	Is this transaction asso event listed in Section		draising	Yes No If yes, li	ist Event #		Amount	
	1					Total of Section F		
		I.	MONET	CARY RECEIPTS (Section	on A-I)			
NAME OF COMMITTI	EE						F REPOI	RT
House Republican Campaign Committee  July 10 Filing - Original								
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)								
Date of Receipt		Amount	<u> </u>		<u> </u>		<del>_</del>	

Total of Section G

Total of Section K

	I. MONE	TARY RECEIPTS (Secti	on A-K)						
NAME OF COMMITTEE					TYPE OF REPOR	RT			
House Republican Campai	gn Committee				July 10 Filing - Original				
H. Personal	Funds of the Candidate Re	ceived this Period (Candida	te Committees	ONLY)					
Date of Receipt	Method of Payment  Cash	Personal Check	Credit/Debit (	Card		Amount			
	·			To	otal of Section E				
	I. Mo	onetary Receipts (Section A	A-K)						
NAME OF COMMITTEE					TYPE OF REPOR	RT			
House Republican Campai	ign Committee				July 10 Filing - Original				
	J. Interest fro	m Deposits in Authorized Ac	ecounts						
Name of Institution				Date Rece	ived	Amount			
Street Address		City	:	State	Zip Code	-			
		<u> </u>			Total of Section J				
	I. M	ONETARY RECEIPTS (	Section A-K						
NAME OF COMMITTEE					TYPE OF R	EPORT			
House Republican Campai	ign Committee				July 10 Filing - Oriç	ginal			
	K. Miscellane	ous Monetary Receipts not	Considered Co	ontribution	ıs				
Name				Date of Trai	nsaction	Amount Received			
Street Address		City		State	Zip Code				
Description	Description								

	II. FUNDRAISING EVENT A	CTIVITY	(Se	ections L1 - L4)				
NAME OF COMMITTEE					TYPE OF RI	EPORT		
House Republican Campaign	Committee				July 10 Filing -	Original		
	L1. Fundrais	ser Event In	forn	nation				
Fundraising Event #	Description							
Date of Fundraiser 05/22/2014 A	Cocktail Event							
Location: Street Address				City		State	Zip Code	
501 Wolcott Rd				Bristol		СТ	06010	
Subpart 1: (All Committees)  Was this fundraising event hosted at a person	Yes X No		(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.)					
Did this fundraiser include items donated by items donated by an individual of up to \$10	Yes No		(If yes, go to Section L4 In- Contributions and complete red					
Was this fundraiser a tag sale, auction, or of puchases from an individual of up to \$100?	Yes X No		(If yes, enter Total Receipts here.)					
Subpart 2:  Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?				(If yes, go to Section L3 Pu Book or on a Sign and comple			Program	
Subpart 3: (Town Committees ONLY)		Yes		(If yes, enter Total Receipts	here.)		\$0.00	
Did your committee sell food or beverage a within the state with this fundraiser?	t a fair or similar mass gathering held	No						
Fundraising Event # Date of Fundraiser  Letter	Description							
06/05/2014 B	Cocktail Event						<u> </u>	
Location: Street Address				City		State	Zip Code	
85 Arch St				Hartford		СТ	06103	
Subpart 1: (All Committees)  Was this fundraising event hosted at a person	onal residence?	Yes X No	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for puchases made host(s) for food, beverage and invitations.)				ade by	
Did this fundraiser include items donated by items donated by an individual of up to \$10		Yes X No		(If yes, go to Section L4 In- Contributions and complete red				
Was this fundraiser a tag sale, auction, or of puchases from an individual of up to \$100?	Yes X No	(If yes, enter Total Receipts here.)				\$0.00		
Subpart 2:		x Yes		(If was go to Section La Bu	rchases of Advor	tising Space in a	Program	
Were there purchases of advertising space i with this fundraiser?	n a program book or on a sign associated	No No	Book or on a Sign and complete required information.)				. rogram	
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage a within the state with this fundraiser?	t a fair or similar mass gathering held	Yes		(If yes, enter Total Receipts	here.)		\$0.00	

	II. FUNDRAISING EVENT A	ACTIVITY (S	ections L1 - L4)			
NAME OF COMMITTEE				TYPE OF RE	PORT	
House Republican Campaign	Committee			July 10 Filing - 0	Original	
	L1. Fundrais	ser Event Infori	nation			
Fundraising Event #  Date of Fundraiser  Letter	Description					
06/25/2014 C	Cocktail Event					
Location: Street Address			City		State	Zip Code
464 Howe Ave	Shelton		СТ	06484		
Subpart 1: (All Committees)  Was this fundraising event hosted at a person	onal residence?	(If yes, go to Section L4 In-R Contributions and complete req host(s) for food, beverage and i	uired information		ade by	
Did this fundraiser include items donated b items donated by an individual of up to \$10		X Yes No	(If yes, go to Section L4 In-P Contributions and complete req			
Was this fundraiser a tag sale, auction, or o puchases from an individual of up to \$100?		Yes X No	(If yes, enter Total Receipts	s here.)		\$0.00
Subpart 2: Were there purchases of advertising space i with this fundraiser?	n a program book or on a sign associated	Yes X No	(If yes, go to Section L3 Pur Book or on a Sign and complete		• .	Program
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage a within the state with this fundraiser?	t a fair or similar mass gathering held	Yes No	(If yes, enter Total Receipts l	here.)		\$0.00
			Tot	al of Section L1		\$0.00

	II. FUNDR	AISING EVENT ACTIVIT	Y (S	ections L1 - L4)				
NAME OF COMMITTEE					TYI	PE OF REPO	RT	
House Republican Cam	paign Committee				July 10 Filir	ng - Original		
L3. Purchases of A	Advertising in a Program B	ook or on a Sign		L				
Name of Purchaser KOOL SMILES				l r		nde By: ness Entity Proprietorship		Individual
Street Address 1090 N Chase Pkwy				City Marietta			State	Zip Code
Date Received 04/07/2014	Event # 11212013A	Aggregate Purchases for All Events \$250.00	Amou	unt of Program Ad Purchase \$250.	00	Amount of S	ign Purc	nase
Name of Purchaser BEACON PRESCRIPTIONS				l i		nde By: ness Entity Proprietorship		Individual
Street Address 241 Main St .				City  Terryville			State CT	Zip Code 06786
Date Received 05/22/2014	Event # 05222014A	Aggregate Purchases for All Events \$250.00	Amou	unt of Program Ad Purchase \$250.	00	Amount of S	ign Purc	nase
Name of Purchaser RIVERSIDE INVESTMENT	SERV					ade By: ness Entity Proprietorship		Individual
Street Address 136 Riverside Ave .				City Bristol			State	Zip Code
Date Received 05/22/2014	Event # 05222014A	Aggregate Purchases for All Events \$250.00	Amou	unt of Program Ad Purchase \$250.	00	Amount of S	ign Purc	nase
Name of Purchaser PLYMOUTH PROPERTY MG	МТ			l r	_	nde By: ness Entity Proprietorship		Individual
Street Address 144 N Main St				City  Terryville			State	Zip Code
Date Received 05/22/2014	Event # 05222014A	Aggregate Purchases for All Events \$250.00	Amou	unt of Program Ad Purchase \$250.	00	Amount of S	ign Purc	nase

	II. FUNDR	AISING EVENT ACTIVIT	Y (S	ections L1 - L4)				
NAME OF COMMITTEE					TYI	PE OF REPO	RT	
House Republican Cam	paign Committee				July 10 Filir	ng - Original		
L3. Purchases of A	Advertising in a Program B	ook or on a Sign						
Name of Purchaser GLOBE TRAVEL SERVICE				l r		nde By: ness Entity Proprietorship		Individual
Street Address 255 N Main St				City Bristol			State CT	Zip Code 06010
Date Received 05/22/2014	Event # 05222014A	Aggregate Purchases for All Events \$250.00	Amou	unt of Program Ad Purchase \$250.	00	Amount of S	ign Purc	hase
Name of Purchaser  CT MORTGAGE BANKERS'	ASSO			l r		nde By: ness Entity Proprietorship		Individual
Street Address PO Box 425				City  New Britain			State	Zip Code 06050
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$250.00	Amou	unt of Program Ad Purchase \$250.	00	Amount of S	lign Purc	hase
Name of Purchaser WINE & SPIRITS WHOLES	ALER			l r		nde By: ness Entity Proprietorship		Individual
Street Address 132 Temple St				City  New Haven			State	Zip Code
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$50.00	Amou	unt of Program Ad Purchase \$50.	00	Amount of S	ign Purc	hase
Name of Purchaser EDER BROS, INC				l r	_	nde By: ness Entity Proprietorship		Individual
Street Address 11 Eder Rd				City West Haven			State CT	Zip Code
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$250.00	Amou	unt of Program Ad Purchase \$250.	00	Amount of S	lign Purc	hase

	II. FUNDR	AISING EVENT ACTIVIT	Y (S	ections L1 - L4)				
NAME OF COMMITTEE					TYI	PE OF REPO	RT	
House Republican Cam	paign Committee				July 10 Filir	ng - Original		
L3. Purchases of A	Advertising in a Program B	ook or on a Sign						
Name of Purchaser HARTLEY & PARKER LTD,	INC				=	ade By: ness Entity Proprietorship		Individual
Street Address 100 Browning St				City Stratford			State CT	Zip Code 06615
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$250.00	Amo	unt of Program Ad Purchase \$250	0.00	Amount of S	Sign Purc	hase
Name of Purchaser  MANUFACTURING ALLIANO	CE OF				=	ade By: ness Entity Proprietorship		Individual
Street Address 173 Interstate Lane				City Waterbury			State CT	Zip Code
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$250.00	Amou	unt of Program Ad Purchase \$250	0.00	Amount of S	Sign Purc	hase
Name of Purchaser CT TRIAL LAWYERS OF AS	ssoc				=	ade By: ness Entity Proprietorship		Individual
Street Address 150 Trumbull St Fl 2				City  Hartford			State	Zip Code
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$250.00	Amo	unt of Program Ad Purchase \$250	0.00	Amount of S	Sign Purc	hase
Name of Purchaser  CONNECTICUT DISTRIBUT	ΓORS,				$\overline{}$	ade By: ness Entity Proprietorship		Individual
Street Address 333 Lordship Blvd				City Stratford			State	Zip Code
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$250.00	Amou	unt of Program Ad Purchase	0.00	Amount of S	Sign Purc	hase

		II. FUNDR	AISING EVENT ACTIVIT	Y (S	ections L1 - L4)				
NAME OF COMMITTEE	3					TYI	PE OF REPC	RT	
House Republican Cam	npaign Co	mmittee				July 10 Fili	ng - Original		
L3. Purchases of	Advertisi	ng in a Program B	ook or on a Sign		•				
Name of Purchaser GAFFNEY, BENNETT & AS	SOC					=	ade By: ness Entity Proprietorship		Individual
Street Address 1 Liberty Sq Ste 201					City  New Britain			State CT	Zip Code 06051-2658
Date Received 06/09/2014	Event # 06052	014B	Aggregate Purchases for All Events \$250.00	Amou	unt of Program Ad Purchase \$250	.00	Amount of	Sign Pur	chase
Name of Purchaser ALLAN S. GOODMAN, INC						一	ade By: ness Entity Proprietorship		Individual
Street Address 180 Goodwin St .  City  East Hartford								State CT	Zip Code
Date Received         Event #         Aggregate Purchases for All Events         Amount of Program Ad Purchase           06/09/2014         06052014B         \$250.00         \$250				unt of Program Ad Purchase \$250				chase	
						Total o	of Section L3		\$3,300.00
		II. FUNDRAISI	ING EVENT ACTIVITY (S	ectio	ons L1 - L4)				
NAME OF COMMITTEE						ТҮРЕ	E OF REPOR	Т	
House Republican Camp	paign Cor	mmittee				July 10 F	iling - Original		
		L4. In-Kind Don	ations Not Considered Contrib	ution	18				
Name of the Donor  OXFORD WINE AND SPIR	RITS								
Street Address 144 Oxford Rd				City	kford			State CT	Zip Code 06478
Donation Given by:  X Business Entity		Description of Donation Wine for event						Fair I	Market Value of Donation
Individual Sole Proprietorship		Date Received 06/25/2014	Event # 06252014C		Aggregate value 1	for this event \$177.55			\$177.55
						Total of So	ection I.4		\$177.55

1	II. NO	ONMONETA	RY	RECEIPTS (Section	s M -	<b>O</b> )				
NAME OF COMMITTEE								TYPE	E OF REPO	ORT
House Republican Campaign Committe	e						Ju	ly 10 Filing	ı - Original	
		M. In-Kind	l Co	ontributions						
Name										
Street Address				City				State		Zip Code
Type of Contributor: Committee  Individual / Sole Proprietorship Other								on		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000?									Market Value of this Contribution	
Is this contribution associated with a Yes fundraising event listed in Section J1?  No If yes, list Event#  Is contributor a principal of state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Leg						egislative	Yes No			
						To	otal of Se	ction M		
	II	I. Non Monet	ary	Receipts (Sections M	I - O)					
NAME OF COMMITTEE							ТҮРЕ (	OF REPO	RT	
House Republican Campaign Committee	•						July 10 F	iling - Orig	inal	
Ŋ	l. Refu	ndable Deposi	t to	Telephone Company						
Last Name of Individual				First Name			MI	Da	ate Deposit Ma	ade
Residential Street Address City State						Zip Coo	de		Amount of Deposit	
Name of Telephone company										
Street Address			City			State	Zip Co	ode		
		<u>'</u>					Total o	of Section	N	

III. NONMONETARY RECEIPTS (Sections M - O)								
NAME OF COMMITTEE		,	TYPE OF REPFORT					
House Republican Campaign Committee			July 10 Filing - Original					
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48								
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)  Name of Treasurer								
Street Address			Date Notice Received	Fair Market Value of Donation				
City	State	Zip Code	Aggregate Donations					
Description of Donation Purpose of Expenditure  A B C D								
			Total of Section O					

		IV. EXPENDITURES	S (Sections P - T)					
NAME OF COM	IMITTEE		, , ,		TYPE OF RE	EPORT		
House Republic	can Cam	paign Committee			July 10 Filing - Or	riginal		
•	,		Paid By Committee					
Name of Payee BANK OF AMERIC	CA			Date of Payment 04/15/2014		Method of Payment Check X Debit		
Street Address PO Box 25118			City Tampa			State FL	Zip Code 33622-5118	
Purpose of Expenditu (by code) BNK	ire	Description BANK FEES		Event #		,	Amount	
Expenditure # (if applicable)		\$23.03						
Name of Payee CMDI				Date of Payment 04/27/2014		Method of Payment Check X Debit		
Street Address 1539 Spring Hill R	Rd Ste 400	0	City Tysons Corner			State VA	Zip Code 22182	
Purpose of Expenditu (by code) OVHD	ire	Description FINANCE SOFTWARE		Event #		1	Amount	
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought		\$500.00	
Name of Payee VERIZON WIREL	ESS			Date of Payment 04/27/2014		Method of Payment Check X Debit		
Street Address PO Box 15062			City Albany			State NY	Zip Code 12212-5062	
Purpose of Expenditu (by code) OVHD	ire	Description WIRELESS INTERNET		Event #		2	Amount	
Expenditure # (if applicable)		expenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough Independent	Coordinated Organization	with reimbursemen	t sought		\$90.08	
Name of Payee AKRAI, LLC				Date of Payment 05/01/2014		Method of Payment  X Check Debit		
Street Address 351 Ridge Rd			City Wethersfield			State CT	Zip Code 06109	
Purpose of Expenditu (by code) OVHD	ire	Description HEADQUARTERS LEASE DEPOSIT		Event #			Amount	
Expenditure # (if applicable) Itemization in Addendum P Required							\$1,000.00	

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE		,		TYPE OF RE	EPORT			
House Republic	can Cam	paign Committee			July 10 Filing - Or	riginal			
		P. Expenses	Paid By Committee						
Name of Payee Environmental Lo	earning C	Centers of CT		Date of Payment 05/12/2014		Metho	d of Payment  X Check:  Debit C		
Street Address 501 Wolcott Rd .			City Bristol			State CT		Zip Code 06010	
Purpose of Expenditu (by code) FNDR *	ire	Description facility rental-inv#101		Event # 05222014A			A	umount	
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought  Coordinated without reimbursement sough Independent Organization A B C D								\$450.00	
Name of Payee TRACY DRISCOL	L			Date of Payment 05/14/2014		Metho	d of Payment  X Check:  Debit C		
Street Address PO Box 2060			City Bristol			State CT		Zip Code 06011-2060	
Purpose of Expenditu (by code) FNDR *	ire	Description EVENT INSURANCE		Event # 05222014A			А	mount	
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought			\$320.00	
Name of Payee USPS POSTMAST	TER-HTFD	) MAIN OFFICE		Date of Payment 05/14/2014		Metho	d of Payment  X Check:  Debit C		
Street Address 141 Weston St .			City Hartford					Zip Code 06101-9998	
Purpose of Expenditu (by code) OVHD	ire	Description ANNUAL P.O. BOX RENEWAL		Event #			A	umount	
Expenditure # (if applicable)	<del></del> -	xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough Independent	Coordinated Organization	with reimbursemen	t sought			\$132.00	
Name of Payee SHIPMAN & GOC	DDWIN LL	P		Date of Payment 05/14/2014		Metho	d of Payment  X Check:  Debit C		
Street Address 1 Constitution Plz			City Hartford			State CT		Zip Code 06103	
Purpose of Expenditu (by code) Misc *	ire	Description ATTORNEY'S FEES INV.449967		Event #			A	umount	
Expenditure # (if applicable)									

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE		, , ,		TYPE OF RE	EPORT			
House Republic	can Cam	paign Committee			July 10 Filing - Or	iginal			
		P. Expenses	Paid By Committee						
Name of Payee WALLINGFORD F	PARKS &	REC DEPT		Date of Payment 05/14/2014		Method o	of Payment Check #		
Street Address 6 Fairfield Blvd			City Wallingford			State CT		Zip Code 06492	
Purpose of Expenditu (by code) Misc *	ire	Description D.DOHERTY MEETING ROOM RENTAL; CAMPAI TRAINING	GN	Event #			Ai	mount	
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought  Coordinated without reimbursement sough Independent Organization A B C D						\$180.00			
Name of Payee BANK OF AMERI	CA			Date of Payment 05/15/2014		Method o	of Payment Check # Debit C		
Street Address PO Box 25118			City Tampa			State FL		Zip Code 33622-5118	
Purpose of Expenditu (by code) BNK	ire	Description BANK FEES		Event #			Ai	mount	
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought			\$35.30	
Name of Payee AKRAI, LLC				Date of Payment 05/15/2014		Method o	of Payment Check #		
Street Address 351 Ridge Rd			City Wethersfield			State CT		Zip Code 06109	
Purpose of Expenditu (by code) OVHD	ire	Description MAY HEADQUARTERS RENT		Event #			Ai	mount	
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought			\$568.00	
Name of Payee VERIZON WIREL	.ESS			Date of Payment 05/21/2014		Method o	Of Payment Check # Debit C		
Street Address PO Box 15062			City Albany			State NY		Zip Code 12212-5062	
Purpose of Expenditu (by code) OVHD	ire	Description WIRELESS INTERNET		Event #			A	mount	
Expenditure # (if applicable)   Type of Expenditure (if applicable)   Itemization in Addendum P Required						\$105.08			

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE		,		TYPE OF RE	EPORT			
House Republic	can Cam	paign Committee			July 10 Filing - Or	riginal			
		P. Expenses	Paid By Committee						
Name of Payee MARTINO'S ITAL	IAN MAR	КЕТ		Date of Payment 05/22/2014		Method	of Payment  X Check #		
Street Address 948 Terryville Ave	<u>.</u>		City Bristol			State CT		Zip Code 06010	
Purpose of Expenditu (by code) FNDR *	re	Description FOOD		Event # 05222014A			A	xmount	
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sough  Coordinated without reimbursement sough Independent Organization A B C D								\$1,000.00	
Name of Payee TAYLOR RENTAL				Date of Payment 05/29/2014		Method	of Payment  X Check #		
Street Address 696 Winsted Rd .			City Torrington			State CT		Zip Code 06790	
Purpose of Expenditu (by code) EFV *	re	Description RENTAL-MEDIA PROJECTOR AND SCREEN		Event #			A	amount	
Expenditure # (if applicable)	_	xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought			\$81.89	
Name of Payee AMYLYNN THOM	PSON			Date of Payment 05/30/2014		Method	of Payment  X Check #		
Street Address 34 Great Plain Dr			City Plainville			State CT		Zip Code 06062	
Purpose of Expenditu (by code) WAGE	re	Description wages		Event #			A	amount	
Expenditure # (if applicable)	_	xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought			\$500.00	
Name of Payee Harland Clarke C	Corp			Date of Payment 05/31/2014		Method	Check #		
Street Address 10931 Laureate D	r.		City San Antonio			State TX		Zip Code 78249	
Purpose of Expenditu (by code) Misc *	Description Reorder bank deposit slips		Event #			A	amount		
Expenditure # (if applicable)									

IV. EXPENDITURES (Sections P - T)								
NAME OF COM	IMITTEE		, , ,		TYPE OF RE	EPORT		
House Republic	can Cam	paign Committee			July 10 Filing - Or	riginal		
Î	,		Paid By Committee					
Name of Payee Gigante's Too				Date of Payment 05/31/2014		Method of Payment  X Check # 6683  Debit Card		
Street Address 817 E Center St .			City Wallingford			State CT		Zip Code 06492
Purpose of Expenditu (by code) FOOD	ire	Description Food, Campaign Training		Event #			A	xmount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum P Required  Coordinated with reimbursement sough  Coordinated without reimbursement sough  Independent  Organization  A  B  C  D								\$339.50
Name of Payee  JACKIE L. EFFRE	:N			Date of Payment 06/02/2014		Method	of Payment  X Check #	
Street Address 182 Rowayton Wo	oods Dr		City Norwalk			State CT		Zip Code 06854
Purpose of Expenditu (by code) RCW	ire	Description  Misc supplies, badges, printer ink, stamps, cell phone		Event #			A	amount
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought			\$251.14
Name of Payee CMDI				Date of Payment 06/05/2014		Method	Of Payment Check #	
Street Address 1539 Spring Hill R	Rd Ste 400	0	City Tysons Corner			State VA		Zip Code 22182
Purpose of Expenditu (by code) OVHD	ire	Description FINANCE SOFTWARE		Event #			A	Amount
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough Independent	Coordinated Organization	with reimbursemen	t sought			\$500.00
Name of Payee Chris Fryxell				Date of Payment 06/09/2014		Method	of Payment  X Check #	
Street Address  1 Sagamore Ter E	•		City Westbrook			State CT		Zip Code 06498
Purpose of Expenditu (by code) RCW	ire	Description COFFEE, TRAINING		Event #			A	amount
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required						\$37.87		

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE		,		TYPE OF RE	EPORT			
House Republic	can Cam	paign Committee			July 10 Filing - Or	riginal			
		P. Expenses	Paid By Committee						
Name of Payee AKRAI, LLC				Date of Payment 06/12/2014		Method o	of Payment Check #		
Street Address 351 Ridge Rd			City Wethersfield			State CT		Zip Code 06109	
Purpose of Expenditu (by code) OVHD	ire	Description JUNE HEADQUARTERS RENT		Event #			A	mount	
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sough Independent Organization A B C D								\$568.00	
Name of Payee BANK OF AMERI	CA			Date of Payment 06/16/2014		Method o	Check #		
Street Address PO Box 25118			City Tampa			State FL		Zip Code 33622	
Purpose of Expenditu (by code) BNK	ire	Description BANK FEES		Event #			A	mount	
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought			\$24.25	
Name of Payee  JACKIE L. EFFRE	:N			Date of Payment 06/16/2014		Method o	of Payment Check #		
Street Address 182 Rowayton Wo	oods Dr		City Norwalk			State CT		Zip Code 06854	
Purpose of Expenditu (by code) RCW	ire	Description SUPPLIES FOR TRAINING, STAMPS, FOOD FOR 6/5 EVENT		Event #			A	mount	
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought			\$374.93	
Name of Payee SHIPMAN & GOC	DDWIN LL	Р		Date of Payment 06/19/2014		Method o	of Payment Check #		
Street Address  1 Constitution Plz			City Hartford			State CT		Zip Code 06103	
Purpose of Expenditu (by code) Misc *	ire	Description ATTORNEY FEES, INV 451689		Event #			A	mount	
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum P Required						\$3,740.46			

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	IMITTEE				TYPE OF RE	EPORT			
House Republic	can Cam	paign Committee			July 10 Filing - Or	riginal			
•			Paid By Committee						
Name of Payee VERIZON WIREL	.ESS			Date of Payment 06/23/2014		Method of Payment Check X Debit			
Street Address PO Box 15062			City Albany			State NY	Zip Code 12212-5062		
Purpose of Expenditu (by code) OVHD	ire	Description WIRELESS INTERNET		Event #			Amount		
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sough Coordinated without reimbursement sough Organization A B C D							\$90.08		
Name of Payee CLOUDAGE STRA	ATEGIES			Date of Payment 06/23/2014		Method of Payment  X Chec			
Street Address 87 Knollwood Dr .			City Wallingford			State CT	Zip Code 06492		
Purpose of Expenditu (by code) Misc *	ire	Description VoIP Phones		Event #			Amount		
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought		\$6,625.61		
Name of Payee CMDI				Date of Payment 06/26/2014		Method of Payment Check X Debit			
Street Address 1539 Spring Hill R	Rd Ste 40	0	City Tysons Corner			State VA	Zip Code 22182		
Purpose of Expenditu (by code) OVHD	ire	Description FINANCE SOFTWARE		Event #			Amount		
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought		\$500.00		
Name of Payee MAPLE END PAC	KAGE STO	DRE		Date of Payment 06/29/2014		Method of Payment  X Chec			
Street Address 192 North St			City Bristol			State CT	Zip Code 06010		
Purpose of Expenditure Description (by code) FNDR * BEVERAGES				Event # 05222014A			Amount		
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum P Required  Coordinated with reimbursement sough  Coordinated without reimbursement sough  Independent  Organization  A  B  C  D							\$285.03		

		IV. EXI	PENDITURES	S (Sections P - T)							
NAME OF COM	MITTE	3				TYPE	E OF REPO	EPORT			
House Republic	can Cam	npaign Committee				July 10 F	iling - Origin	ıal			
			P. Expenses	Paid By Committee	:	•					
Name of Payee SQUARE					Date of Payme		M	Method of Payment  Check #  X Debit Card			
Street Address 901 Mission St				City San Francisco				CA CA	Zip Code 94103		
Purpose of Expenditu (by code) BNK	re	Description FEES			Event #			1	Amount		
Expenditure # (if applicable)		expenditure (if applicable) Itemization in A	Addendum P Required Independent		A B	nent sought			\$	\$14.90	
PIRYX, INC 06/30/2014							Method of Payment Check X Debit				
Street Address 144 2nd St Fl 1								CA	e Zip Code		
Purpose of Expenditure Description Event #							1	Amount			
Expenditure # (if applicable)	_	expenditure (if applicable) Itemization in A	Addendum P Required Independent	Coordinated Organization	A B	nent sought			\$	83.26	
						Total of So	ection P		\$25,4	197.41	
		IV.	. EXPENDITU	URES (Sections P	- T)						
NAME OF COM	IMITTEI	Ξ					TYPE	OF REPORT			
							July 10 Filin	ıg - Original			
		Q. Cam	paign Expenses	Paid By Candidate	,						
Name of Payee (Name	of vendor w	ho candidate paid directly)			D	ate of Paymen	t	Is Reimbursem			
								╽	Yes	No	
Street Address			City					State	Zip Code		
Purpose of Expenditure (by code)		Description			Е	vent#			Amount		
	Total of Section Q										

	IV. EXPENDITURES									
NAME OF COM	MITTEE						TYPE OF RE	EPORT		
House Republi	can Campaigr	n Committee					July 10 Filing - Origi	inal		
	R. Expenses Incurred on Committee Credit Card									
Name of Issuing Instit	ution		Тур	e of Credit Card: Visa Other	Master	r Card	Discover	American Express		
Name of Vendor  Date of Transaction										
Street Address				City				State	Zip Code	
Purpose of Expenditur (by code)	re	Description				Event #		Ame	ount	
Expenditure # (if applicable)										
							Total of Section R			

	IV. EXPENDITURES									
NAME OF COMM	IITTEE				TYPE OF R	REPORT				
House Republica	ın Cam	paign Committee			July 10 Filing	- Original				
		S. Expenses Incurred By Committee but Not	Paid During	this Period						
Name of Creditor SHIPMAN & GOOD	WIN LL	Р				Date Incurred 06/30/2014				
Street Address 1 Constitution Plz	Howkford						Zip Code 06103			
Purpose of Expenditure (by code)  Description Attorneys Fees/ May  Event #				Amount Incurred (Estimate or Actual)						
Expenditure# (if applicable) Itemization in Addendum S Required							\$4,413.00			
Name of Creditor SHIPMAN & GOOD	WIN LL	Р				Date Incurred 06/30/2014				
Street Address 1 Constitution Plz			City Hartford			State CT	Zip Code 06103			
Purpose of Expenditure (by code)  Misc *		Description Attorneys Fees/ June		Event #			unt Incurred ate or Actual)			
Expenditure# (if applicable)	l—	f Expenditure (if applicable) Itemization in Addendum S Required pordinated without reimbursement sough Independent Organ	_	d with reimbursement s	_		\$988.51			
				Total of Sec	etion S		\$5,401.51			

IV. EXPENDITURES									
NAME OF COMMIT	ГЕЕ				TYPE OF REPORT	,			
House Republican C	Campaign Committee				July 10 Filing - Original				
	T. Itemization	of Reimbursements to Con	nmittee Worker	s and Consultan	ts				
Last Name of Worker/Consu	ltant	First	MI	Date of Payment	Method of Pa				
EFFREN		JACKIE	L	04/11/2014	X	Check # Debit Card			
Secondary Payee VITO'S BY THE PARK									
Street Address 26 Trumbull St			City Hartford			State CT	Zip Code 06103		
Purpose of Expenditure (by code) FOOD FOR VOLUNTEERS  RCW Event #						Amount			
Expenditure #	Type of Expenditure (if applicated applicated without reimbour rei	uble) Itemization in Addendem T Require bursement sough Independen		ordinated with reimburse	ement sought		\$68.06		
Last Name of Worker/Consu	ltant	First	MI	Date of Payment	Method of Pa	yment			
EFFREN		JACKIE	L	04/14/2014		Check # Debit Card			
Secondary Payee VESTA AT&T MOBILIT	Υ				<del>-                                    </del>				
Street Address 11950 SW Garden Pl			City Portland			State OR	Zip Code 97223-8248		
Purpose of Expenditure (by code) RCW	Description HRCC CELL PHON	E	•	Event #			Amount		
Expenditure #	Type of Expenditure (if applicated Coordinated without reimbour coordinated without coordinated without reimbour coordinated without reimbour coordinated without coordinated without coordinated without coordinated without reimbour coordinated without coordin	ble) Itemization in Addendem T Require		ordinated with reimburse			\$27.29		

IV. EXPENDITURES								
NAME OF COMMIT	ГЕЕ				TYPE OF REPOR	RT		
House Republican C	Campaign Committee				July 10 Filing - Origin	nal		
	T. Itemization	of Reimbursements to Con	nmittee Worker	s and Consultan	its			
Last Name of Worker/Consul	ltant	First	MI	Date of Payment	Method of			
EFFERN		JACKIE	L	05/14/2014	X	Check # Debit Card		
Secondary Payee  VESTA AT&T MOBILITY								
Street Address City 11950 SW Garden Pl Portland						State OR	Zip Code 97223-8248	
Purpose of Expenditure (by code) HRCC CELL PHONE EVent #						Amount		
Expenditure # Type of Expenditure (if applicable) Itemization in Addendem T Required							\$27.29	
Last Name of Worker/Consul	ltant	First	MI	Date of Payment	Method of	Payment		
EFFREN		JACKIE	L	05/15/2014	X	Check # Debit Card		
Secondary Payee HARTFORD POST OFF	ICE			•	•			
Street Address 141 Weston St			City Hartford			State CT	Zip Code 06101-9998	
Purpose of Expenditure (by code) RCW	Description STAMPS		•	Event #			Amount	
Expenditure #	Type of Expenditure (if application   Coordinated without reimb	ble) Itemization in Addendem T Require	_	ordinated with reimburse		-	\$19.60	

IV. EXPENDITURES									
NAME OF COMMIT	ГЕЕ					TYPE	OF REPORT	,	
House Republican C	Campa	aign Committee				July 10	Filing - Original		
		T. Itemization	of Reimbursements to Con	ımittee Workers	s and C	Consultants			
Last Name of Worker/Consu	ltant		First	MI	Date of P	ayment	Method of Pay		
EFFREN			JACKIE	L	05/21	/2014	_ =	Check # Debit Card	
Secondary Payee STAPLES									
Street Address City 51 Richards Ave Norwalk					State CT	Zip Code 06854			
Purpose of Expenditure (by code)  RCW  Description  NAME BADGES, PAPER  Description  Event #  05222014A					Amount				
Expenditure #		e of Expenditure (if applica Coordinated without reimb	ble) Itemization in Addendem T Require			A B C	_		\$13.59
Last Name of Worker/Consu	ltant		First	MI	Date of P	ayment	Method of Pay	yment	
EFFREN			JACKIE	L	05/21	/2014		Check # Debit Card	
Secondary Payee STOP & SHOP					•		•		
Street Address 385 Connecticut Ave				City Norwalk				State CT	Zip Code 06854
Purpose of Expenditure (by code)		Description NAPKINS, TABLEC	CLOTHS			Event #			Amount
RCW		·				05222014A			
Expenditure #		e of Expenditure (if applical Coordinated without reimb	ble) Itemization in Addendem T Require	_	_	vith reimbursement sou	ght D		\$16.93

IV. EXPENDITURES									
NAME OF COMMITTEE TYPE OF REPO									
House Republican C	ampaign Committee				July 10 Filing - Original				
T. Itemization of Reimbursements to Committee Workers and Consultants									
Last Name of Worker/Consultant First			MI	Date of Payment Method of Pa					
EFFREN		JACKIE	L	05/21/2014	X	Check #  X Debit Card			
Secondary Payee STAPLES									
Street Address 51 Richards Ave			City Norwalk			State CT	Zip Code 06854		
Purpose of Expenditure (by code) RCW	Description PRINTER INK			Event #			Amount		
Expenditure # Type of Expenditure (if applicable) Itemization in Addendem T Required Coordinated with reimbursement sough  Coordinated without reimbursement sough Independent Organization: A B B C D  \$78.38									
Last Name of Worker/Consul	tant	First	MI	Date of Payment	Method of Pa	yment			
EFFREN		JACKIE	L	05/29/2014	X	Check # Debit Card			
Secondary Payee COSTCO			_						
Street Address 779 Connecticut Ave			City Norwalk			State CT	Zip Code 06854		
Purpose of Expenditure (by code) RCW	Description SUPPLIES, CAMPA	IGN TRAINING		Event #			Amount		
Expenditure #	Type of Expenditure (if applica	ble) Itemization in Addendem T Require		ordinated with reimburse			\$83.64		

IV. EXPENDITURES									
NAME OF COMMITTEE TYPE OF REPO					OF REPORT				
House Republican C	ampa	ign Committee				July 10 F	Filing - Original		
T. Itemization of Reimbursements to Committee Workers and Consultants									
Last Name of Worker/Consultant First			MI	Date of Paym	Date of Payment Method of Pa				
EFFREN			JACKIE	L	05/30/2014 <u>x</u>			Check # Debit Card	
Secondary Payee									
Street Address 281 Connecticut			City Norwalk				State CT	Zip Code 06854	
Purpose of Expenditure (by code) RCW		Description SUPPLIES, CANDIDATE TRAINING Event #					Amount		
Expenditure # Type of Expenditure (if applicable) Itemization in Addendem T Required								\$33.40	
Last Name of Worker/Consul-	tant		First	MI	Date of Payn	nent	Method of Pay	ment	
EFFREN		JACKIE	L	05/31/2014			Check #  X Debit Card		
Secondary Payee CVS				_					
Street Address 281 Connecticut Ave			City Norwalk				State CT	Zip Code 06854	
Purpose of Expenditure (by code) RCW		Description ICE, COOLER; CAN	MPAIGN TRAINING		F	Event #			Amount
Expenditure #	_	of Expenditure (if applica	ble) Itemization in Addendem T Require	_		reimbursement sough			\$14.60

IV. EXPENDITURES										
NAME OF COMMITTEE TYPE OF REPORT					OF REPORT					
House Republican C	Campa	aign Committee				July 10 F	iling - Original			
T. Itemization of Reimbursements to Committee Workers and Consultants										
Last Name of Worker/Consultant First			MI	Date of Pay	Date of Payment Method of Pay					
FRYXELL			CHRISTOPHER		05/31/	05/31/2014 x			Check # Debit Card	
Secondary Payee DUNKIN DONUTS								_		
Street Address 694 N Colony Rd			City Wallingford				State CT	Zip Code 06492		
Purpose of Expenditure (by code) RCW		Description CAMPAIGN TRAINING Event #				Amount				
Expenditure # Type of Expenditure (if applicable) Itemization in Addendem T Required								\$37.87		
Last Name of Worker/Consul	ltant		First	MI	Date of Pay	yment	Method of Pay	ment		
EFFREN		JACKIE	L	06/05/2014			Check #  X Debit Card			
Secondary Payee ARCH STREET TAVER	N									
Street Address 85 Arch St .				City Hartford				State CT	Zip Code 06103	
Purpose of Expenditure (by code)		Description  EVENT FOOD/BEV	ERAGE			Event #			Amount	
RCW		,				06052014B				
Expenditure #		of Expenditure (if applica	ble) Itemization in Addendem T Require			th reimbursement sough			\$194.29	

IV. EXPENDITURES									
NAME OF COMMITTEE					TYPE OF REPORT				
House Republican Campaign Committee	House Republican Campaign Committee					July 10 Filing - Original			
T. Itemization of Reimbursements to Committee Workers and Consultants									
Last Name of Worker/Consultant	First	MI	Date of Payment		Method of Payment				
EFFREN	JACKIE	L	06/11/2014 x		=	Check # Debit Card			
Secondary Payee HARTFORD POST OFFICE									
Street Address 141 Weston St		City Hartford				State CT	Zip Code 06101		
Purpose of Expenditure (by code)  RCW  Description  STAMPS, THANK Y	'ou's		Event #				Amount		
Expenditure # Type of Expenditure (if applica  Coordinated without reimb	ble) Itemization in Addendem T Required		rdinated with reimburse		_				
							\$49.00		
				Total	l of Section T		\$663.94		