# **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT
ROWS 2012



# Electronic Filing

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Page 1 of 50

### **COVER PAGE**

			, 221 2 1 2						
1. NAME OF COMMITTEE									
House Republican Campaign Committee									
2. TREASURER NAME									
First			MI	Last			Suffix		
Michael				Vieira					
3. TREASURER ADDRESS									
Street Address		City			State		Zip Code		
116 Black Birch Rd		Weth	ersfield		ст	ļ ·	06109		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOLU	GHT (Co	mplete only if (	'andidate Committee)		6 DISTRI	CT NUMBER (if applicable)		
EBBCTG.WAELBLEADON BILL	0. 011102 500	0111 (00	mpiete only ty	unitable committee		o. Distric	er ivewiden (y applicable)		
7. CANDIDATE NAME (Complete only if Cand	date or Exploratory C	ommittee	e)						
First			MI	Last			Suffix		
8. TYPE OF REPORT									
October 10 Filing - Original									
9. PERIOD COVERED									
	seginning Date			Ending Date					
	egining Date			Ending Date					
	7/01/2014		thru	09/30/2014					
10. CERTIFICATION									
IV CARTILICATION									
I hereby certify and state, unde									
Itemized Campaign Finance complete.	Disclosure Stater	<b>nent</b> fo	r the period	covered is true, accurate an	d				
_	lichael Vieira				0/2014 9				
SIGNATURE	RINT NAME OF TH	E SIGNE	ER	DATE	CERTIFIED				
DENALTY E	D FAI SE STATEM	IFNT TO	DIINTCHA	RI E RV FINE NOT TO EVCE	FD &1 000	OR			
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

## **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	TYPE OF REPORT					
House Republican Campaign Committee	October 10 Filing - Original	October 10 Filing - Original					
	COLUMN A This Period	COLUMN B					
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$19,487.93					
12. Balance on hand at the beginning of Reporting Period	\$25,822.03						
13. Contributions received from Individuals (Section A and B)	\$22,985.00	\$53,621.00					
14. Receipts from Other Committees (Sections C1 and C2)	\$4,000.00	\$13,550.00					
15. Other Monetary Receipts (Section D through K)	\$450.00	\$450.00					
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00					
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed							
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$4,700.00					
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$27,435.00	\$72,321.00					
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$53,257.03	\$91,808.93					
19. Expenses Paid by Committee (Section P)	\$11,139.41	\$49,691.31					
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	\$42,117.62	\$42,117.62					
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$177.55					
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00					
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00					
24. Receipts of Organization Expenditures (Section O) OPTIONAL	\$0.00	\$0.00					
25. Beginning Loan Balance	\$0.00						
25a. + Loans Received (Section D)	\$0.00	\$0.00					
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
25c Payments on Loan	\$0.00	\$0.00					
25d. Total Outstanding Loan Amount	\$0.00						
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00					
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00					
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$1,070.58						
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$6,472.09						

	I. MONETARY RECEIPTS (	(Sect	ion A-K)				
NAME OF COMMITTEE		,	,		ΓΥΡΕ OF REPORT		
House Republican Campaign Committee					October 10 Filing - Origina	al	
A. Total Contributions from Small Co	ontributors_Received this Period	ION	LV	,			
(See instructions for definition of Small Contributor)	ontributors-received this reriod		L 1 total Section A		\$0.00		
	B. Itemized Contributions from Ind						
•	B. Heinized Contributions from the	IIVIUU	1415				
Last Name		F	irst Name				MI
Hanson			John JR.				н
Residential Street Address		City				State	Zip Code
36 Deerfield Trce		Bu	rlington			СТ	06013-1514
Principal Occupation			Name of Emp	oloyer			
Businessman			Mail B	oxes ETC.			
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate com officer of a municipality does contributor or business I a contract with said municipality valued at more than \$	he/she a			Yes No	Am	ount of Contribution
fundraising event listed in Section L1?  Yes  X No	Is contributor a principal of state contractor or prospec If yes, indicate which branch or branches of government the contract is with:	ctive sta	_	Legislative	Yes X No		
Method of Contribution			Date Re	ceived	Aggregate Contributions		
Cash Rersonal Check Credit/Debit	Card Payroll Deduction Mo	oney Or	der				
			07/27,	/2014	\$100.00		\$100.00
Last Name		F	First Name				MI
Buck-Taylor			Cecilia				
Residential Street Address		City	M:16			State	Zip Code
176 Taylor Rd Principal Occupation		ive	w Milford Name of Emp	olover		СТ	06776-3815
Attorney			Self				
or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate com officer of a municipality does contributor or business I a contract with said municipality valued at more than \$	he/she a			Yes No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or prospec	ctive sta	te contractor?		Yes X No		
If you list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	e		
Method of Contribution			Date Re	ceived	Aggregate Contributions		
Cash Personal Check X Credit/Debit	Card Payroll Deduction Mo	oney Or	der				
			08/06,	/2014	\$150.00		\$150.00
Last Name		F	irst Name				MI
Wilson		L	Judith				L
Residential Street Address		City	lhan			State	Zip Code
19 Hanover Principal Occupation		ВО	Name of Emp	olover		СТ	06043
				. •			
l Vac	If contribution is in excess of \$400 to a candidate com officer of a municipality does contributor or business h				Yes No	Am	ount of Contribution
of dependent child of a lobbyist:	a contract with said municipality valued at more than \$		osociated with fla				
Is this contribution associated with a	Is contributor a principal of state contractor or prospec	ctive sta	te contractor?				
fundraising event listed in Section L1? Yes	If yes, indicate which branch or branches of	_	_	_	Yes X No		
If you list Event #	government the contract is with:	⊔	Executive	Legislative	2		
Method of Contribution			Date Re	ceived	Aggregate Contributions		
Cash X Personal Check Credit/Debit	Card Payroll Deduction Mo	oney Or	der 08/18	/2014	\$50.00		¢50.00

				1 age 4 61 50
I. N	ONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE		TYPE OF REPORT		
House Republican Campaign Committee		October 10 Filing - Origina	al	
	ized Contributions from Individuals			
B. Itti	zeu Contributions ironi individuals			
Last Name	First Name			MI
Matyia	Leonard			V
Residential Street Address	City		State	Zip Code
285 Bolton Center Rd	Bolton		СТ	06043
Principal Occupation	Name of Emp	loyer		
Vac	ion is in excess of \$400 to a candidate committee for a chief executive municipality does contributor or business he/she associated with have	Voc No	Amo	ount of Contribution
-	rith said municipality valued at more than \$5000?			
	or a principal of state contractor or prospective state contractor?			
fundraising event listed in Section L1?	eate which branch or branches of	Yes X No		
If you list Event #	the contract is with:	Legislative		
Method of Contribution	Date Rec	eived Aggregate Contributions	$\neg$	
Cash X Personal Check Credit/Debit Card	Payroll Deduction Money Order			
Cash Personal Check Credit/Debit Card	Payroll Deduction Money Order 08/18/	2014 \$20.00		\$20.00
Last Name	First Name			MI
MOLGANO	MICHAEL			
Residential Street Address	City		State	Zip Code
10 Hazelwood Ln	Stamford		СТ	06905
Principal Occupation	Name of Emp	loyer		
LEGISLATOR	STATE	OF CT		
	31/112			
Vac	ion is in excess of \$400 to a candidate committee for a chief executive municipality does contributor or business he/she associated with have	Voc No	Amo	ount of Contribution
-	vith said municipality valued at more than \$5000?	•		
	or a principal of state contractor or prospective state contractor?		—	
fundraising event listed in Section L1?	ate which branch or branches of	Yes X No		
If you list Eyent #	the contract is with:	Legislative		
Method of Contribution	Date Rec	eived Aggregate Contributions	$\neg$	
Cash Personal Check X Credit/Debit Card	Payroll Deduction Money Order			
Cash Personal Check X Credit/Debit Card	Payroll Deduction Money Order 08/19/	2014 \$100.00		\$25.00
Last Name	First Name			MI
Johnson	Brenda			
Residential Street Address	City		State	Zip Code
19 E 72nd St	New York		NY	10021-4145
Principal Occupation	Name of Emp	loyer		
Ambassador, Retired	US Sta	te Department		
Vac	ion is in excess of \$400 to a candidate committee for a chief executive	Vac No	Amo	ount of Contribution
or dependent child of a lobbyist?	municipality does contributor or business he/she associated with hav tith said municipality valued at more than \$5000?	e		
No No				
fundraiging event listed in Section I 12 Yes	or a principal of state contractor or prospective state contractor?	Yes X No		
If you list Eyent # 00192014B No III yes, IIIu	ate which branch or branches of the contract is with:	Legislative		
Method of Contribution	Date Rec	eived Aggregate Contributions	$\overline{}$	
		2 18gregate Contributions		
Cash Personal Check X Credit/Debit Card	Payroll Deduction  Money Order	2014 #250.00		±250.00

\$250.00

								Pag	ge 5 01 50
	I. MONETARY RECEIPT	S (Sec	ction	A-K)					
NAME OF COMMITTEE		·		, and the second	TYPE OF REPORT				
House Republican Campaign Committee					October 10 Filing - Origina	al			
Troube republican campaign committee	B. Itemized Contributions from I	ndivid	luals						
	b. Itemzeu Contributions irom I	IIuIIIu	iuais						
Last Name			First N	ame					MI
Johnson			J.	Howard					
Residential Street Address		City				State		Zip Cod	le
19 E 72nd St		N	lew Yo	ork		NY		10021	-4145
Principal Occupation			N	ame of Employer					
Retired CEO				Targus					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	e associa		Yes No		Amou	nt of Cor	tribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	_	Exec		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions				
Cash Personal Check X Credit/De	bit Card Payroll Deduction	Money (	Order	08/19/2014	\$250.00			\$250.0	0
Last Name			First N	ame					MI
Coutu			С	hristopher					
Residential Street Address		City				State		Zip Cod	le
16 Yantic St		N	lorwic	h		СТ		06360	-4215
Principal Occupation			N	ame of Employer					
Continuous Improvement Officer				Department of D	efense				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	e associa		Yes No		Amou	int of Cor	tribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	٦ .	tractor? [	Yes X No				
Method of Contribution	•			Date Received	Aggregate Contributions				
Cash Personal Check X Credit/De	bit Card Payroll Deduction	Money (	Order	08/21/2014	\$13.00			\$13.00	0
Last Name			First N	ame					MI
Torrano			P	eter					
Residential Street Address		City				State		Zip Cod	le
104 Dry Hl		N	lorwal			СТ		06851	3127
Principal Occupation  Retired			N	ame of Employer  Retired					
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of	committee	e for a c	hief executive		Т	Amou	nt of Cor	tribution
or dependent child of a lobbyist?  Yes  X No	officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	associa		Yes No				
Is this contribution associated with a	Is contributor a principal of state contractor or pro-	spective s	tate con	tractor?	Yes X No	-			
fundraising event listed in Section L1?  If yes, list Event # 09162014A  No	If yes, indicate which branch or branches of government the contract is with:		Exec	cutive Legislativ					
Method of Contribution				Date Received	Aggregate Contributions	$\Box$			
Cash Personal Check X Credit/De	bit Card Payroll Deduction	Money (	Order	00/27/2014	<b>#50.00</b>			<b>4</b> E0 0	2

08/27/2014

\$50.00

\$50.00

		Page 6 01 50
	I. MONETARY RECEIPTS (Section A-K)	
NAME OF COMMITTEE	TYPE OF R	EPORT
House Republican Campaign Committee		
	B. Itemized Contributions from Individuals	
Last Name	First Name	MI
Hanson	John JR.	Н
Residential Street Address	City	State Zip Code
36 Deerfield Trce	Burlington	CT 06013-1514
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate committee for a chief executive	Amount of Contribution
of dependent child of a foodylst:	officer of a municipality does contributor or business ne/sne associated with nave	□ No
x <sub>No</sub>	a contract with said municipality valued at more than \$5000?	
Is this contribution associated with a Yes	Is contributor a principal of state contractor or prospective state contractor?	No
fundraising event listed in Section L1?  If yes, list Event #  No	If yes, indicate which branch or branches of government the contract is with:	
	government the constant to white	
Method of Contribution	Date Received Aggregate C	ontributions
Cash Personal Check Credit/I	ebit Card Payroll Deduction Money Order 09/02/2014 \$2	00.00 \$100.00
	09/02/2017   \$2	\$100.00
Last Name	First Name	MI
Grabowski	Mary	
Residential Street Address  92 Wild Wood Dr	City	State Zip Code CT 06001
Principal Occupation	Name of Employer	C1 06001
Trinopal Occupation	Nume of Employer	
Retired	Retired	
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate committee for a chief executive	Amount of Contribution
of dependent child of a loobyist:	officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	INO NO
x <sub>No</sub>	a contract with said manicipanty valued at more than \$5000:	
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or prospective state contractor?	No
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:	
Method of Contribution	Date Received Aggregate C	ontributions
		ontributions
Cash Personal Check X Credit/I	ebit Card Payroll Deduction Money Order 09/03/2014 \$	25.00 \$25.00
Last Name Wadia	First Name	MI
Residential Street Address	Dinyar City	State Zip Code
134 Main St	New Canaan	CT 06840
Principal Occupation	Name of Employer	l l
Principal/Owner	Wadia Associates	
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate committee for a chief executive	Amount of Contribution
of dependent child of a foodylst?	officer of a municipanty does contributor of business ne/sne associated with have	INO NO
x <sub>No</sub>	a contract with said municipality valued at more than \$5000?	
Is this contribution associated with a fundraicing event listed in Section I.12	Is contributor a principal of state contractor or prospective state contractor?	No
fundraising event listed in Section L1?  If yes, list Event #  No	If yes, indicate which branch or branches of government the contract is with:	
Mathad of Contribution	government the contract is with.	outributions
Method of Contribution	Date Received Aggregate C	ontributions
Cash Personal Check X Credit/I	ebit Card Payroll Deduction Money Order	50.00

09/03/2014

\$250.00

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	I. MONETARY RECEIPT	S (Se	ction	A-K)			
NAME OF COMMITTEE				,	TYPE OF REPORT		
House Republican Campaign Committee					October 10 Filing - Origina	al	
	B. Itemized Contributions from I	ndivid	duals				
	2010011200 0011012010130110112						
Last Name			First Na	ame			MI
Delfini			Ro	onald			н
Residential Street Address		City				State	Zip Code
322 Pine Orchard Rd		E	Branfor			СТ	06405-5648
Principal Occupation			Na	me of Employer			
Periodontist				Ronald H. Delfi	ini DDS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	A	amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Exec		Yes X No		
Method of Contribution				Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money	Order	09/03/2014	\$50.00		\$50.00
Last Name			First Na		-	<u> </u>	MI
Effren				rry			MI L
Residential Street Address		City				State	Zip Code
1857 Newfield Ave		5	Stamfo			СТ	06903-5129
Principal Occupation			Na	me of Employer			
Real Estate Developer				Greylock Comp	panies		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	A	amount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective s	state contr	ractor?	Yes X No		
fundraising event listed in Section L1? Yes  If yes, list Event # 09162014A No	If yes, indicate which branch or branches of government the contract is with:		Exec	utive Legislat			
Method of Contribution				Date Received	Aggregate Contributions		
Cash Personal Check X Credit/De	bit Card Payroll Deduction	Money	Order	09/03/2014	\$250.00		\$250.00
Last Name			First Na	ame			MI
Grabowski			Ma	ary			E
Residential Street Address		City				State	Zip Code
92 Wildwood Dr		,	Avon			СТ	06001-4413
Principal Occupation  Retired			Na	me of Employer  Retired			
	Lac di	***	6 1			Ι.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busines a contract with said municipality valued at more the	ess he/sh	e associat		☐ Yes ☐ No	A	amount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pro-	spective s	state contr	ractor?			
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of government the contract is with:		Exec		Yes X No		
Method of Contribution	<u> </u>			Date Received	Aggregate Contributions		
Credit/De	bit Card Payroll Deduction	Money	Order	00/02/2014	425.00		+25.00

09/03/2014

\$25.00

\$25.00

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	I. MONETARY RECEIPT	S (Sec	tion	A-K)			
NAME OF COMMITTEE		,		,	TYPE OF REPORT		
House Republican Campaign Committee					October 10 Filing - Origina	al	
Trouse republican campaign committee	B. Itemized Contributions from I	Individ	nals				
	B. Itemized Contributions Irom I	iliuliiu	uais				
Last Name			First Na	ame			MI
Orthwein			Pe	eter			В
Residential Street Address		City				State	Zip Code
154 Guards Rd		G	reenw	rich		СТ	06831-2737
Principal Occupation			Na	ame of Employer			
Executive- Finacial				Thor Industries			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she	associat		Yes No	A	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09162014A	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	· _	Exec	_	Yes X No		
Method of Contribution				Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money C	Order	09/03/2014	\$250.00		\$250.00
Last Name			First Na	ame			MI
Reid			La	aura			J
Residential Street Address		City				State	Zip Code
388 Timberlane Dr		0	range			СТ	06477-2845
Principal Occupation			Na	ame of Employer			
Executive				Fishmart INC.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she	associat		Yes No	. I	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09162014A	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective st	tate cont		Yes X No		
Method of Contribution				Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money C	Order	09/03/2014	\$100.00		\$100.00
T. (2)		-	First Na				Lan
Last Name Santiago				ame nrique			MI
Residential Street Address		City		IIIque		State	Zip Code
36 Bouton St		1	Iorwall	k		СТ	06854-3548
Principal Occupation			Na	ame of Employer			
Pharmacy Technician				Norwalk Hospita	al		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/she	associat		Yes No	A	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09162014A	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective st	tate cont		Yes X No		
Method of Contribution				Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money C	Order	00/03/3014	<b>*</b> 50.00		<b>#</b> F0.00

09/03/2014

\$50.00

\$50.00

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	I. MONETARY RECEIPT	S (Sec	tion 2	A-K)			
NAME OF COMMITTEE		Ì		,	TYPE OF REPORT		
House Republican Campaign Committee					October 10 Filing - Origina	al	
Troube Tropuomeum Cumpungm Committee	B. Itemized Contributions from I	ndivid	uals				
Last Name			First Na	ime			MI
Devlin			La	ura			
Residential Street Address		City				State	Zip Code
85 Bret Ln		F	airfield	l		СТ	06824
Principal Occupation			Na	me of Employer			
Consultant				Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she	associat		Yes No	I	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	_	Execu	_	Yes X No		
Method of Contribution				Date Received	Aggregate Contributions		
Cash Personal Check X Credit/De	bit Card Payroll Deduction	Money C	Order	09/08/2014	\$50.00		\$50.00
Last Name			First Na	ime			MI
Dunne			Wi	illiam			
Residential Street Address		City				State	Zip Code
2 Devils Garden Rd		N	lorwalk	(		СТ	06854
Principal Occupation			Na	me of Employer			
Consultant				Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/she	associat		Yes No	A	Amount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pro-	spective st	tate conti	ractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event # 09182014B No	If yes, indicate which branch or branches of government the contract is with:		Execu				
Method of Contribution	government the contract is with.			Date Received	Aggregate Contributions	_	
Cash Personal Check X Credit/De	bit Card Payroll Deduction	Money C	Order	09/08/2014	\$50.00		\$50.00
Last Name			First Na	ime			MI
Lawrence			La	rry			
Residential Street Address		City				State	Zip Code
40 Brookridge Dr		G	reenw	ich		CT	06830
Principal Occupation			Na	me of Employer			
Retired				Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she	associat		Yes No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section I 12	Is contributor a principal of state contractor or pro-	spective st	tate conti	ractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event # 09182014B No	If yes, indicate which branch or branches of government the contract is with:		Execu				
Method of Contribution				Date Received	Aggregate Contributions		
Cash Personal Check X Credit/De	bit Card Payroll Deduction	Money C	Order	00/00/2014	#1 000 00		±1 000 00

09/08/2014

\$1,000.00

\$1,000.00

							1 42	50 10 01 50
	I. MONETARY RECEIPT	S (Se	ction	A-K)				
NAME OF COMMITTEE				,	TYPE OF REPORT			
House Republican Campaign Committee					October 10 Filing - Origina	al		
2 2	B. Itemized Contributions from I	ndivi	duals					
Last Name			First N					MI
Platt Residential Street Address		City	Li	sa		Stata	Zip Coo	i.
11 Horton Ln .		City	Canaar	1		State CT	06840	
Principal Occupation		1		ame of Employer		О.		
Consultant				Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associa		Yes No	A	Amount of Cor	ntribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	_	_	tractor?	Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash Personal Check X Credit/De	ebit Card Payroll Deduction	Money	Order	09/09/2014	\$76.00		\$76.0	0
Last Name			First N	ame				MI
Collins			R	osemary		_		
Residential Street Address		City				State	Zip Coo	
35 Rocky Ridge Rd .			Easton	ame of Employer		СТ	06612	2
Principal Occupation			IN	ame of Employer				
Retired Nurse				Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associa		Yes No	F	Amount of Cor	ntribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective	state con	tractor?	Yes X No			
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of government the contract is with:		Exec	cutive    Legislati				
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check X Credit/De	bit Card Payroll Deduction	Money	Order	09/09/2014	\$76.00		\$76.0	0
Last Name			First N	ame				MI
Glazer			С	harles				L
Residential Street Address		City				State	Zip Coo	
17 Husted Ln		(	Greenv			СТ	06830	)
Principal Occupation  Retired			Ni	ame of Employer  Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associa		Yes No	A	Amount of Cor	ntribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective	_	tractor?	Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money	Order	00/45/2044	+250.00		+250 (	

\$250.00

						rage ir or s
	I. MONETARY RECEIPT	S (Secti	ion A-K)			
NAME OF COMMITTEE				TYPE OF REPORT		
House Republican Campaign Committee				October 10 Filing - Origin	nal	
	B. Itemized Contributions from I	ndividu	ials	•		
Last Name		Fi	First Name William			MI
Nickerson  Residential Street Address		City	william		State	Zip Code
35 Quail Rd		,	eenwich		СТ	06831-3322
Principal Occupation			Name of Employer			
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she as		Yes No	Ai	mount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:			Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Ord	der 09/15/201	4 \$250.00		\$250.00
Last Name		Fi	First Name			MI
MANCINI			KENNETH			J
Residential Street Address		City			State	Zip Code
Principal Occupation		we	est Greenwich  Name of Employer		RI	02817
PRESIDENT				ST BEVERAGE		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she as		Yes No	Ai	mount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state	te contractor?	Yes X No	_	
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of government the contract is with:		Executive    Le	egislative		
Method of Contribution	-		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Ord	der 09/15/201	4 \$1,666.00		\$833.00
Last Name		Fi	First Name			MI
Pray			Natalie			Т
Residential Street Address		City	Wards		State	Zip Code
456 Park Ave Apt 7D Principal Occupation		ive	w York Name of Employer		NY	10022
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate conflicer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she as		Yes No	Ai	mount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:			Yes X No		
Method of Contribution	-		Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money Ord	der 00/45/204	4250.00		+250.00

\$250.00

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	I. MONETARY RECEIPT	S (Section	A-K)			
NAME OF COMMITTEE		,	,	TYPE OF REPORT		
House Republican Campaign Committee				October 10 Filing - Origina	al	
Troube respusieur cumpurgir committee	B. Itemized Contributions from	Individuals				
	b. Itemized Contributions Irom	Individuals				
Last Name		First N	Jame			MI
FERRARI		R	ICHARD			
Residential Street Address		City			State	Zip Code
9 Carriage Ln		East G	ranby		CT	06026
Principal Occupation		N	lame of Employer			
RETIRED			RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/she associa		Yes No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	espective state cor	_	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/I	ebit Card Payroll Deduction	Money Order	09/15/2014	\$50.00		\$50.00
Last Name		First N	lame			MI
FILARDI		E	RIC			
Residential Street Address		City			State	Zip Code
1 Dover Ct		Mystic			CT	06355
Principal Occupation		N	lame of Employer			
PRESIDENT			F&F DISTRIBUT	ORS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/she associa		Yes No	Am	nount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pro	spective state cor	ntractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of government the contract is with:	☐ Exe	cutive Legislati			
Method of Contribution	<u> </u>		Date Received	Aggregate Contributions	$\exists$	
Cash X Personal Check Credit/I	ebit Card Payroll Deduction	Money Order	09/15/2014	\$833.00		\$833.00
Last Name		First N	Vame			MI
GINGRAS		N	1ARGAUX			С
Residential Street Address		City			State	Zip Code
1485 5th Ave		New Y	ork		NY	10035-2772
Principal Occupation		N	lame of Employer			
DIRECTOR OF CORPORATE STRATEGY			G & G BEVERAG	GE .		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/she associa		Yes No	Am	nount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pro	espective state cor	ntractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event #  X  No	If yes, indicate which branch or branches of government the contract is with:	Exe	cutive    Legislati			
Method of Contribution	_		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/I	ebit Card Payroll Deduction	Money Order	00/15/2014	#1.666.00		+022.00

\$1,666.00

\$833.00

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	I. MONETARY RECEIPT	S (Section	on A-K)			
NAME OF COMMITTEE		•	•	TYPE OF REPORT		
House Republican Campaign Committee	:			October 10 Filing - Origin	al	
Troube respuessous cumpuign committee	B. Itemized Contributions from 1	Individua	ls			
	20101112011 0011011011011011011011011					
Last Name		Fir	st Name			MI
GALLO			ANTHONY			J
Residential Street Address		City			State	Zip Code
82 Farm Hill Rd		Orar	nge		СТ	06477
Principal Occupation			Name of Employer			
CEO			START DISTRI	BUTORS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin	ess he/she asse		Yes No	An	nount of Contribution
x <sub>No</sub>	a contract with said municipality valued at more the	han \$5000?				
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of	spective state	contractor?	Yes X No		
If yes, list Event # X No	government the contract is with:	Ц	Executive Legislat	ive		
Method of Contribution	!		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/I	Debit Card Payroll Deduction	Money Order	r 09/15/2014	\$1,670.00		\$835.00
					I	
Last Name GALLO		Fir	st Name PETER			MI M
Residential Street Address		City			State	Zip Code
660 Brentwood Rd		Orar	nge		СТ	06477
Principal Occupation			Name of Employer			
VICE PRESIDENT			A. GALLO & CC	MPANY		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin			Yes No	An	nount of Contribution
x No	a contract with said municipality valued at more th		ociaca wan nave			
Is this contribution associated with a	Is contributor a principal of state contractor or pro	spective state	contractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	If yes, indicate which branch or branches of	П	Executive  Legislat			
II yes, list Event#	government the contract is with:		Executive Liegistat			
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/I	Debit Card Payroll Deduction	Money Order	o9/15/2014	\$1,670.00		\$835.00
Last Name		Fir	st Name			MI
Loeb			Roger			S
Residential Street Address		City			State	Zip Code
26 Ferncliff Dr		Wes	t Hartford		СТ	06117
Principal Occupation			Name of Employer			
Chairman			Allan S. Goldm	an INC		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes No	An	nount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busin a contract with said municipality valued at more the		ociated with nave			
Is this contribution associated with a	Is contributor a principal of state contractor or pro	spective state	contractor?		—	
fundraising event listed in Section L1?	If yes, indicate which branch or branches of		_	Yes X No		
If yes, list Event # No	government the contract is with:	LI	Executive Legislat	ive		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/I	Debit Card Payroll Deduction	Money Order	r 00/15/2011	#022.00		±022.00

\$833.00

\$833.00

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	I. MONETARY RECEIPT	S (Sectio	n A-K)			
NAME OF COMMITTEE				TYPE OF REPORT		
House Republican Campaign Committee				October 10 Filing - Origin	al	
Troube Trepaenean Campaign Committee	B. Itemized Contributions from I	ndividual	S	L		
	20110111204 0011012401012 11 0111 1					
Last Name		Firs	t Name			MI
HETHERINGTON			JOHN			
Residential Street Address		City			State	Zip Code
697 Valley Rd		New	Canaan		СТ	06840
Principal Occupation			Name of Employer			
Attorney			SELF-EMPLOYE	ED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she asso		Yes No	Ar	mount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09162014A	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	_	contractor?  xecutive  Legisla	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Order	09/15/2014	\$100.00		\$100.00
Last Name		Firs	t Name			MI
GIBBONS			LILE			R
Residential Street Address		City			State	Zip Code
27 Sunset Rd		Gree	nwich		СТ	06870
Principal Occupation			Name of Employer			
RETIRED			RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/she asso		Yes No	Ar	mount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state of	contractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event # 09182014B No	If yes, indicate which branch or branches of government the contract is with:	□ E	xecutive Legisla			
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Order	09/15/2014	\$350.00		\$250.00
Last Name		Firs	t Name			MI
Fiamengo			Richard			J
Residential Street Address		City			State	Zip Code
9 Windward Dr		New	Fairfield Name of Employer		СТ	06812
Principal Occupation  Business Development- Sales			Intel Corp.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she asso		Yes No	Ar	mount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09292014D	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		contractor?	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions	$\neg$	
Cash Rersonal Check Credit/De	bit Card Payroll Deduction	Money Order	00/15/2014	4100.00		±100.00

\$100.00

\$100.00

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	I. MONETARY RECEIPTS (Section A-K)		
NAME OF COMMITTEE	TYPE OF REP	ODT	
House Republican Campaign Committee	October 10 Filing		
Trouse Republican Campaign Committee	B. Itemized Contributions from Individuals		
	B. Itemizea Contributions from Individuals		
Last Name	First Name		MI
O'Reilly	Michael		
Residential Street Address	City	State	Zip Code
18 Duckpond Rd	Norwalk	СТ	06855
Principal Occupation	Name of Employer		•
Sales	Self		
-	350		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	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	□ No An	mount of Contribution
x No	a contract with said municipality valued at more than \$5000?		
Is this contribution associated with a	I was the same of		
fundraising event listed in Section L1? Yes	Is contributor a principal of state contractor or prospective state contractor?  If yes, indicate which branch or branches of	·	
If yes, list Event # X No	government the contract is with:  Executive Legislative		
Method of Contribution	Date Received Aggregate Contri	ibutions	
Cash Personal Check X Credit/De			
Credit/De	bit Card Payroll Deduction Money Order 09/17/2014 \$50.	00	\$50.00
Last Name	First Name		MI
Barbosa	John		IVII
Residential Street Address	City	State	Zip Code
23 Meadow Dr	Brookfield	СТ	06804
Principal Occupation	Name of Employer	I	
СРА	Self		
	35:11	<del> </del>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	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	□ No An	mount of Contribution
x No	a contract with said municipality valued at more than \$5000?		
	I was the same of		
fundraising event listed in Section L1?	Is contributor a principal of state contractor or prospective state contractor?  If yes, indicate which branch or branches of	·	
If yes, list Event # 09292014D \( \text{No} \)	government the contract is with:  Executive Legislative		
Method of Contribution	Date Received Aggregate Contri	ibutions	
Cash Personal Check X Credit/De			
Credit/De	bit Card Payroll Deduction Money Order 09/18/2014 \$100.	.00	\$100.00
Last Name	First Name		MI
Romano	John		
Residential Street Address	City	State	Zip Code
179 E Rocks Rd	Norwalk	СТ	06854
Principal Occupation	Name of Employer	•	•
	Self		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate committee for a chief executive	n Ar	nount of Contribution
or dependent child of a lobbyist?	officer of a municipanty does contributor of business ne/sne associated with have	No No	
X No	a contract with said municipality valued at more than \$5000?		
Is this contribution associated with a	Is contributor a principal of state contractor or prospective state contractor?		
fundraising event listed in Section L1?  If yes, list Event # 09162014A  No	If yes, indicate which branch or branches of		
	government the conduct is with.		
Method of Contribution	Date Received Aggregate Contri	butions	
X Cash Personal Check Credit/De	bit Card Payroll Deduction Money Order		+60.00

\$60.00

\$60.00

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	I. MONETARY RECEIPT	'S (Sect	tion A-K)			
NAME OF COMMITTEE		•	,	TYPE OF REPORT		
House Republican Campaign Committee				October 10 Filing - Origin	al	
Trouse republican campaign committee	B. Itemized Contributions from 1	Individu	nals			
	B. Itemized Contributions from I	iliui viu u	uu13			
Last Name		1	First Name			MI
Carey			Harry			С
Residential Street Address		City			State	Zip Code
47 Chestnut Hill Rd .		No	orwalk		СТ	06851
Principal Occupation			Name of Employer			•
			AT&T			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	aammittaa	for a chief executive		I An	nount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she a	associated with have	Yes No	All	nount of Contribution
No No	L		-449			
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09162014A  No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	_	Executive Legis	Yes X No		
Method of Contribution	government the contract is with.		Date Received	At- Ct-ilti	_	
			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Or	09/19/2014	\$50.00		\$50.00
Last Name		I	First Name			MI
Langalis			Tamsen			С
Residential Street Address		City			State	Zip Code
11 Indian Spring Rd		Ro	owayton		СТ	
Principal Occupation			Name of Employer			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes No	An	nount of Contribution
of dependent child of a loobyist:	officer of a municipality does contributor or busin a contract with said municipality valued at more the					
x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pro	spective sta	ate contractor?	Yes X No		
If yes, list Event # 09162014A No	If yes, indicate which branch or branches of government the contract is with:		Executive Legis	lative		
Method of Contribution			Date Received	Aggregate Contributions	-	
				i iggiogate controlations		
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Or	09/19/2014	\$50.00		\$50.00
Last Name		I	First Name			MI
VELTRI			RICHARD			
Residential Street Address		City			State	Zip Code
81 Buttonwood		Не	ebron		СТ	06248
Principal Occupation			Name of Employer			
FORMER REP			STATE OF CT			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes No	Am	nount of Contribution
of dependent child of a loobyist:	officer of a municipality does contributor or busin a contract with said municipality valued at more the			103 NO		
X <sub>No</sub>	- 1					
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pro	spective sta	ate contractor?	Yes X No		
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Executive Legis	lative		
Method of Contribution	•		Date Received	Aggregate Contributions	$\overline{}$	
				15510gaic Contributions		
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Or	rder 00/10/2011	475.00		<b>#75.00</b>

\$75.00

\$75.00

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	I, MONETARY RECEIPT	S (Se	ction .	A-K)				
NAME OF COMMITTEE		, , , , ,		,	TYPE OF REPORT			
House Republican Campaign Committee					October 10 Filing - Origina	al		
Trouse Republican Campaign Committee	B. Itemized Contributions from I	Individ	luals					
	B. Itemized Contributions Irom I	illulvic	iuais					
Last Name			First Na	ame				MI
Kendy JR.			Jo	seph				S
Residential Street Address		City				State	Zip Code	e
83 Weed Ave		ı	Norwall	<b>C</b>		CT	06850	
Principal Occupation			Na	me of Employer				
						<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin				Yes No	Am	ount of Cont	tribution
x <sub>No</sub>	a contract with said municipality valued at more th							
T 41 - 13 - 1 - 1 - 14	Is contributor a principal of state contractor or pro	spective	state cont	ractor?		_		
fundraising event listed in Section L1?	If yes, indicate which branch or branches of	Г	٦ .		Yes X No			
If yes, list Event # 09162014A	government the contract is with:	L	Exec	utive Legislati	ive			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money	Order					
Cash Credible	Taylon Beddenon	Wioney	oruci	09/19/2014	\$50.00		\$50.00	)
Last Name			First Na	ime				MI
Raquet			w	alter				
Residential Street Address		City				State	Zip Code	е
78 Zaccheus Mead Ln		(	Greenw	ich		СТ	06831	
Principal Occupation			Na	me of Employer				
CFO				Green Earth Te	chnologies			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committe	e for a ch	ief evecutive		Am	ount of Cont	tribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busin				Yes No	7 4111	ount of cont	unoution
x <sub>No</sub>	a contract with said municipality valued at more th	han \$500	)?					
Is this contribution associated with a fundamining event listed in Section I.12	Is contributor a principal of state contractor or pro	spective	state cont	ractor?	Yes X No			
fundraising event listed in Section L1?  If yes, list Event # 09182014B No	If yes, indicate which branch or branches of	Г	Exec					
	government the contract is with:		_ Exce	_ Eegional				
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money	Order	09/19/2014	\$250.00		\$250.00	0
				09/19/2014	\$250.00		\$230.00	0
Last Name			First Na					MI
Moccia		a:	Ri	chard		a		Α
Residential Street Address 81 Wolfpit Ave Unit A-7		City	Norwall	,		State CT	Zip Code 06851	
Principal Occupation		<u> </u>		me of Employer		Ci	1 00031	
Retired				Retired				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate				Yes No	Am	ount of Cont	tribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busin a contract with said municipality valued at more the			ed with have	res no			
X No								
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pro	spective	state cont	ractor?	Yes X No			
If yes, list Event # 09162014A No	If yes, indicate which branch or branches of government the contract is with:		Exec	utive  Legislati	ive			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money	Order	00/10/2014	<b>#E0.00</b>		<b>4</b> E0.00	

\$50.00

\$50.00

						Page 18 01 5
	I. MONETARY RECEIPT	S (Sect	tion A-K)			
NAME OF COMMITTEE		Ì	, , , , , , , , , , , , , , , , , , ,	TYPE OF REPORT		
House Republican Campaign Committee				October 10 Filing - Origin	nal	
The second secon	B. Itemized Contributions from I	ndividu	ıals			
Last Name		F	First Name			MI
Longo			Patricia			
Residential Street Address		City			State	Zip Code
8 Norden Pl Apt 163		No	orwalk		СТ	06855
Principal Occupation			Name of Employer			
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she a	associated with have	Yes No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	_		Yes X No		
Method of Contribution	_		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Or	og/19/2014	\$250.00		\$250.00
Last Name		F	First Name			MI
Fields			Douglas			Р
Residential Street Address		City			State	Zip Code
100 Midwood Rd		Gr	reenwich		СТ	06830
Principal Occupation			Name of Employer Self Employ	ved		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she a	associated with have	Yes No	An	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective star		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Ord	og/19/2014	\$250.00		\$250.00
Last Name		F	First Name			MI
Santomero			Camillo			М
Residential Street Address		City			State	Zip Code
18 Heritage Island Rd		Ne	ew Fairfield		СТ	06812
Principal Occupation  Retired			Name of Employer  Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she a	associated with have	Yes No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09292014D X Yes	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective star	Executive Leg	Yes X No		
Method of Contribution	_		Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Or	der 00/10/201	41 000 00		±1 000 00

\$1,000.00

\$1,000.00

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	I. MONETARY RECEIPT	S (Se	ction .	A-K)					
NAME OF COMMITTEE				,	TYPE OF REPORT				
House Republican Campaign Committee					October 10 Filing - Origin	al			
1 1 5	B. Itemized Contributions from I	ndivid	luals						
Last Name			First Na	ame					MI
Harden			W	illiam					М
Residential Street Address		City				State	.	Zip Coo	
31 Harborview Ave Principal Occupation		ľ	Norwall	me of Employer		СТ		06854	1
Frincipal Occupation			INA	me of Employer					
				Lobstercraft					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No		Amor	unt of Cor	atribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09162014A	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Exec		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions				
X Cash Personal Check Credit/De	bit Card Payroll Deduction	Money (	Order	09/19/2014	\$100.00			\$100.0	00
			F	1 , - ,					
Last Name TESEI			First Na	eTER					MI
Residential Street Address		City				State		Zip Coo	
4 Indian Pass			Greenw			СТ		06830	)
Principal Occupation			Na	me of Employer					
FIRST SELECTMAN				TOWN OF GREE	ENWICH				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No		Amo	unt of Coi	ntribution
T 41	Is contributor a principal of state contractor or pros	spective s	state cont	ractor?		—			
ts this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B	If yes, indicate which branch or branches of government the contract is with:		Exec		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions	$\neg$			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money (	Order	09/19/2014	\$100.00			\$100.0	)0
Last Name			First Na	ame					MI
NOLIN			PE	TER					
Residential Street Address		City				State		Zip Coo	
2 Douglas		1	Norwall			СТ		06850	)
Principal Occupation			Na	me of Employer					
ATTORNEY				SANDAK HENNE	ESSEY & GRECO LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No		Amor	unt of Coi	ntribution
* 41 . 14 . 1 . 1 . 1 . 1	Is contributor a principal of state contractor or pros	spective s	state cont	ractor?		-			
ts this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09162014A	If yes, indicate which branch or branches of government the contract is with:		Exec		Yes X No				
Method of Contribution				Date Received	Aggregate Contributions	$\dashv$			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money (	Order	00/10/2014	4100.00			+100	

\$100.00

\$100.00

								age 20 01 3
	I. MONETARY RECEIPT	S (Sec	ction	A-K)				
NAME OF COMMITTEE				,	TYPE OF REPORT			
House Republican Campaign Committee					October 10 Filing - Origin	al		
	B. Itemized Contributions from I	ndivid	luals					
Last Name			First Na					MI
RIEGER  Residential Street Address		City	L.	GEORGE		State	Zip (	Code
28 Home Pl Apt C2			Greenw	ich		CT	068	
Principal Occupation			_	me of Employer				
EXECUTIVE				GREENWICH IN	VESTMENT MANAGEM	IEN		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	associat		Yes No		Amount of C	Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money C	Order	09/19/2014	\$1,000.00		\$1,00	0.00
Last Name			First Na	me				MI
WOOD			TE	RRIE		_		Е
Residential Street Address		City				State	Zip (	
50 St Nicholas St			arien	me of Employer		СТ	068	20
Principal Occupation			INA	me of Employer				
LEGISLATOR				STATE OF CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	associat		Yes No		Amount of C	Contribution
T 41: 14: 14:	Is contributor a principal of state contractor or pros	onactiva c	tata aanti	engtor?		_		
is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09162014A  No	If yes, indicate which branch or branches of government the contract is with:	spective s	Exect		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money C	Order	09/19/2014	\$554.00		\$500	).00
Last Name			First Na	me				MI
Getz			Ro	bert				Н
Residential Street Address		City				State	Zip (	
46 Pecksland Rd		G	reenw			СТ	068	31
Principal Occupation  Investor			Na	me of Employer  Pecksland Capit	al Partners			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of	committee	e for a ch	ief executive	Yes No		Amount of C	Contribution
or dependent child of a lobbyist?  X No	officer of a municipality does contributor or busine a contract with said municipality valued at more th			ed with have	L Yes L No			
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective s	tate conti	actor?	Yes X No			
fundraising event listed in Section L1?  If yes, list Event # 09182014B No	If yes, indicate which branch or branches of government the contract is with:		Exec					
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money C	Order	00/10/2014	#350.00		4251	

\$250.00

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	I. MONETARY RECEIPT	S (Section	A-K)			
NAME OF COMMITTEE			Í	TYPE OF REPORT		
House Republican Campaign Committee				October 10 Filing - Origina	al	
Troube Trepaenean Campaign Committee	B. Itemized Contributions from I	ndividuals				
	20110111204 0011012401012 11 0111 1					
Last Name		First N	lame			MI
Wilms		F	riedrich			
Residential Street Address		City			State	Zip Code
50 Aiken St Apt 246		Norwa	k		СТ	06851
Principal Occupation		N	ame of Employer			
Commercial Banking			Webster Bank			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09162014A	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state con		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Order	09/19/2014	\$50.00		\$50.00
Last Name		First N	lame			MI
KLARIDES		Т	HEODORA			
Residential Street Address		City			State	Zip Code
22 Canfield Rd		Seymo	ur		СТ	06483
Principal Occupation		N	ame of Employer			
RETIRED			RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of	spective state con	tractor?	Yes X No		
If yes, list Event # 09182014B No	government the contract is with:	Exe	cutive Legislativ			
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Order	09/19/2014	\$500.00		\$500.00
Last Name		First N	lame			MI
McMahon		_   v	incent			K
Residential Street Address		City			State	Zip Code
14 Hurlingham Dr		Green			СТ	06831
Principal Occupation  CEO		N	ame of Employer  World Wrestling	Entertainment, INC.		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of	committee for a c	hief executive		Am	nount of Contribution
or dependent child of a lobbyist?  Yes  X No	officer of a municipality does contributor or busine a contract with said municipality valued at more th		ated with have	Yes No		
Is this contribution associated with a	Is contributor a principal of state contractor or pros	spective state con	tractor?	Yes X No	—	
fundraising event listed in Section L1? Yes  If yes, list Event # 09182014B No	If yes, indicate which branch or branches of government the contract is with:	Exe	cutive Legislativ			
Method of Contribution			Date Received	Aggregate Contributions	$\neg$	
Cash Rersonal Check Credit/De	bit Card Payroll Deduction	Money Order	00/10/2014	#2 000 00		±2,000,00

\$2,000.00

\$2,000.00

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	I. MONETARY RECEIPT	S (Section	n A-K)				
NAME OF COMMITTEE		·	,	TYPE OF REPORT			
House Republican Campaign Committee				October 10 Filing - Origin	al		
	B. Itemized Contributions from I	ndividuals	S				
Last Name			Name			MI	
WILLIAMSON  Residential Street Address		City	LAURIE		State	Zip Code	
2 Tinywood Rd		Darie	n		CT	06820	
Principal Occupation		<del></del>	Name of Employer			<u> </u>	_
LAWYER			SELF-EMPLOYE	ED .			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she assoc		Yes No	Ame	ount of Contribut	ion
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09162014A	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		ontractor?	Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Order	09/19/2014	\$50.00		\$50.00	
Last Name		First	Name			MI	-
Tobin			John			E	
Residential Street Address		City			State	Zip Code	
Principal Occupation		Norwa	Alk Name of Employer		СТ	06855	
			. ,				
President			Bishop Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she assoc		Yes No	Am	ount of Contribut	ion
T 41: 14: 14:	Is contributor a principal of state contractor or pros	spective state co	ontractor?	Yes X No	_		
is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09162014A  No	If yes, indicate which branch or branches of government the contract is with:	☐ Ex	ecutive Legisla				
Method of Contribution			Date Received	Aggregate Contributions			
X Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Order	09/19/2014	\$50.00		\$50.00	
Last Name		First	Name			MI	
Egsi			Karen				
Residential Street Address		City			State	Zip Code	
1 Morningside Ter		Trum			СТ	06611	
Principal Occupation  Corporate Training			Name of Employer  IRI Worldwide				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she assoc		Yes No	Amo	ount of Contribut	ion
* at	Is contributor a principal of state contractor or pros	spective state of	ontractor?		—		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09162014A	If yes, indicate which branch or branches of government the contract is with:		secutive  Legisla	Yes X No			
Method of Contribution			Date Received	Aggregate Contributions	$\dashv$		
X Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Order	00/10/2011	<b>*</b> F0.00		+50.00	

\$50.00

\$50.00

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	I. MONETARY RECEIPT	S (Sect	ion A-K)				
NAME OF COLOUTTEE		. (	,,	т	VDE OF DEDODE		
NAME OF COMMITTEE  House Republican Campaign Committee					YPE OF REPORT ctober 10 Filing - Origina		
Trouse Republican Campaign Committee	B. Itemized Contributions from I	ndividu	ola				
	B. Itemized Contributions Irom I	Huiviuu	ais				
Last Name		F	irst Name				MI
Lavoie			Paul				S
Residential Street Address		City				State	Zip Code
117 Meadowview Dr		Tru	ımbull			CT	06611
Principal Occupation			Name of Em	ployer			•
VP Sales			Etter	Engineering			
To contribute a lablaciat account	If contribution is in excess of \$400 to a candidate of	:					nount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she a			Yes No	Am	iount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09162014A	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	_	e contractor?  Executive	Legislative	Yes X No		
Method of Contribution	go reminent the continue is with		Date Re	acaivad	Aggregate Contributions	_	
X Cash Personal Check Credit/De				eceived	Aggregate Contributions		
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Or	09/19	9/2014	\$50.00		\$50.00
Last Name		F	irst Name				MI
Feigenbaum			Marion				L
Residential Street Address		City				State	Zip Code
35 Princes Pine Rd		No	rwalk			CT	06850
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or business.			tive	Yes No	Am	nount of Contribution
x No	a contract with said municipality valued at more th	an \$5000?					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 09162014A	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective star	e contractor?  Executive	Legislative	Yes X No		
Method of Contribution			Date R	eceived	Aggregate Contributions		
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money Ord	ler 09/19	9/2014	\$50.00		\$50.00
Last Name		F	irst Name				MI
TESTANI			JACK				
Residential Street Address		City				State	Zip Code
50 Cranbury Dr		Tru	ımbull			CT	06611
Principal Occupation			Name of Em	ployer			
NEW BUSINESS DIRECTOR			ICON	INTERNATIO	ONAL		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/she a			Yes No	Am	nount of Contribution
Is this contribution associated with a fundamining quest listed in Section I.12	Is contributor a principal of state contractor or pros	spective star	e contractor?	Γ	Yes X No		
fundraising event listed in Section L1?  If yes, list Event # 09162014A No	If yes, indicate which branch or branches of government the contract is with:		Executive	Legislative			
Method of Contribution			Date Ro	eceived	Aggregate Contributions	$\neg$	
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Ord	ler 00/16	V2014	<b>#</b> F0.00		<b>*</b> F0.00

\$50.00

\$50.00

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	I. MONETARY RECEIPT	S (Sec	tion	A-K)				
NAME OF COMMITTEE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ΓΥΡΕ OF REPORT			
House Republican Campaign Committee					October 10 Filing - Origina	al		
Troube Trepaenean Campaign Committee	B. Itemized Contributions from I	ndivid	uals	I				
	2. Itemizeu contributions irom i	- I u v i u v						
Last Name			First Na	ame				MI
Hatfield			Jo	ohn				F
Residential Street Address		City				State	Zip	Code
25 Patton Ave		S	eymoı	ur		CT	06	483
Principal Occupation			Na	ame of Employer				
Teacher				State Of Connect	icut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she	associa		Yes No		Amount of	Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B  No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	_	ate cont		Yes X No			
Method of Contribution	-			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money O	rder	09/19/2014	\$250.00		\$25	50.00
Last Name			First N	ame	-	-		MI
BOYLE				USAN				
Residential Street Address		City				State	Zip	Code
158 Zaccheus Mead Ln		G	reenw	vich		СТ	06	831
Principal Occupation		•	Na	ame of Employer				
EDITOR				SELF- EMPLOYED	)			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she	associa		Yes No		Amount of	Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pro-	spective st	ate cont	tractor?	Yes X No			
fundraising event listed in Section L1?  If yes, list Event # 09182014B  No	If yes, indicate which branch or branches of		Exec	cutive  Legislative				
	government the contract is with:							
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money O	rder	09/19/2014	\$500.00		\$50	00.00
Last Name			First N	ame				MI
LEVY			LE	EORA				R
Residential Street Address		City				State	Zip	Code
59 Pecksland Rd		G	reenw			CT	06	831
Principal Occupation			Na	ame of Employer				
VOLUNTEER/HOMEMAKER				N/A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she	associa		Yes No		Amount of	Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or pro-	spective st	ate cont	tractor?	Yes X No			
fundraising event listed in Section L1?  If yes, list Event # 09182014B No	If yes, indicate which branch or branches of government the contract is with:		Exec	cutive   Legislative				
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check X Credit/De	bit Card Payroll Deduction	Money O	rder	00/10/2014	<b>#</b> F00.00		450	00.00

\$500.00

\$500.00

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	I. MONETARY RECEIPT	S (Sec	tion A	A-K)				
NAME OF COMMITTEE		Ì			TYPE OF REPORT			
House Republican Campaign Committee					October 10 Filing - Origin	al		
	B. Itemized Contributions from I	ndivid	uals					
Last Name			First Na					MI
WALKO Residential Street Address		City	SI	EPHEN		State	Zir	Code
7 Charter Oak Ln		1	reenw	ich		CT	I -	830
Principal Occupation		<u> </u>	Na	me of Employer				
ATTORNEY				IVEY BARNUM 8	& O'MARA LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	associate		Yes No		Amount of	f Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective st	Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money O	rder	09/19/2014	\$275.00		\$25	50.00
Last Name			First Na	me				MI
FLOREN			OL	IVIA				
Residential Street Address		City				State	1 1	Code
210 Round Hill Rd  Principal Occupation		G	reenw	me of Employer		СТ	06	831
			Iva					
LEGISLATOR				STATE OF CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	associate		Yes No		Amount of	Contribution
T 41	Is contributor a principal of state contractor or pros	spective st	ate contr	actor?		_		
is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B  No	If yes, indicate which branch or branches of government the contract is with:		Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money O	rder	09/19/2014	\$250.00		\$25	50.00
Last Name			First Na	me				MI
FLOREN			DC	DUG				
Residential Street Address		City				State	1 1	Code
210 Round Hill Rd		G	reenw			СТ	06	831
Principal Occupation  INVESTMENTS			INal	me of Employer  DCF CAPITAL IN	NVESTMENT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or business.				Yes No		Amount of	f Contribution
X No	a contract with said municipality valued at more th	nan \$5000°	?					
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective st	ate contr		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions	$\dashv$		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money O	rder	00/40/224	1050			-0.00

\$250.00

						1 age 20 01 5
	I. MONETARY RECEIPTS	S (Section	n A-K)			
NAME OF COMMITTEE				TYPE OF REPORT		
House Republican Campaign Committee				October 10 Filing - Origin	al	
rate rate and rate part of the rate of the	B. Itemized Contributions from I	ndividuals	<b>S</b>			
Last Name		First	Name			MI
Frey			John			Н
Residential Street Address		City	6.11		State	Zip Code
2 Copps Hill Rd  Principal Occupation		Ridge	Name of Employer		СТ	06877
			1 7			
Real Estate			Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she assoc		Yes No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		ecutive Legisla	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money Order				
			09/19/2014	\$1,000.00		\$1,000.00
Last Name		First	Name			MI
CAMILLO, JR			FRED			
Residential Street Address		City			State	Zip Code
35 Macarthur Dr Principal Occupation			reenwich Name of Employer		СТ	06870
Trincipal Occupation			Name of Employer			
LEGISLATOR			STATE OF CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she assoc		Yes No	Am	ount of Contribution
T 41: 14: 14:	Is contributor a principal of state contractor or pros	enective state co	ontractor?			
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B  No	If yes, indicate which branch or branches of government the contract is with:		ecutive Legisla	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/De	ebit Card Payroll Deduction	Money Order	09/19/2014	\$50.00		\$50.00
Last Name		First	Name			MI
KLARIDES-DITRIA			NICOLE			
Residential Street Address		City			State	Zip Code
23 Osprey Dr		Seym			СТ	06483
Principal Occupation			Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she assoc		Yes No	Am	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09182014B	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		ecutive Legisla	Yes X No		
Method of Contribution	!		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	00/46/224	1252.22		+250.00

\$250.00

									50 27 01 3
	I. MONETARY RECEIPT	S (Se	ction	A-K)					
NAME OF COMMITTEE		Ì		,	TYPE OF REPORT				
House Republican Campaign Committee					October 10 Filing - Origin	ıal			
	B. Itemized Contributions from I	Indivi	duals						
Last Name Poliner			First Na	ame obert					MI S
Residential Street Address		City	RO	Dueit		State	$\neg$	Zip Cod	
PO Box 544		1 1	Durham	า		СТ		06422	
Principal Occupation		•	Na	ame of Employer					
Attorney				Law Office of R	obert Poliner				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh han \$500	e associat 0?	ted with have	Yes No		Amou	unt of Cor	ıtribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09232014C  No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective	state cont		Yes X No				
Method of Contribution	-			Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money	Order	09/22/2014	\$75.00			\$75.0	0
Last Name			First Na	ame					MI
FIANO			LA	AWRENCE		_			
Residential Street Address		City				State		Zip Coo	
240 Boston Tnpke			Bolton	ame of Employer		СТ		06043	<u> </u>
Principal Occupation			INA	une of Employer					
CUSTOM HOME BUILDER				SELF-EMPLOYE	D				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/sh	e associat		Yes No		Amou	unt of Cor	ıtribution
Is this contribution associated with a	Is contributor a principal of state contractor or pro-	spective	state cont	ractor?	Yes X No				
fundraising event listed in Section L1? Yes  If yes, list Event # 09182014B No	If yes, indicate which branch or branches of government the contract is with:		Exec	utive Legislati					
Method of Contribution	_			Date Received	Aggregate Contributions				
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money	Order	09/22/2014	\$250.00			\$250.0	00
Last Name			First Na	ame					MI
Ingraham			Ra	aymond					
Residential Street Address		City	Duantau			State		Zip Coc	
34 Indian Neck Ave .  Principal Occupation		'	Branfor Na	ume of Employer		СТ		06405	
IT Manager				Cigna					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No		Amou	unt of Cor	ntribution
Is this contribution associated with a	Is contributor a principal of state contractor or pro-	spective	state cont	ractor?	Yes X No				
fundraising event listed in Section L1?  If yes, list Event # 09232014C No	If yes, indicate which branch or branches of government the contract is with:		Exec						
Method of Contribution				Date Received	Aggregate Contributions				
Cash Personal Check X Credit/De	bit Card Payroll Deduction	Money	Order	00/25/2014	+250.00				

09/25/2014

\$250.00

						Page 28 01 5
	I. MONETARY RECEIPT	S (Section	A-K)			
NAME OF COMMITTEE		•	,	TYPE OF REPORT		
House Republican Campaign Committee	:			October 10 Filing - Origina	al	
The state of the s	B. Itemized Contributions from	Individuals				
Last Name		First N	lame			MI
Leonard		Je	ohn			
Residential Street Address		City			State	Zip Code
4 Sybil Creek Pl		Branfo	rd		CT	06405
Principal Occupation		N	ame of Employer			
Attorney			Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing	ess he/she associa		Yes No	Amo	ount of Contribution
x <sub>No</sub>	a contract with said municipality valued at more t	han \$5000?				
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of	espective state con	!	Yes X No		
If yes, list Event # No	government the contract is with:	L EXC	cutive <u> </u>	ve		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/I	bebit Card Payroll Deduction	Money Order	09/25/2014	\$50.00		\$50.00
Last Name		First N	lame			MI
Buck-Taylor		C	ecilia			
Residential Street Address		City			State	Zip Code
176 Taylor Rd		New M			СТ	06776-3815
Principal Occupation		N	ame of Employer			
Attorney			Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin			Yes No	Amo	ount of Contribution
X No	a contract with said municipality valued at more t	han \$5000?				
Is this contribution associated with a	Is contributor a principal of state contractor or pro	espective state con	tractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event #  No	If yes, indicate which branch or branches of	Exe				
	government the contract is with:		1			
Method of Contribution	_		Date Received	Aggregate Contributions		
Cash Personal Check X Credit/I	ebit Card Payroll Deduction	Money Order	09/29/2014	\$300.00		\$150.00
Last Name		First N	lame			MI
Coutu		С	hristopher			
Residential Street Address		City			State	Zip Code
16 Yantic St		Norwic			СТ	06360-4215
Principal Occupation		N	ame of Employer			
Continuous Improvement Officer			Department of [	Defense		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes No	Am	ount of Contribution
of dependent child of a loobyist:	officer of a municipality does contributor or busing a contract with said municipality valued at more t		ited with have			
X No						
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pro	espective state con	tractor?	Yes X No		
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:	Exe	cutive Legislativ	ve		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/I	Pebit Card Payroll Deduction	Money Order	00/20/2014	±26.00	- 1	#12.00

09/29/2014

\$26.00

\$13.00

						Page 29 01 5
	I. MONETARY RECEIPT	S (Section	A-K)			
NAME OF COMMITTEE			,	TYPE OF REPORT		
House Republican Campaign Committee				October 10 Filing - Origina	al	
Trouse republican campaign committee	B. Itemized Contributions from I	ndividuals				
	B. Heimzed Contributions II om I	IIdividuais				
Last Name		First N	Jame			MI
Santiago			nrique			
Residential Street Address		City			State	Zip Code
36 Bouton St		Norwa	lk		СТ	06854-3548
Principal Occupation		N	ame of Employer			•
Pharmacy Technician			Norwalk Hospita	ı		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 09162014A	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state con		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/D	ebit Card Payroll Deduction	Money Order	09/29/2014	\$150.00		\$50.00
Last Name		First N	lame			MI
Keenan		К	athleen			
Residential Street Address		City			State	Zip Code
8 Eastwood Rd		Fairfiel	d		СТ	06812
Principal Occupation		N	ame of Employer			_
Associate Director			Fordham Univer	sity		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		cutive Legislativ	Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash Personal Check X Credit/D	ebit Card Payroll Deduction	Money Order	09/29/2014	\$50.00		\$50.00
Last Name		First N	lame			MI
Hastings		R	ichard			
Residential Street Address		City			State	Zip Code
10 Bristol Ter		Danbu	ry		CT	06810
Principal Occupation		N	ame of Employer			
Attorney			Hastings, Cohar	& Walsh		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associa		Yes No	Am	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:		cutive Legislativ	Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash Personal Check X Credit/D	ebit Card Payroll Deduction	Money Order	00/20/2014	#100.00		±100.00

09/29/2014

\$100.00

\$100.00

\$22,985.00

(Total on Line 14 of Summary Page)

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	I. MONETARY RECEIPTS	S (Sec	tion A-K)	_		
NAME OF COMMITTEE				TYPE OF REPORT		
House Republican Campaign Committee				October 10 Filing - Origina	al	
	B. Itemized Contributions from In	ndivid	uals	•		
Last Name			First Name			MI
Keenan			Michael			
Residential Street Address		City			State	Zip Code
8 Eastview Rd		Fa	airfield		СТ	06812
Principal Occupation			Name of Employer		1	
Attama			Calf Farantana	1		
Attorney			Self Employed	l		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate co			Yes No	Am	ount of Contribution
or dependent child of a roobyist:	officer of a municipality does contributor or busines			L res L No		
x <sub>No</sub>	a contract with said municipality valued at more that	an \$5000 :	!			
Is this contribution associated with a	Is contributor a principal of state contractor or prosp	pective st	ate contractor?	Yes X No		
fundraising event listed in Section L1?  If yes, list Event #  X  No	If yes, indicate which branch or branches of	Г	Executive Legisla			
ii yes, iist Event #	government the contract is with:		Executive Legisia	anve		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Dei	bit Card Payroll Deduction	Money O	trder			
Cash Credit/De	Taylon Deduction	wioney O	09/29/2014	\$50.00		\$50.00
Last Name			First Name			MI
Errico			Vito			
Residential Street Address		City			State	Zip Code
21 Sterling Rd		S	outh Armonk		NY	10504
Principal Occupation			Name of Employer			
Real Estate Developer			Self Employed	I		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate co	ommittee	for a chief executive	Yes No	Am	ount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busines			☐ Yes ☐ No		
x No	a contract with said municipality valued at more that	an \$5000'	?			
Is this contribution associated with a X Yes	Is contributor a principal of state contractor or prosp	pective st	ate contractor?	Yes X No	_	
fundraising event listed in Section L1?	If yes, indicate which branch or branches of	_	1 . 🗆			
If yes, list Event # 09182014B  \(\bigcup \) No	government the contract is with:	ᆫ	Executive Legisla	ative		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/Del						
Cash Personal Check X Credit/De	bit Card Payroll Deduction 1	Money O	09/29/2014	\$2,000.00		\$2,000.00
				Total of Section	n B	\$22,985.00

(Sections A & B)

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS

I. MO	NETAR	RY RECEIPTS	S (Section	n A-K)				
NAME OF COMMITTEE			,	<i></i>		TYPE OF REPORT		
House Republican Campaign Committee						October 10 Filing - Orig	ginal	
C1. Contri	butions f	rom Other Cor	nmittees					
Name of Committee				Nam	e of Treasurer			
New Canaan Republican Town Committee				Kev	in J Moyniha	an		
Address		Is this contribution as fundraising event list			Yes	x No		
PO Box 42		If yes, list Eve					Amou	nt of Contribution
City	State	Zip Code	Date Rece	ived	Aggregate	Contributions	1	
New Canaan	СТ	06840	07/18/2	2014		\$2,000.00		\$2,000.00
Name of Committee				Nam	e of Treasurer		<u> </u>	
NOUJAIM FOR PROGRESS				PAT	RICIA GOOI	DIN		
Address		Is this contribution as			Yes	x <sub>No</sub>	1	
214 Scott Rd		fundraising event list		L1?	L res	NO NO	Amou	nt of Contribution
Circ	St-4-	If yes, list Ev	Date Rece	:a		Contributions	┨	
City Waterbury	State	Zip Code			Aggregate	Contributions \$1,000.00		\$1,000.00
	СТ	06705	07/21/2		e of Treasurer		<u> </u>	
Name of Committee  Connecticut Education Association Political Action Committee	2				vard M Dash	efsky		
Address		Is this contribution as	ssociated with	<u>'</u>			ı	
21 Oak St Ste 500		fundraising event list			Yes	x No	Amou	nt of Contribution
21 Out 31 310 300		If yes, list Eve	ent #		1		-	
City Hartford	State	Zip Code	Date Rece	ived	Aggregate	Contributions \$2,000.00		\$1,000.00
Traction	СТ	06106	09/15/2	2014		\$2,000.00	<u></u>	
					T	Cotal of Section C1		\$4,000.00
I. MONETA	ARY RE	CEIPTS (Sec	tion A-K	3				
						TYPE OF PERON	NT.	
NAME OF COMMITTEE						October 10 Filing - O		
House Republican Campaign Committee						October 10 Tilling - O	rigiriai	
C2. Reimbursemer	ıts. Paym	ents. or Surplu	s Distribu	utions fro	m other C	Committees		
Name of Committee			Nai	me of Treasur	er			
Address			Dat	te Received				
							A	Amount of Receipt
City	State	Zip Code		Reimburcan	nent for shared e	vnense		
Cay	Saic	Zip Code			goods and servi	-		
				Surplus Dis				
						Total of Section	C2	

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE						ТҮРЕ С	F REPORT	Γ		
House Republican Campaign Committee						October 1	October 10 Filing - Original			
D. Loans Received this Period										
Name of Lender				Source of Loan:					Date of Receipt	
	Bank Candidate Indiv									
Street Address		Cit	ty			State	Zip Code		Is there a cosigner or Guarantor of this loan?  Yes No	
Name of Cosigner/Guarantor (if applicable)										
Street Address		City				State	Zip Code			
		<b>I</b>					Total of	Section	D	
I. M	ONETAR	RY RECE	ΊP	TS (Section A-K	<b>(</b> )					
NAME OF COMMITTEE						TYPE OF	REPORT			
House Republican Campaign Committee						October 10	Filing - Origir	nal		
E. Receipts from Entities other t	than Indivi	duals or O	)th	er Committees <i>(R</i>	eferendu	m Commi	ttees ONL	.Y)		
Name of Entity										
Street Address					Date Re	ceived			Amount Received	
City	State	Zip Code			Aggrega	te Contribution	ns			
		•					Total of Se	ection E		
I. M	IONETAI	RY RECE	EII	PTS (Section A-l	() 					
NAME OF COMMITTEE							PE OF RE			
House Republican Campaign Committee						Octol	per 10 Filing -	- Origina	ıl	
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)										
Date of Receipt  Is this transaction associated with a function L1?	draising	Yes		No If yes, list Eve	ent#			Amoun	ıt	

Total of Section F

Total of Section J

	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							TYPE OF I	REPO	ORT	
House Republican Campai	gn Commit	tee					October 10 Filing	- Orig	ginal	
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)										
Date of Receipt	of Receipt Amount									
Total of Section G										
		I. MONE	ΓARY RECEIPTS (Section	n A-K)						
NAME OF COMMITTEE TYPE OF REPORT								T		
House Republican Campaig	gn Commit	tee					October 10 Filing	- Origi	inal	
H. Personal	Funds of th	e Candidate Rec	eived this Period (Candidate	Committee	es ONL	Y)				
Date of Receipt	Method of Pa	yment Cash	Personal Check	Credit/Debi	t Card				Amount	
						Te	otal of Section E			
		I. Moi	netary Receipts (Section A	-K)						
NAME OF COMMITTEE							TYPE OF RE	POR	Т	
House Republican Campaig	gn Commit	tee					October 10 Filing - 0	Origina	al	
		J. Interest from	Deposits in Authorized Acc	ounts		<u> </u>				
Name of Institution Date Re					ite Rece	e Received		Amount		
Street Address			City		State		Zip Code			

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE	PORT									
House Republican Campaign Committee	October 10 Filing - 0	Driginal								
K. Miscellaneous Monetary Receipts not Considered Contributions										
Name Enviromental Learning Center		Date of Transac 08/28/2014		Amount Received						
Street Address 501 Wolcott Rd	City Bristol		Zip Code 06010							
Description Lost Check				\$450.00						
			Total of Section K	\$450.00						

	II. FUNDRAISING EVENT A	ACTIVITY (	Sections L1 - L4)					
NAME OF COMMITTEE				TYPE OF R	EPORT			
House Republican Campaign	Committee			October 10 Fili	ng - Original			
	L1. Fundrais	ser Event Info	rmation					
Fundraising Event #	Description							
Date of Fundraiser 09/16/2014 A	Cocktail Event							
Location: Street Address			City		State	Zip Code		
168 Washington			Norwalk		СТ	06854		
Subpart 1: (All Committees)								
Was this fundraising event hosted at a person	onal residence?	Yes	(If yes, go to Section L4 In- Contributions and complete re			ade by		
		X No	host(s) for food, beverage and		. ,			
Did this fundraiser include items donated by	y a business entity of up to \$100 or	Yes	(If yes, go to Section L4 In-					
items donated by an individual of up to \$10	0?	X No	Contributions and complete required information.)					
Was this fundraiser a tag sale, auction, or of	ther sale of donated items with	Yes	(If yes, enter Total Receipt	ts here \		\$0.00		
puchases from an individual of up to \$100?		x No	(ii yes, enter rotal receipt		ψ0.00			
Subpart 2:								
Were there purchases of advertising space is	n a program book or on a sign associated	Yes	(If yes, go to Section L3 Pu Book or on a Sign and comple			Program		
with this fundraiser?		X No						
Subpart 3: (Town Committees ONLY)		Yes	(If yes, enter Total Receipts	here.)		\$0.00		
Did your committee sell food or beverage a within the state with this fundraiser?	t a fair or similar mass gathering held	No			'			
Fundraising Event #	Description							
Date of Fundraiser 09/18/2014 B	Cocktail Event							
Location: Street Address			City		State	Zip Code		
102 Zaccheus Mead			Greenwich		СТ	06831		
Subpart 1: (All Committees)		X Yes	(If yes, go to Section L4 In-	Kind Donations n	not Considered			
Was this fundraising event hosted at a person	onal residence?	$\overline{}$	Contributions and complete re	quired information		ade by		
		No	host(s) for food, beverage and	l invitations.)				
Did this fundraiser include items donated by items donated by an individual of up to \$10		Yes	(If yes, go to Section L4 In-					
nems donated by an individual of db to 310	0:	X No	Contributions and complete re	quired imormation	11.)			
Was this fundraiser a tag sale, auction, or of puchases from an individual of up to \$100?	ther sale of donated items with	Yes	(If yes, enter Total Receipt	ts here.)		\$0.00		
publication an individual of up to \$100?		X No	·	•				
Subpart 2:		П "	(Marian and As October 1 = =		#::: 0 · · ·	<b>D</b>		
Were there purchases of advertising space is with this fundraiser?	n a program book or on a sign associated	Yes	(If yes, go to Section L3 Pu Book or on a Sign and comple			⊬rogram		
		X No						
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage a	t a fair or similar mass gathering held	Yes	(If yes, enter Total Receipts	here.)		\$0.00		
within the state with this fundraiser?	· · · · · · · · · · · · · · · · · · ·	□ No						

		II. FUNDRAISING EVENT A	CTIVITY (	Sections L1 - L4)					
NAME OF COMMITTE	EE				TYPE OF RE	EPORT			
House Republican Car	ımpaign C	Committee			October 10 Filing - Original				
		L1. Fundrais	er Event Info	rmation					
Fundraising Event # Date of Fundraiser  Le	etter	Description							
09/23/2014 C		Cocktail Event		T		Т			
Location: Street Address				City		State	Zip Code		
1070 Main St				Branford		СТ	06405		
Subpart 1: (All Committees) Was this fundraising event host	ited at a persoi	nal residence?	Yes X No	Contributions and complete required information for puchases made by					
Did this fundraiser include item items donated by an individual	-	a business entity of up to \$100 or 9?	Yes No	Contributions and complete required information.)					
Was this fundraiser a tag sale, a puchases from an individual of		her sale of donated items with	Yes X No	( )					
Subpart 2: Were there purchases of advertive with this fundraiser?	vertising space in a program book or on a sign associated  Yes  (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)					Program			
Subpart 3: (Town Committees Committees Committees and your committee sell food or within the state with this fundra	or beverage at	a fair or similar mass gathering held	Yes No	(If yes, enter Total Receipts	here.)		\$0.00		
Fundraising Event # Date of Fundraiser  09/29/2014  D	etter	Description  Cocktail Event							
Location: Street Address				City		State	Zip Code		
25 Jeremy Dr				New Fairfield		СТ	06812		
Subpart 1: (All Committees) Was this fundraising event host	ited at a persor	nal residence?	X Yes No	(If yes, go to Section L4 In- Contributions and complete re- host(s) for food, beverage and	quired information		ade by		
Did this fundraiser include item items donated by an individual	-	a business entity of up to \$100 or 3?	Yes No	(If yes, go to Section L4 In- Contributions and complete re-					
Was this fundraiser a tag sale, a puchases from an individual of		her sale of donated items with	Yes X No	(If yes, enter Total Receipt	s here.)		\$0.00		
Subpart 2: Were there purchases of advertiwith this fundraiser?	tising space in	a program book or on a sign associated	Yes X No	(If yes, go to Section L3 Pu Book or on a Sign and comple			Program		
Subpart 3: (Town Committees C Did your committee sell food or within the state with this fundra	or beverage at	a fair or similar mass gathering held	Yes No	(If yes, enter Total Receipts	here.)		\$0.00		
				To	tal of Section L	1	\$0.00		

	II. FUNDR	AISING EVENT ACTIVIT	Y (Se	ections L1 - L4)				
NAME OF COMMITTEE					TYI	PE OF REPO	ORT	
House Republican Cam	paign Committee				October 10	Filing - Origin	al	
L3. Purchases of A	Advertising in a Program B	Book or on a Sign						
Name of Purchaser						nde By: ness Entity Proprietorship		Individual
Street Address				City			State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amou	unt of Program Ad Purchase		Amount of	Sign Purc	hase
					Total o	f Section L3		
	II. FUNDRAIS	ING EVENT ACTIVITY (S	Sectio	ons L1 - L4)				
NAME OF COMMITTEE					ТҮРЕ	OF REPOR	RT	
House Republican Camp	paign Committee				October	10 Filing - Oriç	jinal	
	L4. In-Kind Don	ations Not Considered Contrib	ution	s				
Name of the Donor								
Street Address			City				State	Zip Code
Donation Given by:	Description of Donation							Market Value of Donation
Business Entity		1		T				
Individual	Date Received	Event #		Aggregate value	for this event			
Sole Proprietorship								

Total of Section L4

I	II. NO	ONMONETA	RY	RECEIPTS (Section	s M -	0)				
NAME OF COMMITTEE								TY	PE OF REI	PORT
House Republican Campaign Committee	e						0	october 10	) Filing - Orig	inal
		M. In-Kind	l Co	ontributions						
Name										
Street Address				City						Zip Code
Sitest Address								State		Zip Code
Type of Contributor: Committee  Individual / Sole Proprietorship Other	Date R	eceived	Ag	gregate contributions	Descrip	ption of In-Kind	Contribut	ion		
Is Contributor a lobbyist, spouse, or Yes dependent child of a lobbyist? No	execut	ive officer of a municipated with have a contra	pality	to a candidate committee for a chief does contributor or business he/she th said municipality valued at more			Yes No		Fair	r Market Value of this Contribution
Is this contribution associated with a Yes fundraising event listed in Section J1?  No If yes, list Event#  Is contributor a principal of state contractor or prospective state contractor?  Yes No If yes, indicate which branch or branches of government the contract is with:  Executive Legislative										
						To	otal of S	ection M		
	П	I. Non Monet	ary	Receipts (Sections M	I - O)					
NAME OF COMMITTEE							ТҮРЕ	OF REF	ORT	
House Republican Campaign Committee	<del></del>						October	· 10 Filing	- Original	
N	. Refu	ndable Deposit	t to	Telephone Company						
Last Name of Individual				First Name			MI		Date Deposit	Made
Residential Street Address			Cit	ty		State	Zip Co	ode		Amount of Deposit
Name of Telephone company		<b>'</b>								
Street Address			City			State	Zip C	Code		
		<u>'</u>					Total	of Section	on N	

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

	IV. EXPENDITURES (Sections P - T)										
NAME OF COM	IMITTEE		,		TYPE OF RE	EPORT					
House Republic	can Cam	paign Committee			October 10 Filing	- Original					
		P. Expenses	Paid By Committee								
Name of Payee AT CONFERENCE				Date of Payment 07/15/2014		Method of Payment Check X Debit (					
Street Address PO Box 2939			City Southampton			State NY	Zip Code 11969				
Purpose of Expenditu (by code) EFV *	ire	Description Conference Call Service		Event #		A	umount				
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum P Required  Coordinated with reimbursement sough  Coordinated without reimbursement sough  Independent  Organization  A  B  C  D							\$37.27				
Name of Payee AKRAI, LLC				Date of Payment 07/15/2014		Method of Payment  X Check Debit 0					
Street Address 351 Ridge Rd			City Wethersfield			State CT	Zip Code 06109				
Purpose of Expenditu (by code) OVHD	ire	Description PAC Headquaters Rent		Event #		A	mount				
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	nt sought		\$568.00				
Name of Payee Cigarello Cigars				Date of Payment 07/15/2014		Method of Payment  X Check Debit O					
Street Address 464 Howe Ave			City Shelton			State CT	Zip Code				
Purpose of Expenditu (by code) FNDR *	ire	Description Cost of Cigars		Event # 062520140		A	umount				
Expenditure # (if applicable)	<del></del> -	xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough Independent	Coordinated Organization	with reimbursemen	_		\$202.41				
Name of Payee BANK OF AMERI	CA			Date of Payment 07/15/2014		Method of Payment Check X Debit (					
Street Address PO Box 25118			City Tampa			State FL	Zip Code 33622-5118				
Purpose of Expenditu (by code) BNK	ire	Description Account Analysis Fee		Event #		A	umount				
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	- $-$	with reimbursemen			\$41.75				

	IV. EXPENDITURES (Sections P - T)										
NAME OF COM	IMITTEE		,		TYPE OF RE	EPORT					
House Republic	can Cam	paign Committee			October 10 Filing	- Original					
		P. Expenses	Paid By Committee								
Name of Payee CMDI				Date of Payment 07/21/2014		Method of Payment Check X Debit of					
Street Address PO Box 238			City Hartford			State CT	Zip Code 06141				
Purpose of Expenditu (by code) Misc *	ire	Description Finance Software		Event #		1	Amount				
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum P Required  Coordinated with reimbursement sough  Coordinated without reimbursement sough  Independent  Organization  A  B  C  D							\$500.00				
Name of Payee VERIZON WIREL	.ESS			Date of Payment 07/21/2014		Method of Payment Check X Debit					
Street Address PO Box 15062			City Albany			State NY	Zip Code				
Purpose of Expenditu (by code) OVHD	ire	Description Wireless Internet		Event #		1	Amount				
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought		\$90.29				
Name of Payee AKRAI, LLC				Date of Payment 08/14/2014		Method of Payment  X Check Debit					
Street Address 351 Ridge Rd			City Wethersfield			State CT	Zip Code 06109				
Purpose of Expenditu (by code) OVHD	ire	Description Rent for HQ		Event #		A	Amount				
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought		\$568.00				
Name of Payee Christopher Fryx	cell			Date of Payment 08/18/2014		Method of Payment  X Check Debit					
Street Address  1 Sagamore Ter E	Ē		City Westbrook			State CT	Zip Code 06498				
Purpose of Expenditu (by code) RCW	ire	Description Cable Installation, Ink		Event #			Amount				
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought		\$471.63				

		IV. EXPENDITURES	S (Sections P - T)						
NAME OF COM	IMITTEE				TYPE OF RE	EPORT			
House Republic	can Cam	paign Committee			October 10 Filing	- Original			
•			Paid By Committee						
Name of Payee SHIPMAN & GOO	DWIN LL	Р		Date of Payment 08/18/2014					
Street Address 1 Constitution Plz			City Hartford			State CT	Zip Code 06103		
Purpose of Expenditus (by code) Misc *	re	Description Legal Fees		Event #		А	xmount		
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought	\$988.51			
SHIPMAN & GOODWIN LLP 08/18				Date of Payment 08/18/2014		Method of Payment  X Check in Debit C			
Street Address City 1 Constitution Plz Hartford						State Zip Code CT 06103			
Purpose of Expenditus (by code) Misc *	re	Description Legal Fees		Event #		А	amount		
Expenditure # (if applicable)		expenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough Independent	Coordinated Organization	with reimbursemen	t sought		\$4,413.00		
Name of Payee AT CONFERENCE	<b>.</b>			Date of Payment 08/20/2014		Method of Payment  Check:  X Debit C			
Street Address PO Box 2939			City Southampton			State	Zip Code		
Purpose of Expenditure (by code) EFV *	re	Description Conference Call Service		Event #		А	xmount		
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought		\$47.61		
Name of Payee Enviromental Lea	arning Ce	enter		Date of Payment 08/28/2014		Method of Payment  X Check: Debit C			
Street Address 501 Wolcott Rd			City Bristol			State CT	Zip Code 06010		
Purpose of Expenditure Description (by code) FNDR * Replacement for lost check				Event # 05222014A		Amount			
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	_		\$450.00		

IV. EXPENDITURES (Sections P - T)										
NAME OF COM	MITTEE			TYPE OF RE	EPORT					
House Republic	can Campaign Committee			October 10 Filing	- Original					
	P. Expenses	Paid By Committee								
Name of Payee BANK OF AMERIO	CA		Date of Payment 08/31/2014		Method of Payment  Check:  X Debit C	Card				
Street Address PO Box 25118		City Tampa			State         Zip Code           FL         33622-5118					
Purpose of Expenditu (by code) BNK	re Description		Event #		А	umount				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required  Coordinated without reimbursement sough  Independent	Coordinated Organization	with reimbursemen	t sought	\$24.37					
Name of Payee VERIZON WIRELESS Date of Payment 09/02/2014  Street Address City						# Card				
Street Address PO Box 15062				State NY	Zip Code 12212-5062					
Purpose of Expenditu (by code) OVHD	re Description		Event #		А	mount				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required  Coordinated without reimbursement sough  Independent	Coordinated Organization	with reimbursemen	t sought		\$90.08				
Name of Payee SHIPMAN & GOC	DOWIN LLP		Date of Payment 09/09/2014		Method of Payment  X Check # 6701  Debit Card					
Street Address 1 Constitution Plz		City Hartford			State CT	Zip Code 06103				
Purpose of Expenditu (by code) Misc *	re Description Legal Fees		Event #		А	umount				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required  Coordinated without reimbursement sough  Independent	Coordinated Organization	with reimbursemen	_		\$177.00				
Name of Payee  JACKIE EFFREN			Date of Payment 09/09/2014		Method of Payment  X Check : Debit C					
Street Address 182 Rowayton Wo	ods Dr	City Norwalk			State	Zip Code 06854				
Purpose of Expenditure (by code) OFFICE Event #					A	umount				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required  Coordinated without reimbursement sough  Independent	Coordinated Organization	with reimbursemen			\$204.14				

	IV. EXPENDITURES	S (Sections P - T)					
NAME OF COM	MITTEE			TYPE OF RE	PORT		
House Republic	can Campaign Committee			October 10 Filing	- Original		
	P. Expenses	Paid By Committee					
Name of Payee  JACKIE EFFREN			Date of Payment 09/16/2014		Method of Payment  X Check: Debit C		
Street Address 182 Rowayton Wo	ods Dr	City Norwalk			State CT	Zip Code 06854	
Purpose of Expenditu (by code) FNDR *	re Description Food		Event # 09162014A		А	mount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required  Coordinated without reimbursement sough  Independent	Coordinated Organization	with reimbursement	t sought	\$690.58		
Name of Payee Date of Payment VERIZON WIRELESS 09/18/2014						# 'ard	
Street Address PO Box 15062				State NY	Zip Code 12212-5062		
Purpose of Expenditu (by code) OVHD	The Description		Event #		А	mount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required  Coordinated without reimbursement sough  Independent	Coordinated Organization	with reimbursement	t sought		\$90.08	
Name of Payee SQUARE			Date of Payment 09/18/2014		Method of Payment  Check:  X Debit C		
Street Address 901 Mission St		City San Francisco			State CA	Zip Code 94103	
Purpose of Expenditu (by code) BNK	Description Credit Card Reader Fees		Event #		А	mount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required  Coordinated without reimbursement sough  Independent	Coordinated Organization	with reimbursement			\$22.65	
Name of Payee AKRAI, LLC			Date of Payment 09/18/2014		Method of Payment  X Check in Debit Company Co		
Street Address 351 Ridge Rd		City Wethersfield			State CT	Zip Code 06109	
Purpose of Expenditure   Description   Event #					Amount		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required  Coordinated without reimbursement sough  Independent	Coordinated Organization	with reimbursement			\$262.02	

	IV. EXPENDITURES (Sections P - T)										
NAME OF COM	IMITTEE		,		TYPE OF RE	EPORT					
House Republic	can Cam	paign Committee			October 10 Filing	- Original					
		P. Expenses	Paid By Committee								
Name of Payee VERIZON WIREL	.ESS			Date of Payment 09/22/2014		Method of Payment Check X Debit (					
Street Address PO Box 15062			City Albany			State NY	Zip Code 12212-5062				
Purpose of Expenditu (by code) OVHD	ire	Description		Event #		A	umount				
Expenditure # (if applicable)		\$90.08									
Name of Payee AT CONFERENCE	<b>=</b>			Date of Payment 09/22/2014		Method of Payment Check X Debit (					
Street Address PO Box 2939			City Southampton			State NY	Zip Code 11969				
Purpose of Expenditu (by code) EFV *	ire	Description Conference Call Service		Event #		A	mount				
Expenditure # (if applicable)		expenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough Independent	Coordinated Organization	with reimbursemen	t sought		\$153.05				
Name of Payee Lake Wine & Spi	rit			Date of Payment 09/29/2014		Method of Payment  X Check # 6708  Debit Card					
Street Address 180 Main St			City Southbury			State CT	Zip Code 06488				
Purpose of Expenditu (by code) FNDR *	ire	Description Wine and Beer		Event # 09292014E	)	A	umount				
Expenditure # (if applicable)		expenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough Independent	Coordinated Organization	with reimbursemen	_		\$167.01				
Name of Payee PIRYX, INC				Date of Payment 09/30/2014		Method of Payment Check X Debit O					
Street Address 144 2nd St Fl 1			City San Francisco			State CA	Zip Code 94105				
Purpose of Expenditu (by code) Misc *	ire	Description Piryx Online Fundraising Software Fees		Event #		A	umount				
Expenditure # (if applicable)		expenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen			\$197.56				

		IV. EXI	PENDITURES	S (Sections P - T)						
NAME OF COM	IMITTE			,		TYPE	E OF REPC	ORT		
House Republi	can Can	npaign Committee				October	10 Filing - Or	iginal		
			P. Expenses	Paid By Committee		•				
Name of Payee AKRAI, LLC					Date of Paym		М	ethod of Payment  X Check Debit		
Street Address 351 Ridge Rd				City Wethersfield				ate CT	Zip Code 06109	
Purpose of Expenditu (by code)OVHD	ire	Description Rent Headquarters			Event #				Amount	
Expenditure # (if applicable)	l—	Expenditure (if applicable) Itemization in A	Addendum P Required  Independent		A B	ement sought			\$5	68.00
Name of Payee BANK OF AMERI	CA				Date of Payn 09/30/20		М	ethod of Payment Check X Debit		
Street Address PO Box 25118 City Tampa								State         Zip Code           FL         33622-5118		
Purpose of Expenditure (by code) BNK Event #							Amount			
Expenditure # (if applicable)	l—	Expenditure (if applicable) Itemization in A	Addendum P Required Independent	Coordinated Organization	A B	ement sought			\$	24.32
						Total of So	ection P		\$11,1	39.41
		IV.	EXPENDITU	URES (Sections P	- T)		l			
NAME OF COM	ИМІТТЕ	Е						OF REPORT Filing - Original		
		Q. Cam	paign Expenses	s Paid By Candidate	<b>)</b>					
Name of Payee (Name	of vendor v	who candidate paid directly)				Date of Paymen	t	Is Reimbursen	nent Claimed?	No
Street Address			City					State	Zip Code	
Purpose of Expenditure (by code)	e	Description				Event #			Amount	
						Total	of Section (	2		_

		IV. EXPENDITURES							
NAME OF COM	MITTEE						TYPE OF RI	EPORT	
House Republi	can Campaigi	n Committee					October 10 Filing -	Original	
		R. Expenses Incurred on Commit	ttee	Credit Car	rd				
Name of Issuing Instit	ution		Ty	pe of Credit Card	1:				
				Visa	Maste	er Card	Discover	American Express	
				Other					
Name of Vendor								Date of Transaction	ı
									<u></u>
Street Address				City				State	Zip Code
Purpose of Expenditu	re	Description				Event #		Am	ount
(by code)									
Expenditure #	Type of Expendi	ture (if applicable) Itemization in Addendum R Required		Coordinated	with rein	nbursement se	ought		
(if applicable)	Coordinated	without reimbursement sough Independent	(	Organization	Α	В	C D		
							Total of Section R		

		IV. EXPENDITURES					
NAME OF COMM	IITTEE				TYPE OF R	EPORT	
House Republica	ın Cam	paign Committee			October 10 Fi	ling - Original	
		S. Expenses Incurred By Committee but Not	Paid During	this Period			
Name of Creditor  Audrey McNiff						Date Incurred 09/18/2014	1
Street Address 102 Zaccheus Mea	d		City Greenwich			State CT	Zip Code 06831
Purpose of Expenditure (by code)  FNDR *		Description Food and Beverage		Event # 09182014B			ount Incurred nate or Actual)
Expenditure# (if applicable)		f Expenditure (if applicable) Itemization in Addendum S Required pordinated without reimbursement sough Independent Organ		d with reimbursement s	ought D		\$820.58
Name of Creditor Michael Vieira						Date Incurred 09/30/2014	1
Street Address 116 Blackbirch			City Wethersfield			State CT	Zip Code 06109
Purpose of Expenditure (by code) WAGE		Description Wage to Treasurer		Event #			ount Incurred nate or Actual)
Expenditure# (if applicable)		f Expenditure (if applicable) Itemization in Addendum S Required  oordinated without reimbursement sough  Independent  Organ	Coordinated	d with reimbursement s	ought D		\$250.00
				Total of Sec	etion S		\$1,070.58

IV. EXPENDITURES											
NAME OF COMMITTEE T						TYPE OF REPORT					
House Republican Campaign Committee Octob						ber 10 Filing - Original					
T. Itemization of Reimbursements to Committee Workers and Consultants											
Last Name of Worker/Consultant		First	MI	Method of P	Method of Payment						
Fryxell		Christopher		07/21/2014 <u>x</u>		Check # Debit Card					
Secondary Payee Staples					·						
Street Address 1000 Boston Post Rd .			City Old Saybrook			State CT	Zip Code 06475				
Purpose of Expenditure (by code)  OFFICE	Description Ink			Event #			Amount				
Expenditure # Type of Expenditure (if applicable) Itemization in Addendem T Required											
Last Name of Worker/Consult	tant	First	MI	Date of Payment	Method of P	ayment					
Effren		Jackie	L	09/09/2014	X	Check # Debit Card					
Secondary Payee Staples											
Street Address 3174 Berlin Tpke			City Newington			State CT	Zip Code 06111				
Purpose of Expenditure (by code) OFFICE	Description Printer Ink		•	Event #			Amount				
Expenditure #	Type of Expenditure (if applica	ble) Itemization in Addendem T Require		ordinated with reimburse			\$204.14				

IV. EXPENDITURES											
NAME OF COMMITTE	TYPE OF REPORT										
House Republican Campaign Committee						October 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	09/16/2014 <u>x</u>			Check # Debit Card				
Secondary Payee Local Sono			•								
Street Address 68 Washington St			City Norwalk			State CT	Zip Code 06854				
Purpose of Expenditure (by code)	Description Food	•		Event #				Amount			
FNDR *				091620	14A						
Expenditure #	Type of Expenditure (if application)	ble) Itemization in Addendem T Required	d Coo	ordinated with reimburse	ement sougl	ht					
Coordinated without reimbursement sough Independent Organization: A B C D								\$690.58			
Total of Section T								\$1,023.67			
					1000	or Section 1	L				