

**SEEC FORM 20**

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



Electronic Filing

Do Not Mark in This Space For Official Use Only.

Page 1 of 64

**COVER PAGE**

1. NAME OF COMMITTEE			
<b>House Republican Campaign Committee</b>			
2. TREASURER NAME			
First <b>Michael</b>	MI	Last <b>Vieira</b>	Suffix
3. TREASURER ADDRESS			
Street Address <b>116 Black Birch Rd</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109</b>
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
8. TYPE OF REPORT			
<b>July 10 Filing - Original</b>			
9. PERIOD COVERED			
Beginning Date		Ending Date	
<b>04/01/2014</b>		thru <b>06/30/2014</b>	
10. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
<b>Electronic Filing</b>	<b>Michael Vieira</b>	<b>07/10/2014 2:09:15PM</b>	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<b>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</b>			

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

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**A. Total Contributions from Small Contributors-Received this Period ONLY***(See instructions for definition of Small Contributor)***Subtotal Section A****\$10.00****B. Itemized Contributions from Individuals**

Last Name MOLGANO		First Name MICHAEL		MI L
Residential Street Address 10 Hazelwood Ln		City Stamford	State CT	Zip Code 06905
Principal Occupation LEGISLATOR		Name of Employer STATE OF CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract 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 #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/01/2014	Aggregate Contributions \$75.00	\$25.00

Last Name SMULDERS		First Name MELODIE		MI
Residential Street Address 35 Tryon St .		City South Glastonbury	State CT	Zip Code 06073
Principal Occupation TEACHER		Name of Employer WALLINGFORD BD OF ED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract 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 #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/01/2014	Aggregate Contributions \$25.00	\$25.00

Last Name ANGER		First Name ROBERT		MI L
Residential Street Address LIMEKILN ROAD, PO Box 651		City West Redding	State CT	Zip Code 06896
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract 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 #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/04/2014	Aggregate Contributions \$54.00	\$54.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name CONRAD		First Name JOHN		MI F
Residential Street Address 31 Patton Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/07/2014	Aggregate Contributions \$54.00	\$54.00

Last Name SANTAVENERE		First Name OLIVE		MI
Residential Street Address 8 Oxford Ln		City Cromwell	State CT	Zip Code 06416
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/07/2014	Aggregate Contributions \$54.00	\$54.00

Last Name HALL		First Name HELEN		MI W
Residential Street Address 344 North St		City Greenwich	State CT	Zip Code 06836
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/07/2014	Aggregate Contributions \$54.00	\$54.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name HARTCH		First Name THOMAS		MI MI	
Residential Street Address 19 Greenbriar Ln		City Greenwich		State CT	Zip Code 06831
Principal Occupation ATTY			Name of Employer WBAM		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/07/2014	Aggregate Contributions \$10.00	\$10.00
Last Name PIERSON		First Name PHYLLIS		MI R	
Residential Street Address 20 Loeffler Rd		City Bloomfield		State CT	Zip Code 06002
Principal Occupation RETIRED			Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/07/2014	Aggregate Contributions \$500.00	\$500.00
Last Name CHRISTENSEN		First Name SANDRA		MI T	
Residential Street Address 45 Shelley Dr		City Granby		State CT	Zip Code 06035
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/07/2014	Aggregate Contributions \$54.00	\$54.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name BELSITO, JR.		First Name SAMUEL		MI P
Residential Street Address 55 Lee Ln		City Tolland	State CT	Zip Code 06084
Principal Occupation RETAILER/WHOLESALE		Name of Employer SAMUEL LTD		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/07/2014	Aggregate Contributions \$79.00	\$54.00
Last Name NISSLEY		First Name EMILY		MI P
Residential Street Address 30 Oenoke Rd		City New Canaan	State CT	Zip Code 06840
Principal Occupation HOMEMAKER		Name of Employer HOMEMAKER		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/07/2014	Aggregate Contributions \$250.00	\$250.00
Last Name LEGEYT		First Name TIMOTHY		MI B
Residential Street Address 135 W Rd PO BOX 11		City Canton	State CT	Zip Code 06020
Principal Occupation LEGISLATOR		Name of Employer STATE OF CONNECTICUT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/07/2014	Aggregate Contributions \$79.00	\$54.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name MCCREADY		First Name AL		MI	
Residential Street Address 3 Kernan Pl		City Old Greenwich		State CT	Zip Code 06870
Principal Occupation PROFESSOR			Name of Employer NORTHEASTERN UNIVERSITY		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/07/2014	Aggregate Contributions \$100.00	\$100.00
Last Name ACKERT		First Name TIM		MI	
Residential Street Address 67 Deer Hill Ln		City Coventry		State CT	Zip Code 06238
Principal Occupation CONTRACTOR			Name of Employer ACKERT ELECTRIC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/07/2014	Aggregate Contributions \$104.00	\$54.00
Last Name GRANDONE		First Name FRANK		MI F	
Residential Street Address 43 Carriage Dr		City Tolland		State CT	Zip Code 06084
Principal Occupation RETIRED			Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/07/2014	Aggregate Contributions \$75.00	\$75.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

House Republican Campaign Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name DEEPHOUSE		First Name JAMES		MI R	
Residential Street Address 11 Linden Ln		City Madison		State CT	Zip Code 06443
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/08/2014	Aggregate Contributions \$54.00	\$54.00
Last Name JENNINGS, II		First Name WILLIAM		MI H	
Residential Street Address 6 Homewood Ln		City Darien		State CT	Zip Code 06820
Principal Occupation N/A			Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/08/2014	Aggregate Contributions \$2,000.00	\$2,000.00
Last Name WAWER		First Name DAVID		MI J	
Residential Street Address 240 Abbe Rd		City Enfield		State CT	Zip Code 06082
Principal Occupation CONSULTANT			Name of Employer SELF		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/08/2014	Aggregate Contributions \$54.00	\$54.00



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name REED		First Name WILLIAM		MI C
Residential Street Address 141 Putnam Park		City Greenwich	State CT	Zip Code 06830
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/08/2014	Aggregate Contributions \$25.00	\$25.00
Last Name TOOHEY		First Name EMILY		MI C
Residential Street Address 567 Lake Ave		City Greenwich	State CT	Zip Code 06830
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/08/2014	Aggregate Contributions \$54.00	\$54.00
Last Name TOWERS		First Name RICHARD		MI H
Residential Street Address 12 Greens Farms Holw		City Westport	State CT	Zip Code 06880
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/08/2014	Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name JONES		First Name RONALD		MI	
Residential Street Address 15 Hollow Rd		City Watertown		State CT	Zip Code 06795
Principal Occupation RETIRED			Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/08/2014	Aggregate Contributions \$100.00	\$100.00
Last Name FOERSTER		First Name LOUISE		MI	
Residential Street Address 24 Swifts Ln		City Darien		State CT	Zip Code 06820
Principal Occupation			Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/08/2014	Aggregate Contributions \$25.00	\$25.00
Last Name CLARKE		First Name EDWARD		MI P	
Residential Street Address 50 Ledge Rd # 127		City Darien		State CT	Zip Code 06820
Principal Occupation RETIRED			Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/08/2014	Aggregate Contributions \$154.00	\$154.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name LENHART		First Name AUGUST		MI	
Residential Street Address 205 Willowbrook Ave		City Stamford		State CT	Zip Code 06902
Principal Occupation			Name of Employer SELF		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/08/2014	Aggregate Contributions \$54.00	\$54.00
Last Name JOHNSON		First Name NANCY		MI L	
Residential Street Address 310 Seabury Dr		City Bloomfield		State CT	Zip Code 06002
Principal Occupation POL ADVISOR			Name of Employer BAKER DONELSON, WASHINGTON, DC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/08/2014	Aggregate Contributions \$54.00	\$54.00
Last Name GUSTAFSSON		First Name MAGNUS		MI	
Residential Street Address 253 Putnam Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation CEO			Name of Employer ATLANTIKA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/08/2014	Aggregate Contributions \$154.00	\$154.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name DEPAOLA		First Name NANCY		MI A
Residential Street Address 45 Jennifer Dr		City North Haven	State CT	Zip Code 06473-2039
Principal Occupation RN		Name of Employer GLADEVIEW H.CARE		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/08/2014	Aggregate Contributions \$25.00	\$25.00
Last Name ALVINE		First Name ROBERT		MI
Residential Street Address 55 N Racebrook Rd		City Woodbridge	State CT	Zip Code 06525
Principal Occupation CHAIR & CEO, PRESIDENT		Name of Employer SELF EMP. I-TEN MGMT CORP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/08/2014	Aggregate Contributions \$54.00	\$54.00
Last Name JOHNSON		First Name BRUCE		MI E
Residential Street Address 28 Avebury Birwick		City Ledyard	State CT	Zip Code 06339
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/09/2014	Aggregate Contributions \$54.00	\$54.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name OSBORN		First Name CHARLES		MI
Residential Street Address 71 Anderson Rd		City Hartland	State CT	Zip Code 06027
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/09/2014	Aggregate Contributions \$10.00	\$10.00
Last Name MINK		First Name TOWNSEND		MI T
Residential Street Address 20 Madison Ln		City Avon	State CT	Zip Code 06001
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/09/2014	Aggregate Contributions \$50.00	\$50.00
Last Name VALUCKAS		First Name RICHARD		MI F
Residential Street Address 37 Steele Brook Rd		City Watertown	State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/09/2014	Aggregate Contributions \$15.00	\$15.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name KNIGHT		First Name DORIS		MI F
Residential Street Address 414 Old Tavern Rd		City Orange	State CT	Zip Code 06477
Principal Occupation OFFICE CLERK		Name of Employer KNIGHT'S, INC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/09/2014	Aggregate Contributions \$50.00	\$50.00

Last Name GREENBURG		First Name RUSSELL		MI
Residential Street Address 15 Michaels Way		City Weston	State CT	Zip Code 06883
Principal Occupation MANAGING PARTNER		Name of Employer ALTUS CAPITAL PARTNERS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/09/2014	Aggregate Contributions \$154.00	\$154.00

Last Name HENRY		First Name BRIAN		MI
Residential Street Address 500 Old Academy Rd		City Fairfield	State CT	Zip Code 06824
Principal Occupation EXECUTIVE/MANUFACTURING		Name of Employer TEREX CORPORATION		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/09/2014	Aggregate Contributions \$54.00	\$54.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

House Republican Campaign Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name VIGILANTE		First Name JOHN		MI	
Residential Street Address 15 Weed Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation LAWYER/COLLEGE PROF			Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/09/2014	Aggregate Contributions \$154.00	\$154.00

Last Name BROWN		First Name JAMES		MI T	
Residential Street Address 135 Middlebrook Farm Rd		City Wilton		State CT	Zip Code 06897
Principal Occupation RETIRED			Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/09/2014	Aggregate Contributions \$254.00	\$254.00

Last Name KOKORUDA		First Name NOREEN		MI S	
Residential Street Address 85 Liberty St		City Madison		State CT	Zip Code 06443
Principal Occupation LEGISLATOR			Name of Employer STATE OF CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/09/2014	Aggregate Contributions \$254.00	\$254.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name BIELAWA		First Name HENRY		MI W
Residential Street Address 18 Rockledge Rd		City Redding	State CT	Zip Code 06896
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/09/2014	Aggregate Contributions \$54.00	\$54.00
Last Name OBLAK		First Name JOHN		MI M
Residential Street Address 60 Farms Village Rd		City Wethersfield	State CT	Zip Code 06109
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/09/2014	Aggregate Contributions \$25.00	\$25.00
Last Name FLINN		First Name MICHAEL		MI
Residential Street Address 295 Round Hill Rd		City Greenwich	State CT	Zip Code 06831
Principal Occupation PORTFOLIO MANAGER		Name of Employer TOCQUEVILLE ASSET MANAGEMENT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/09/2014	Aggregate Contributions \$54.00	\$54.00



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name O'MARA		First Name JOHN		MI
Residential Street Address 12 Sherwood Farm Ln		City Greenwich	State CT	Zip Code 06831
Principal Occupation ATTORNEY		Name of Employer IVEY, BARNUM, AND O'MARA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/09/2014	Aggregate Contributions \$100.00	\$100.00
Last Name LUBIN		First Name BENJAMIN		MI L
Residential Street Address 42 Winding Ln		City Greenwich	State CT	Zip Code 06831
Principal Occupation FINANCIAL ADVISOR		Name of Employer SECURITIES INDUSTRY MGMT CO		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/14/2014	Aggregate Contributions \$54.00	\$54.00
Last Name KOUTOUVIDES		First Name ALEX		MI
Residential Street Address 68 Mark St		City Bristol	State CT	Zip Code 06010
Principal Occupation COOK		Name of Employer MAX PIZZA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/23/2014	Aggregate Contributions \$20.00	\$20.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name PORTER		First Name ERFORD		MI	
Residential Street Address 200 River Rd # 19		City Cos Cob		State CT	Zip Code 06807
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/23/2014	Aggregate Contributions \$25.00	\$25.00
Last Name KELLOGG		First Name TOMMY		MI N	
Residential Street Address 875 Tryon St		City South Glastonbury		State CT	Zip Code 06073
Principal Occupation RETIRED			Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/23/2014	Aggregate Contributions \$254.00	\$254.00
Last Name MCMAHON		First Name LINDA		MI	
Residential Street Address 14 Hurlingham Dr		City Greenwich		State CT	Zip Code 06831
Principal Occupation EXECUTIVE			Name of Employer SELF EMPLOYED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/23/2014	Aggregate Contributions \$2,000.00	\$2,000.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name REYNOLDS		First Name RUSSELL		MI	
Residential Street Address 246 Taconic Rd		City Greenwich		State CT	Zip Code 06831
Principal Occupation CHAIRMAN EMERITUS			Name of Employer RSR PARTNERS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/23/2014	Aggregate Contributions \$100.00	\$100.00
Last Name AUBEL		First Name RONALD		MI	
Residential Street Address 596 Colebrook Rd		City Colebrook		State CT	Zip Code 06021
Principal Occupation RETIRED			Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/14/2014	Aggregate Contributions \$54.00	\$54.00
Last Name MARVELL		First Name JOHN		MI L	
Residential Street Address 40 Washington St		City Milford		State CT	Zip Code 06460
Principal Occupation CLERK			Name of Employer STATE OF CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/14/2014	Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

House Republican Campaign Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name BOOTH		First Name JOHN		MI T	
Residential Street Address 182 Whites Woods Rd Box 25		City Litchfield		State CT	Zip Code 06759
Principal Occupation RETIRED			Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/14/2014	Aggregate Contributions \$54.00	\$54.00
Last Name SHAYS		First Name CHRISTOPHER		MI H	
Residential Street Address 9241 Deep Water Point Rd		City St Michaels		State MD	Zip Code 21663
Principal Occupation NONE			Name of Employer UNH		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/14/2014	Aggregate Contributions \$100.00	\$100.00
Last Name O'CONNOR		First Name BARBARA		MI	
Residential Street Address 36 Little Brook Ln		City Newtown		State CT	Zip Code 06470
Principal Occupation SEMI-RETIRED/NURSERY			Name of Employer PLANTER'S CHOICE, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/14/2014	Aggregate Contributions \$54.00	\$54.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

House Republican Campaign Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>BARKER</b>		First Name <b>JAMES</b>		MI	
Residential Street Address <b>180 Long Neck Point Rd</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820</b>
Principal Occupation <b>VICE CHAIRMAN</b>			Name of Employer <b>MORMAC MARINE GROUP</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <b>05/14/2014</b>	Aggregate Contributions <b>\$254.00</b>	<b>\$254.00</b>

Last Name <b>BARNES</b>		First Name <b>THOMAS</b>		MI <b>O</b>	
Residential Street Address <b>1900 Perkins St .</b>		City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06010</b>
Principal Occupation <b>CHAIR OF TH BOARD</b>			Name of Employer <b>BARNES GROUP, INC</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>05222014A</b>		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <b>05/15/2014</b>	Aggregate Contributions <b>\$1,000.00</b>	<b>\$1,000.00</b>

Last Name <b>ZAWISTOWSKI</b>		First Name <b>TAMI</b>		MI	
Residential Street Address <b>11 Seymour Rd .</b>		City <b>East Granby</b>		State <b>CT</b>	Zip Code <b>06026</b>
Principal Occupation <b>BOOKSELLER</b>			Name of Employer <b>RESOURCE BOOKS, LLC</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>05222014A</b>		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <b>05/20/2014</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

House Republican Campaign Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name KRAWIECKI		First Name SHARON		MI MI	
Residential Street Address 203 Pinehurst Rd .		City Bristol		State CT	Zip Code 06010
Principal Occupation REGISTRAR OF VOTERS			Name of Employer CITY OF BRISTOL		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/21/2014	Aggregate Contributions \$150.00	\$150.00

Last Name PAJESKI		First Name JOHN		MI C	
Residential Street Address 81 Hillside Ave .		City Plymouth		State CT	Zip Code 06782
Principal Occupation RETIRED			Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/22/2014	Aggregate Contributions \$100.00	\$100.00

Last Name DUPONT		First Name ROBERT		MI D	
Residential Street Address 25 Bellevue Ave .		City Bristol		State CT	Zip Code 06010
Principal Occupation FUNERAL DIRECTOR			Name of Employer DUPONT FUNERAL HOME, INC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/22/2014	Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

House Republican Campaign Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name MURAWSKI		First Name SUSAN		MI
Residential Street Address 143 Schroback Rd .		City Plymouth	State CT	Zip Code 06782
Principal Occupation BOOKKEEPER		Name of Employer BEACON PRESCRIPTIONS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$150.00	\$150.00

Last Name BARNES		First Name ELIZABETH		MI M
Residential Street Address 400 Peacedale St		City Bristol	State CT	Zip Code 06010
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$100.00	\$100.00

Last Name PERILLO		First Name JASON		MI
Residential Street Address 454 Coram Ave		City Shelton	State CT	Zip Code 06484
Principal Occupation LEGISLATOR		Name of Employer STATE OF CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name HAMZY		First Name WILLIAM		MI	
Residential Street Address 2 Minor Rd		City Terryville		State CT	Zip Code 06786
Principal Occupation ATTORNEY			Name of Employer THE HAMZY LAW FIRM, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/22/2014	Aggregate Contributions \$100.00	\$100.00
Last Name CARLSON		First Name ERIC		MI	
Residential Street Address 187 Morningside Dr E		City Bristol		State CT	Zip Code 06010
Principal Occupation ELECTRICIAN			Name of Employer SELF-EMPLOYED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/22/2014	Aggregate Contributions \$100.00	\$100.00
Last Name Cleary		First Name Sean		MI	
Residential Street Address 108 Mad River Rd .		City Wolcott		State CT	Zip Code 06716
Principal Occupation Political			Name of Employer Foley for CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/22/2014	Aggregate Contributions \$100.00	\$100.00



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Bizzarro		First Name Gennaro		MI
Residential Street Address 180 Ten Acre Rd		City New Britain		State CT
Principal Occupation Lawyer		Name of Employer GB Law Group, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$100.00	
			\$100.00	

Last Name HEALEY		First Name JOHN		MI J
Residential Street Address 8 Poplar Hill Dr		City Farmington		State CT
Principal Occupation GOVERNMENT RELATIONS		Name of Employer CITY OF NEW BRITAIN		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$100.00	
			\$100.00	

Last Name MERCHANT		First Name DAVID		MI V
Residential Street Address 75 North St .		City Plymouth		State CT
Principal Occupation MAYOR		Name of Employer TOWN OF PLYMOUTH		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$200.00	
			\$200.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name GOODWIN		First Name DAVID		MI
Residential Street Address 149 Schroback Rd		City Plymouth		State CT
Zip Code 06782				
Principal Occupation GENERAL MANAGER		Name of Employer PLANTERS' CHOICE, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$100.00	
\$100.00				
Last Name BARNES, JR.		First Name TOM		MI
Residential Street Address 1939 Perkins St		City Bristol		State CT
Zip Code 06010				
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$200.00	
\$200.00				
Last Name CARRIER		First Name FRANCINE		MI
Residential Street Address 19 Winston Ct		City Bristol		State CT
Zip Code 06010				
Principal Occupation ASSISTANT MGR		Name of Employer JFC ENDEAVORS, INC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$300.00	
\$300.00				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name WELCH		First Name JASON		MI
Residential Street Address 163 Maureen Dr .		City Bristol	State CT	Zip Code 06010
Principal Occupation		Name of Employer BEAZLEY GROUP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$100.00	\$100.00

Last Name LUMAJ		First Name PETER		MI
Residential Street Address 745 Mill Plain Rd .		City Fairfield	State CT	Zip Code 06824
Principal Occupation ATTORNEY		Name of Employer SELF-EMPLOYED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$100.00	\$100.00

Last Name CAGGIANO		First Name JEFFREY		MI
Residential Street Address 27 Cricket Hill Rd		City Bristol	State CT	Zip Code 06010
Principal Occupation		Name of Employer BOEHRINGER-INGELHEIM		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

House Republican Campaign Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name ALBERT		First Name DENISE		MI	
Residential Street Address 72 Maple St # 305		City Bristol		State CT	Zip Code 06010
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/22/2014	Aggregate Contributions \$150.00	\$150.00
Last Name CAFERO, JR.		First Name LAWRENCE		MI F	
Residential Street Address 6 Weed Ave .		City Norwalk		State CT	Zip Code
Principal Occupation LEGISLATOR			Name of Employer STATE OF CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/22/2014	Aggregate Contributions \$50.00	\$50.00
Last Name KRANTZ		First Name JENNIFER		MI	
Residential Street Address 4727 Stonepointe Pl .		City Tampa		State FL	Zip Code 33634
Principal Occupation POLITICAL DIRECTOR			Name of Employer PETER LUMAJ FOR SECRETARY OF STATE		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/22/2014	Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name D'AMATO		First Name ANTHONY		MI
Residential Street Address 29 Patricia Dr .		City Bristol	State CT	Zip Code 06010
Principal Occupation VP		Name of Employer POWER FUELS, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$100.00	\$100.00
Last Name JAY		First Name BETTY		MI M
Residential Street Address 1955 Perkins St		City Bristol	State CT	Zip Code 06010
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$150.00	\$150.00
Last Name CASTLE		First Name GEORGE		MI
Residential Street Address 5 Cross Rd		City Terryville	State CT	Zip Code 06786
Principal Occupation OWNER		Name of Employer CASTLE TECHNOLOGIES		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2014	Aggregate Contributions \$150.00	\$150.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

House Republican Campaign Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name BETTS		First Name WHIT		MI	
Residential Street Address 1924 Perkins St		City Bristol		State CT	Zip Code 06010
Principal Occupation LEGISLATOR			Name of Employer STATE OF CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/22/2014	Aggregate Contributions \$1,600.00	\$1,500.00

Last Name BELDING		First Name MAXWELL		MI M	
Residential Street Address 308 Essex Mdws		City Essex		State CT	Zip Code 06426
Principal Occupation RETIRED			Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/27/2014	Aggregate Contributions \$254.00	\$254.00

Last Name STEPHENS		First Name CHRISTOPHER		MI	
Residential Street Address 1 Townsend Rd		City Farmington		State CT	Zip Code 06032
Principal Occupation CFO			Name of Employer BARNES GROUP, INC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>05222014A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 06/03/2014	Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name LARKINS		First Name CASEY		MI A
Residential Street Address 34 Fairview St Apt C2		City West Hartford	State CT	Zip Code 06110
Principal Occupation LEGISLATIVE AID		Name of Employer STATE OF CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06052014B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/09/2014	Aggregate Contributions \$25.00	\$25.00
Last Name PLUM		First Name LEO		MI A
Residential Street Address 149 Main St .		City Ridgefield	State CT	Zip Code 06877-4932
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/09/2014	Aggregate Contributions \$25.00	\$25.00
Last Name EHLERS		First Name WILLIAM		MI
Residential Street Address 125 Secret Lake Rd		City Avon	State CT	Zip Code 06001
Principal Occupation ASSOCIATE PROFESSOR/OPTHAMOLOGIST		Name of Employer UCONN HEALTH CENTER		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06052014B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/09/2014	Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name MALON		First Name CAROLYN		MI
Residential Street Address 11 Mountain Ter		City West Hartford		State CT
Zip Code 06107				
Principal Occupation DENTIST		Name of Employer SELF EMPLOYED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06052014B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/09/2014	Aggregate Contributions \$75.00	
\$75.00				

Last Name HWANG		First Name TONY		MI
Residential Street Address 80 Martingale Ln		City Fairfield		State CT
Zip Code 06824				
Principal Occupation REAL ESTATE		Name of Employer WHITFIELD HOMES, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06252014C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2014	Aggregate Contributions \$25.00	
\$25.00				

Last Name GAYDOS		First Name MICHAEL		MI
Residential Street Address 24 Ann Ave		City Shelton		State CT
Zip Code 06484				
Principal Occupation OPERATIONS MGR, MARKET RESEARCH		Name of Employer DIRECTIVE ANALYTICS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06252014C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2014	Aggregate Contributions \$75.00	
\$75.00				



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name SCHIABLE		First Name KENNETH		MI
Residential Street Address 4665 Winged Food Ct # 104		City Naples	State FL	Zip Code 34112
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06252014C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/27/2014	Aggregate Contributions \$75.00	\$75.00

Last Name GREENE, JR.		First Name LEONARD		MI C
Residential Street Address 10 Roosevelt Dr		City Seymour	State CT	Zip Code 06483
Principal Occupation TITLE SEARCHER		Name of Employer SELF		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06252014C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/27/2014	Aggregate Contributions \$80.00	\$80.00

Last Name SREDZINSKI		First Name JOHN		MI P
Residential Street Address 210 D Windgate Cir		City Monroe	State CT	Zip Code 06468
Principal Occupation DISPATCH SUPERVISOR		Name of Employer TOWN OF STRATFORD		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06252014C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/27/2014	Aggregate Contributions \$75.00	\$75.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

House Republican Campaign Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name DEFILIPPO		First Name GARY		MI	
Residential Street Address 43 Perch Rd .		City Shelton		State CT	Zip Code 06484
Principal Occupation REAL ESTATE/BUILDING			Name of Employer SELF		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06252014C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 06/27/2014	Aggregate Contributions \$75.00	\$75.00

Last Name WILLIAMS		First Name DAVID		MI	
Residential Street Address 2312 Harbor View Dr		City Rocky Hill		State CT	Zip Code 06067
Principal Occupation LEGISLATIVE AIDE			Name of Employer STATE OF CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06252014C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 06/27/2014	Aggregate Contributions \$30.00	\$30.00

Last Name LABRIOLA		First Name DAVID		MI	
Residential Street Address 185 Riggs Rd		City Oxford		State CT	Zip Code 06478
Principal Occupation ATTORNEY			Name of Employer LABRIOLA & LABRIOLA, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06252014C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 06/27/2014	Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

House Republican Campaign Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name VAVREK		First Name STEVE		MI	
Residential Street Address 68 Longview Rd		City Monroe		State CT	Zip Code 06468
Principal Occupation FIRST SELECTMAN			Name of Employer TOWN OF MONROE		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06252014C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 06/27/2014	Aggregate Contributions \$75.00	\$75.00
Last Name HOYDICK		First Name LAURA		MI	
Residential Street Address 55 Castle Dr		City Stratford		State CT	Zip Code 06614
Principal Occupation LEGISLATOR			Name of Employer STATE OF CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06252014C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 06/27/2014	Aggregate Contributions \$50.00	\$50.00
Last Name HOVEY		First Name DEBRA LEE		MI	
Residential Street Address 296 Fan Hill Rd		City Monroe		State CT	Zip Code 06468
Principal Occupation LEGISLATOR			Name of Employer STATE OF CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06252014C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 06/27/2014	Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name DECILIO		First Name LOUIS		MI
Residential Street Address 160 Timber Ridge Rd		City Stratford	State CT	Zip Code 06614
Principal Occupation REGISTRAR OF VOTERS		Name of Employer TOWN OF STRATFORD		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06252014C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/27/2014	Aggregate Contributions \$75.00	\$75.00
<b>Total of Section B</b>				<b>\$15,739.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>				<b>\$15,749.00</b>

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**C1. Contributions from Other Committees**

Name of Committee Old Lyme Republican Town Committee		Name of Treasurer Timothy C. Griswold		
Address PO Box 42		Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
City Old Lyme	State CT	Zip Code 06371	Date Received 04/09/2014	Aggregate Contributions \$250.00
<b>Total of Section C1</b>				<b>\$250.00</b>

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**C2. Reimbursements, Payments, or Surplus Distributions from other Committees**

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		
<b>Total of Section C2</b>					

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**D. Loans Received this Period**

Name of Lender		Source of Loan:				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)					<b>Amount Received</b>	
Street Address		City	State	Zip Code		
<b>Total of Section D</b>						

<b>I. MONETARY RECEIPTS (Section A-K)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
House Republican Campaign Committee			July 10 Filing - Original	
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>				
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
<b>Total of Section E</b>				

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
House Republican Campaign Committee			July 10 Filing - Original	
<b>F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)</b>				
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1?			Amount
	Yes	No	If yes, list Event #	
<b>Total of Section F</b>				

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
House Republican Campaign Committee			July 10 Filing - Original	
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>				
Date of Receipt	Amount			
<b>Total of Section G</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>		
NAME OF COMMITTEE	TYPE OF REPORT	
House Republican Campaign Committee	July 10 Filing - Original	
<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>		
Date of Receipt	Method of Payment	Amount
	Cash                      Personal Check                      Credit/Debit Card	
<b>Total of Section E</b>		

<b>I. Monetary Receipts (Section A-K)</b>					
NAME OF COMMITTEE				TYPE OF REPORT	
House Republican Campaign Committee				July 10 Filing - Original	
<b>J. Interest from Deposits in Authorized Accounts</b>					
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
<b>Total of Section J</b>					

<b>I. MONETARY RECEIPTS (Section A-K)</b>					
NAME OF COMMITTEE				TYPE OF REPORT	
House Republican Campaign Committee				July 10 Filing - Original	
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section K</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original
<b>L1. Fundraiser Event Information</b>	

Fundraising Event #	Letter	Description
Date of Fundraiser		
05/22/2014	A	Cocktail Event

Location: Street Address	City	State	Zip Code
501 Wolcott Rd	Bristol	CT	06010

*Subpart 1: (All Committees)*

Was this fundraising event hosted at a personal residence?  Yes  No *(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)*

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?  Yes  No *(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)*

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?  Yes  No *(If yes, enter Total Receipts here.)* \$0.00

*Subpart 2:*

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?  Yes  No *(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)*

*Subpart 3: (Town Committees ONLY)*

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?  Yes  No *(If yes, enter Total Receipts here.)* \$0.00

Fundraising Event #	Letter	Description
Date of Fundraiser		
06/05/2014	B	Cocktail Event

Location: Street Address	City	State	Zip Code
85 Arch St	Hartford	CT	06103

*Subpart 1: (All Committees)*

Was this fundraising event hosted at a personal residence?  Yes  No *(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)*

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?  Yes  No *(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)*

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?  Yes  No *(If yes, enter Total Receipts here.)* \$0.00

*Subpart 2:*

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?  Yes  No *(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)*

*Subpart 3: (Town Committees ONLY)*

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?  Yes  No *(If yes, enter Total Receipts here.)* \$0.00



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

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original
<b>L1. Fundraiser Event Information</b>	

Fundraising Event #	Letter	Description		
Date of Fundraiser				
06/25/2014	C	Cocktail Event		
Location: Street Address		City	State	Zip Code
464 Howe Ave		Shelton	CT	06484
<i>Subpart 1: (All Committees)</i>				
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)</i>	
		<input checked="" type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input checked="" type="checkbox"/> Yes	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
		<input type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	<i>(If yes, enter Total Receipts here.)</i>	\$0.00
		<input checked="" type="checkbox"/> No		
<i>Subpart 2:</i>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
		<input checked="" type="checkbox"/> No		
<i>Subpart 3: (Town Committees ONLY)</i>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes	<i>(If yes, enter Total Receipts here.)</i>	\$0.00
		<input type="checkbox"/> No		
<b>Total of Section L1</b>				<b>\$0.00</b>

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

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

### L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser KOOL SMILES				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 1090 N Chase Pkwy			City Marietta	State GA	Zip Code 30067
Date Received 04/07/2014	Event # 11212013A	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

Name of Purchaser BEACON PRESCRIPTIONS				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
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	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

Name of Purchaser RIVERSIDE INVESTMENT SERV				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 136 Riverside Ave .			City Bristol	State CT	Zip Code 06010
Date Received 05/22/2014	Event # 05222014A	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

Name of Purchaser PLYMOUTH PROPERTY MGMT				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 144 N Main St			City Terryville	State CT	Zip Code 06786
Date Received 05/22/2014	Event # 05222014A	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

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

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>	

Name of Purchaser GLOBE TRAVEL SERVICE				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
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	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

Name of Purchaser CT MORTGAGE BANKERS' ASSO				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address PO Box 425			City New Britain	State CT	Zip Code 06050
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

Name of Purchaser WINE & SPIRITS WHOLESALER				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 132 Temple St			City New Haven	State CT	Zip Code 06510
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$50.00	Amount of Program Ad Purchase \$50.00	Amount of Sign Purchase	

Name of Purchaser EDER BROS, INC				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 11 Eder Rd			City West Haven	State CT	Zip Code 06516
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

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

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>	

Name of Purchaser HARTLEY & PARKER LTD, INC				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
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	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

Name of Purchaser MANUFACTURING ALLIANCE OF				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 173 Interstate Lane			City Waterbury	State CT	Zip Code 06705
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

Name of Purchaser CT TRIAL LAWYERS OF ASSOC				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 150 Trumbull St Fl 2			City Hartford	State CT	Zip Code 06103
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

Name of Purchaser CONNECTICUT DISTRIBUTORS,				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address 333 Lordship Blvd			City Stratford	State CT	Zip Code 06615
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

**II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**L3. Purchases of Advertising in a Program Book or on a Sign**

Name of Purchaser GAFFNEY, BENNETT & ASSOC		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		
Street Address 1 Liberty Sq Ste 201		City New Britain	State CT	Zip Code 06051-2658
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase

Name of Purchaser ALLAN S. GOODMAN, INC		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		
Street Address 180 Goodwin St .		City East Hartford	State CT	Zip Code 06108
Date Received 06/09/2014	Event # 06052014B	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase

**Total of Section L3****\$3,300.00****II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**L4. In-Kind Donations Not Considered Contributions**

Name of the Donor OXFORD WINE AND SPIRITS				
Street Address 144 Oxford Rd		City Oxford	State CT	Zip Code 06478
Donation Given by: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation Wine for event		Fair Market Value of Donation	
Date Received 06/25/2014	Event # 06252014C	Aggregate value for this event \$177.55	\$177.55	

**Total of Section L4****\$177.55**

**III. NONMONETARY RECEIPTS (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**M. In-Kind Contributions**

Name				
Street Address		City		State
				Zip Code
Type of Contributor:	Committee	Date Received	Aggregate contributions	Description of In-Kind Contribution
	Individual / Sole Proprietorship      Other			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	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?		Fair Market Value of this Contribution
Is this contribution associated with a fundraising event listed in Section J1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?		
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:		
		Executive	Legislative	

**Total of Section M**

**III. Non Monetary Receipts (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**N. Refundable Deposit to Telephone Company**

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code

**Total of Section N**

**III. NONMONETARY RECEIPTS (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPFFORT
House Republican Campaign Committee	July 10 Filing - Original
<b>O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48</b>	

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		
<b>Total of Section O</b>				

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee BANK OF AMERICA		Date of Payment 04/15/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 25118		City Tampa	State FL	Zip Code 33622-5118
Purpose of Expenditure (by code) <b>BNK</b>	Description <b>BANK FEES</b>	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$23.03
Name of Payee CMDI		Date of Payment 04/27/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1539 Spring Hill Rd Ste 400		City Tysons Corner	State VA	Zip Code 22182
Purpose of Expenditure (by code) <b>OVHD</b>	Description <b>FINANCE SOFTWARE</b>	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$500.00
Name of Payee VERIZON WIRELESS		Date of Payment 04/27/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 15062		City Albany	State NY	Zip Code 12212-5062
Purpose of Expenditure (by code) <b>OVHD</b>	Description <b>WIRELESS INTERNET</b>	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$90.08
Name of Payee AKRAI, LLC		Date of Payment 05/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6673 <input type="checkbox"/> Debit Card	
Street Address 351 Ridge Rd		City Wethersfield	State CT	Zip Code 06109
Purpose of Expenditure (by code) <b>OVHD</b>	Description <b>HEADQUARTERS LEASE DEPOSIT</b>	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,000.00



**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee Environmental Learning Centers of CT		Date of Payment 05/12/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6674 <input type="checkbox"/> Debit Card	
Street Address 501 Wolcott Rd .		City Bristol	State CT	Zip Code 06010
Purpose of Expenditure (by code) FNDR *	Description facility rental-inv#101	Event # 05222014A	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$450.00
Name of Payee TRACY DRISCOLL		Date of Payment 05/14/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6678 <input type="checkbox"/> Debit Card	
Street Address PO Box 2060		City Bristol	State CT	Zip Code 06011-2060
Purpose of Expenditure (by code) FNDR *	Description EVENT INSURANCE	Event # 05222014A	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$320.00
Name of Payee USPS POSTMASTER-HTFD MAIN OFFICE		Date of Payment 05/14/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6675 <input type="checkbox"/> Debit Card	
Street Address 141 Weston St .		City Hartford	State CT	Zip Code 06101-9998
Purpose of Expenditure (by code) OVHD	Description ANNUAL P.O. BOX RENEWAL	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$132.00
Name of Payee SHIPMAN & GOODWIN LLP		Date of Payment 05/14/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6677 <input type="checkbox"/> Debit Card	
Street Address 1 Constitution Plz		City Hartford	State CT	Zip Code 06103
Purpose of Expenditure (by code) Misc *	Description ATTORNEY'S FEES INV.449967	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$7,039.00

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee WALLINGFORD PARKS & REC DEPT		Date of Payment 05/14/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6676 <input type="checkbox"/> Debit Card	
Street Address 6 Fairfield Blvd		City Wallingford		State CT
Zip Code 06492				
Purpose of Expenditure (by code) Misc *	Description D.DOHERTY MEETING ROOM RENTAL; CAMPAIGN TRAINING	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$180.00
Name of Payee BANK OF AMERICA		Date of Payment 05/15/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 25118		City Tampa		State FL
Zip Code 33622-5118				
Purpose of Expenditure (by code) BNK	Description BANK FEES	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$35.30
Name of Payee AKRAI, LLC		Date of Payment 05/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6679 <input type="checkbox"/> Debit Card	
Street Address 351 Ridge Rd		City Wethersfield		State CT
Zip Code 06109				
Purpose of Expenditure (by code) OVHD	Description MAY HEADQUARTERS RENT	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$568.00
Name of Payee VERIZON WIRELESS		Date of Payment 05/21/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 15062		City Albany		State NY
Zip Code 12212-5062				
Purpose of Expenditure (by code) OVHD	Description WIRELESS INTERNET	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$105.08

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee MARTINO'S ITALIAN MARKET		Date of Payment 05/22/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6681 <input type="checkbox"/> Debit Card	
Street Address 948 Terryville Ave .		City Bristol	State CT	Zip Code 06010
Purpose of Expenditure (by code) FNRD *	Description FOOD	Event # 05222014A	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$1,000.00
Name of Payee TAYLOR RENTAL		Date of Payment 05/29/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6682 <input type="checkbox"/> Debit Card	
Street Address 696 Winsted Rd .		City Torrington	State CT	Zip Code 06790
Purpose of Expenditure (by code) EFV *	Description RENTAL-MEDIA PROJECTOR AND SCREEN	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$81.89
Name of Payee AMYLYNN THOMPSON		Date of Payment 05/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6680 <input type="checkbox"/> Debit Card	
Street Address 34 Great Plain Dr .		City Plainville	State CT	Zip Code 06062
Purpose of Expenditure (by code) WAGE	Description wages	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$500.00
Name of Payee Harland Clarke Corp		Date of Payment 05/31/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 10931 Laureate Dr .		City San Antonio	State TX	Zip Code 78249
Purpose of Expenditure (by code) Misc *	Description Reorder bank deposit slips	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$38.00

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee Gigante's Too		Date of Payment 05/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6683 <input type="checkbox"/> Debit Card	
Street Address 817 E Center St .		City Wallingford	State CT	Zip Code 06492
Purpose of Expenditure (by code) FOOD	Description Food, Campaign Training	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$339.50
Name of Payee JACKIE L. EFFREN		Date of Payment 06/02/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6684 <input type="checkbox"/> Debit Card	
Street Address 182 Rowayton Woods Dr		City Norwalk	State CT	Zip Code 06854
Purpose of Expenditure (by code) RCW	Description Misc supplies, badges, printer ink, stamps, cell phone	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$251.14
Name of Payee CMDI		Date of Payment 06/05/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1539 Spring Hill Rd Ste 400		City Tysons Corner	State VA	Zip Code 22182
Purpose of Expenditure (by code) OVHD	Description FINANCE SOFTWARE	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$500.00
Name of Payee Chris Fryxell		Date of Payment 06/09/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6685 <input type="checkbox"/> Debit Card	
Street Address 1 Sagamore Ter E		City Westbrook	State CT	Zip Code 06498
Purpose of Expenditure (by code) RCW	Description COFFEE, TRAINING	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$37.87

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee AKRAI, LLC		Date of Payment 06/12/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6686 <input type="checkbox"/> Debit Card	
Street Address 351 Ridge Rd		City Wethersfield		State CT
Zip Code 06109				
Purpose of Expenditure (by code) OVHD	Description JUNE HEADQUARTERS RENT	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$568.00
Name of Payee BANK OF AMERICA		Date of Payment 06/16/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 25118		City Tampa		State FL
Zip Code 33622				
Purpose of Expenditure (by code) BNK	Description BANK FEES	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$24.25
Name of Payee JACKIE L. EFFREN		Date of Payment 06/16/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6687 <input type="checkbox"/> Debit Card	
Street Address 182 Rowayton Woods Dr		City Norwalk		State CT
Zip Code 06854				
Purpose of Expenditure (by code) RCW	Description SUPPLIES FOR TRAINING, STAMPS, FOOD FOR 6/5 EVENT	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$374.93
Name of Payee SHIPMAN & GOODWIN LLP		Date of Payment 06/19/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6688 <input type="checkbox"/> Debit Card	
Street Address 1 Constitution Plz		City Hartford		State CT
Zip Code 06103				
Purpose of Expenditure (by code) Misc *	Description ATTORNEY FEES, INV 451689	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$3,740.46

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee VERIZON WIRELESS		Date of Payment 06/23/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 15062		City Albany	State NY	Zip Code 12212-5062
Purpose of Expenditure (by code) OVHD	Description WIRELESS INTERNET	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$90.08
Name of Payee CLOUDAGE STRATEGIES		Date of Payment 06/23/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6689 <input type="checkbox"/> Debit Card	
Street Address 87 Knollwood Dr .		City Wallingford	State CT	Zip Code 06492
Purpose of Expenditure (by code) Misc *	Description VoIP Phones	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$6,625.61
Name of Payee CMDI		Date of Payment 06/26/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1539 Spring Hill Rd Ste 400		City Tysons Corner	State VA	Zip Code 22182
Purpose of Expenditure (by code) OVHD	Description FINANCE SOFTWARE	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$500.00
Name of Payee MAPLE END PACKAGE STORE		Date of Payment 06/29/2014	Method of Payment <input checked="" type="checkbox"/> Check # 6690 <input type="checkbox"/> Debit Card	
Street Address 192 North St		City Bristol	State CT	Zip Code 06010
Purpose of Expenditure (by code) FNDR *	Description BEVERAGES	Event # 05222014A		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$285.03

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE				TYPE OF REPORT			
House Republican Campaign Committee				July 10 Filing - Original			
<b>P. Expenses Paid By Committee</b>							
Name of Payee SQUARE			Date of Payment 06/30/2014		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card		
Street Address 901 Mission St		City San Francisco		State CA		Zip Code 94103	
Purpose of Expenditure (by code) <b>BNK</b>	Description <b>FEES</b>		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			<input type="checkbox"/> Coordinated with reimbursement sought		\$14.90	
Name of Payee PIRYX, INC			Date of Payment 06/30/2014		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card		
Street Address 144 2nd St Fl 1		City San Francisco		State CA		Zip Code 94105	
Purpose of Expenditure (by code) <b>BNK</b>	Description <b>FEES</b>		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			<input type="checkbox"/> Coordinated with reimbursement sought		\$83.26	
<b>Total of Section P</b>						<b>\$25,497.41</b>	

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE				TYPE OF REPORT			
				July 10 Filing - Original			
<b>Q. Campaign Expenses Paid By Candidate</b>							
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?		
					Yes                  No		
Street Address		City		State		Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount	
<b>Total of Section Q</b>							

<b>IV. EXPENDITURES</b>							
NAME OF COMMITTEE						TYPE OF REPORT	
House Republican Campaign Committee						July 10 Filing - Original	
<b>R. Expenses Incurred on Committee Credit Card</b>							
Name of Issuing Institution				Type of Credit Card:			
				Visa      Master Card      Discover      American Express Other			
Name of Vendor						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable)	Itemization in Addendum R Required	Coordinated with reimbursement sought				
	Coordinated without reimbursement sought	Independent	Organization	A	B	C	D
<b>Total of Section R</b>							



### IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original

#### S. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor SHIPMAN & GOODWIN LLP		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/ May	Event #	Amount Incurred (Estimate or Actual)
Expenditure# (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization : <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$4,413.00

Name of Creditor SHIPMAN & GOODWIN LLP		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 #	Amount Incurred (Estimate or Actual)
Expenditure# (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization : <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$988.51

<b>Total of Section S</b>	<b>\$5,401.51</b>
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### IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
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	04/11/2014	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card

Secondary Payee

VITO'S BY THE PARK

Street Address	City	State	Zip Code
26 Trumbull St	Hartford	CT	06103

Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	FOOD FOR VOLUNTEERS		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$68.06

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
EFFREN	JACKIE	L	04/14/2014	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card

Secondary Payee

VESTA AT&amp;T MOBILITY

Street Address	City	State	Zip Code
11950 SW Garden Pl	Portland	OR	97223-8248

Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	HRCC CELL PHONE		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$27.29

### IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original
<b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
EFFERN	JACKIE	L	05/14/2014	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Secondary Payee VESTA AT&T MOBILITY					
Street Address		City		State	Zip Code
11950 SW Garden Pl		Portland		OR	97223-8248
Purpose of Expenditure (by code)	Description		Event #	Amount	
RCW	HRCC CELL PHONE				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				\$27.29

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
EFFREN	JACKIE	L	05/15/2014	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Secondary Payee HARTFORD POST OFFICE					
Street Address		City		State	Zip Code
141 Weston St		Hartford		CT	06101-9998
Purpose of Expenditure (by code)	Description		Event #	Amount	
RCW	STAMPS				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				\$19.60

### IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
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	05/21/2014	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card

Secondary Payee

STAPLES

Street Address	City	State	Zip Code
51 Richards Ave	Norwalk	CT	06854

Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	NAME BADGES, PAPER	05222014A	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$13.59

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
EFFREN	JACKIE	L	05/21/2014	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card

Secondary Payee

STOP &amp; SHOP

Street Address	City	State	Zip Code
385 Connecticut Ave	Norwalk	CT	06854

Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	NAPKINS, TABLECLOTHS	05222014A	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$16.93

### IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original
<b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
EFFREN	JACKIE	L	05/21/2014	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Secondary Payee					
STAPLES					
Street Address		City		State	Zip Code
51 Richards Ave		Norwalk		CT	06854
Purpose of Expenditure (by code)	Description		Event #	Amount	
RCW	PRINTER INK				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required				
	<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
				\$78.38	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
EFFREN	JACKIE	L	05/29/2014	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Secondary Payee					
COSTCO					
Street Address		City		State	Zip Code
779 Connecticut Ave		Norwalk		CT	06854
Purpose of Expenditure (by code)	Description		Event #	Amount	
RCW	SUPPLIES, CAMPAIGN TRAINING				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required				
	<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
				\$83.64	

### IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
House Republican Campaign Committee	July 10 Filing - Original
<b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
EFFREN	JACKIE	L	05/30/2014	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Secondary Payee CVS					
Street Address		City		State	Zip Code
281 Connecticut		Norwalk		CT	06854
Purpose of Expenditure (by code)	Description		Event #	Amount	
RCW	SUPPLIES, CANDIDATE TRAINING				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				\$33.40

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
EFFREN	JACKIE	L	05/31/2014	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Secondary Payee CVS					
Street Address		City		State	Zip Code
281 Connecticut Ave		Norwalk		CT	06854
Purpose of Expenditure (by code)	Description		Event #	Amount	
RCW	ICE, COOLER; CAMPAIGN TRAINING				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				\$14.60

### IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
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
FRYXELL	CHRISTOPHER		05/31/2014	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card

Secondary Payee  
DUNKIN DONUTS

Street Address	City	State	Zip Code
694 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	CAMPAIGN TRAINING		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$37.87

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
EFFREN	JACKIE	L	06/05/2014	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card

Secondary Payee  
ARCH STREET TAVERN

Street Address	City	State	Zip Code
85 Arch St .	Hartford	CT	06103

Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	EVENT FOOD/BEVERAGE	06052014B	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$194.29

### IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
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	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card

Secondary Payee

HARTFORD POST OFFICE

Street Address	City	State	Zip Code
141 Weston St	Hartford	CT	06101

Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	STAMPS, THANK YOU'S		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$49.00

**Total of Section T**

**\$663.94**